THE EXPERIENCE OF "WHAT-IFFING" IN DECIDING IF, AND WHEN, TO HAVE CHILDREN

by

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Abstract

In this phenomenological study the experience of “what-iffing” when making the decisions of if, and when, to have a child, was explored for six women. In-depth interviews were conducted in an initial attempt to answer the question: What is the experience of “what-iffing” as experienced by women when faced with making the decisions of if, and when, to have children? Six common themes emerged from the data analysis: 1) A Sense of Biological Pressure, 2) A Sense of a Lack of Readiness, 3) A Fear of Making the Wrong Decision, 4) “What-iffing” as a Reflection of an Inability to Make a Decision, 5) The Pervasive Nature of “What-iffing” Behaviour, and 6) A Sense of “What-iffing” as Being both Adaptive and Maladaptive. The results suggest that “what-iffing” behaviour may be a synthetic construct in that it appears to reflect regret; worry; self-doubt; and intolerance of uncertainty. “What-iffing” behaviour also appears to add to the research supporting the non-linear nature of decision-making, particularly as it relates to making parenthood decisions. The findings and limitations of this study have several implications for counselling practice and future research.
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CHAPTER ONE

Introduction

At some point during their lives, most adults face the decisions of if, and when, to have children (Feeney, Hohaus, Noller, & Alexander, 2001). In addition, these decisions must be implemented and acted upon during a woman’s fertile years, between approximately 15 and 44 years of age. Entering parenthood is an irrevocable decision and given that “…couples are having fewer children and having them later, more seems to be at stake in each decision about whether and when to have a child” (Cowan & Cowan, 2000, p. 24). For instance, there are weighty consequences of having a child, such as childcare responsibilities, work and financial demands (Corijn, Leifbroer, & de Jong Gierveld, 1996; Miller & Pasta, 1994). Moreover, the outcome of parenthood decisions holds great significance in the life course of individuals and couples (Holahan, 1983). Despite the irrevocable and time-bound nature of this decision, and the consequences of childbearing, there is scant research on how couples, or individual members of a couple, negotiate the parenthood decision-making process.

However, there is some anecdotal evidence to suggest that some individuals repeatedly ask themselves “what if” questions, such as “what if I am not a good parent,” when they wrestle with the decisions of if, and when, to have children. However, this phenomenon of “what-iffing” has not been addressed either explicitly in the general decision-making or in the parenthood decision-making bodies of research. The purpose of this study, then, was to explicate the phenomenon of “what-iffing” in relation to the irrevocable decision of choosing to become a parent.

This chapter begins with a review of Western fertility trends, followed by an introduction to the parenthood decision-making research, anecdotal evidence of the phenomenon of “what-iffing,” and takes a preliminary look at the worry literature, which will illuminate the purpose of this study.

Fertility Trends

In Canada, fertility patterns have dramatically changed since the 1970s. In 2002, the fertility rate was estimated at 1.5 children per woman (Statistics Canada, 2004) as compared to 2.3 in 1970 (Drolet, 2003). Not only are women having fewer children, but in Western societies the age at first birth is also “…increasing, with many couples choosing to postpone having children until they are in their 30s and beyond” (Feeney et al., 2001, p. 6). This trend “…means that many couples are tending to ignore their ‘biological clocks’, and trying to conceive beyond
their most fertile age” (Feeney et al., p. 6). However, improved reproductive technologies allow many Canadian women the option to delay motherhood (Habib, 2002). Not only is there a trend toward delayed parenthood (Feeney et al.; Wu & MacNeill, 2002), women are having fewer children (Drolet) and more adults in Western societies are choosing to remain childless than in the past (Feeney et al.). Nonetheless, whatever the ultimate life path an individual takes, deciding if, and when, to become a parent remains a salient issue for most adults in Western society (Feeney et al.).

Parenthood Decision-Making

Of the literature that is available on the topic of parenthood decision-making, much of the research has focused on the outcomes of parenthood decision-making (e.g. Hoffman & Levant, 1985; Nomaguchi & Milkie, 2003; Thomson, 1997), parenthood intentions (e.g. Miller, 1994; Miller & Pasta, 1994; Schoen, Kim, Nathanson, Fields, & Astone, 1997; Thomson), and factors that influence childbearing decisions, such as autonomy and educational attainment (e.g. Barber, 2001; Dion, 1995; Grindstaff, Balakrishnan, & Maxim, 1989; Rindfuss & St. John, 1983; Soloway & Smith, 1987; Wu & MacNeill, 2002), career development (e.g. Barber; Dion; Rindfuss & St. John; Soloway & Smith; Wu & MacNeill), and finances (e.g. Grindstaff et al.; Miller; Soloway & Smith; Whittington, Avertt, & Anderson, 2000). However, only a few studies have explored the process of parenthood decision-making (e.g. Cowan & Cowan, 2000; Somers, 1993).

Furthermore, much of the research on fertility behaviour has been approached from the perspective of rational decision-making theory, such as Ajzen and Fishbein’s (1980) theory of reasoned action (e.g. Barber, 2001; Miller, 1994), or Emerson’s (1981) social exchange theory (e.g. Bagozzi & Van Loo, 1980; Nye, 1979). In their review of the decision-making style literature, Scott and Bruce (1995) summarize rational decision-making style as one characterized “...by a thorough search for and logical evaluation of alternatives” (p. 820). The theory of reasoned action assumes that individuals “...are usually quite rational and make systematic use of the information available to them” in which to “...consider the implications of their actions before they decide to engage or not engage in a given behavior” (Ajzen & Fishbein, p. 5). From the perspective of social exchange theory, “...the decision to have a child or to forgo parenthood is the result of rational decisions based upon the social, economic, and emotional costs and benefits, as compared to the alternatives” (Seccombe, 1991, p. 192). Indeed, research has suggested that adults consider various perceived costs, such as lifestyle, effects on their marriage,
and responsibility, as well as potential rewards, such as biological need, emotional benefits, and expressing a symbol of love, when negotiating if, and when, to have children (Feeney et al., 2001).

However, given the breadth of lifestyle options available to individuals in our contemporary society (Seccombe, 1991; Wilk, 1986), the extension of time within which women can pursue a first pregnancy (Habib, 2002), and the unpredictability of life events (Gelatt, 1989), understanding fertility decisions and behaviours may not be completely captured using a rational theory of decision-making. In fact, five decision-making styles – rational, intuitive, dependent, avoidant, and spontaneous – have been identified in the General Decision-Making Style (GDMS) measure (Scott & Bruce, 1995). Therefore, it is plausible that for some individuals, parenthood decision-making may be more spontaneous and intuitive, or dependent on other factors.

Individuals may also avoid making the decision, as evidenced by the increasing trend towards late and delayed parenthood (Feeney et al., 2001; Wu & MacNeill, 2002). In fact, Veevers (1980) found the majority of childless adults in her study ended up that way by delay, postponement, or default. Moreover, the symbolic meaning of children may determine whether an individual chooses to conceive (Frankel & McCarty, 1993).

Once an individual or couple decides to enter parenthood, a decision of when to conceive must be considered. Given the challenges of striking a balance between work and family demands, as well as financial and personal fulfillment considerations inherent in education, career, and childbearing goals (Erwin & Stewart, 1997; Tipping, 1997; Wilk, 1986), couples deciding when to enter parenthood clearly “...face a difficult decision” (Cowan & Cowan, 2000, p. 30). Moreover, the pressure to make this decision is likely more intense for those women over the age of 30 (Wilk). Not only do many women plan childbirth to accommodate the attainment of career goals, “...many couples time pregnancies around workplace needs” to avoid disrupting deadlines, projects, or overlapping with family leaves of co-workers (Shellenbarger, 1999). The choice of when to have a child may lead to major disagreement between the couple (Cowan & Cowan), and if they are unable to come to an agreement, they may seek counselling or they may end their relationship (Soloway & Smith, 1987).

Some studies have examined joint parenthood decision-making of couples (e.g. Corijn et al., 1996; Miller 1994; Miller & Pasta, 1994; Soloway & Smith, 1987; Thomson, 1997). Models of couple decision-making have also emerged from some of this research, such as Soloway and Smith’s model of late birth timing, and Miller’s Traits-Desires-Intentions-Behaviour (TDIB)
model of childbearing, child number, and child timing. However, with scant exceptions (e.g. Cowan & Cowan, 2000), how couples, or the individual members of the couple, experience the process of making these joint parenthood decisions have not been explored.

"What-iffing" and Parenthood Decision-Making

The consequences of this irrevocable decision may well lead to “what-iffing” during the decision-making process, or delayed decision-making. For example, depending on one’s decision-making style, an individual’s fears about the possible consequences of making the wrong decision of if, and when, to have a child, may be more salient. Hence, these fears may result in asking “what if” questions in an effort to reduce their fear of regrets, self-doubt, or uncertainty to facilitate a satisfactory resolution, or it may encourage procrastination. When thinking about whether to have a child some adults may consider their age, the stress and worry involved in raising a child, having time and energy for their career and leisure, having someone to love, having someone to care for them when they are old, and whether their intimate relationship will last (Seccombe, 1991). Not surprisingly, with such important considerations, some adults may not be able to reach a decision (Wilk, 1986). For example, some women in dual-career marriages are ambivalent about having children as they are “…conflicted about their wish and/or ability to balance the anticipated wife/mother/career combination, conflicted about how they will change, and how their relationships and lifestyle will change” (Wilk, p. xvi). Consequently, in grappling with the considerations involved in making parenthood decisions, it is plausible that some individuals may ask themselves “what-if” questions.

To find out if individuals engage in “what-iffing” behaviour when considering major life choices, including the decisions of if, and when, to have children, I conducted an informal survey of 22 women and 9 men, aged 27 to 61 years, during September 2004. Two of the men and 20 of the women reported that they asked themselves “what if” questions when making major life decisions. Whether to stay in an intimate relationship, whether and when to move to another city, if and when to have a child, and choosing among educational and career alternatives were reported examples of the kinds of major life choices that elicited a “what if” response for these individuals. For instance, in negotiating childbirth timing, an individual may ask, “what if I have a child now and then miss out on a promotion,” and, “what if I build my career first and then miss out on childbearing due to biological limitations?” A lack of information was often cited as the precipitating factor for their “what-iffing.” This lack of information may revolve around the following: not knowing whether or not they are fertile; not knowing if reproductive technology
will be available and successful, if required; uncertainty if their work atmosphere will be favourable to having a family; and not knowing the exact impact of taking time off at the launch of a new career. Some may also “what-if” about their ability to be a good parent, the impact a child may have on their intimate relationship, and their financial capability of raising a child. These uncertainties make it more challenging in navigating the decision-making process; especially since you cannot test drive your decision first before making a commitment, as is the case with other major life decisions, such as accepting a new job or ending a relationship.

Consequently, “what-iffing” may cause some individuals to procrastinate and thus postpone, or attempt to avoid, making a decision, or may motivate them to collect more information about their options. The impact of procrastination, avoidance, and information search on one’s life may cause stress and anxiety for some individuals, and/or may lead to missed opportunities. For instance, if a woman puts off the decision of when to have a child, her fertility may eclipse her before she makes the choice to conceive, resulting in involuntary childlessness. On the other hand, a woman may worry that her biological clock is running out and consequently may choose to conceive before she and her partner feel they are personally or financially ready.

Some of the people I surveyed felt “what-iffing” was not problematic as they viewed it as a way of rational problem solving. For others, this response reflected a state of worrying about potential negative future outcomes, fear of regrets, uncertainty, hesitation, indecision, and/or self-doubt. Anecdotally, for these individuals, there was an immediate recognition or awareness of “what-iffing,” suggesting that “what-iffing” is a dimension of decision-making experience that is common for many individuals when contemplating a major life decision – something which may be problematic for certain individuals. However, little is known or has been written about this phenomenon in the decision-making literature in general, or in the parenthood decision-making literature in particular. There appears to be a need to understand this phenomenon better if counsellors are to help clients who are struggling with “what-iffing” in making critical life decisions.

In turning to the worry literature, the phenomenon of “what-iffing” has been described in the clinical literature, particularly as it relates to Generalized Anxiety Disorder (GAD) (e.g. Leahy & Holland, 2000). In addition to specific physical symptoms, excessive or chronic worry is a signature diagnostic feature of GAD (Borkovec, 1994; Davey, 1994; Leahy & Holland). Specifically, chronic-worriers say to themselves, “‘yes, but what if...?’” (Leahy & Holland, p. 125). Leahy and Holland indicate that “this ‘what-iffing’ floods” worriers with possible future...
negative outcomes (p. 125). They further speculate that "patients who ask rhetorical ‘What if…?’ questions may demand certainty about feared events..." (Leahy & Holland, p. 134). Moreover, an anxious individual may believe progressively worse and worse outcomes will occur as they repeatedly ask “what if” questions related to an upcoming event, a process known as catastrophizing (Kendall & Ingram, 1987). However, these researchers (e.g. Kendall & Ingram; Leahy & Holland) do not indicate that “what-iffing” may occur in response to making important life choices. It is plausible, however, that some chronic worriers or individuals suffering from GAD may engage in “what-iffing” when faced with the parenthood decision if they fear that the outcome of such a decision will be negative, or if they perceive the outcome as a future threat.

In contrast, posing “what if” questions by non-anxious individuals may in fact reflect a careful problem-solving style (Kendall & Ingram, 1987). Hence, non-worriers may engage in “what-iffing” as a way of negotiating a satisfactory resolution when deciding if, and when, to have children. However, research exploring the phenomenon of catastrophizing in non-worriers (e.g. Vasey & Borkovec, 1992) has not explicitly examined this behaviour as it relates to making critical life decisions. Consequently, the explanation of “what-iffing” as described in the contexts of both clinical and non-clinical worry seems inadequate in understanding how some individuals may experience the parenthood decision-making process.

Purpose of the Study

Since the phenomenon of “what-iffing” has not been fully captured, identified, or defined in the literature, and deciding to become a parent is an irrevocable and time-bound choice (Cowan & Cowan, 2000), this study attempted to answer the following research question: What is the experience of “what-iffing” as experienced by women when faced with making the decisions of if, and when, to have children? Given that “how couples decide when to have their first child is not well understood” (Feeney et al., 2001, p. 7), the purpose of this study was to describe the lived experience of “what-iffing” for those adults when faced with the parenthood decision. This study focused specifically on women who perceived their “what-iffing” as worrisome, problematic, and/or debilitating in the process of deciding if, and when, to have children. At the outset of the research, “what-iffing” was defined as repeatedly asking “what if” questions during the parenthood decision-making process, making it difficult for the individual to make a definitive decision and act on their choice.

Awareness and knowledge of the experience of “what-iffing” during the parenthood decision-making process may serve to begin to describe this phenomenon in order to facilitate
future research. This research will serve to add to the body of literature on parenthood decision-making and worry, by opening up the dialogue on this scarcely researched phenomenon of "what-iffing." This study may also define a new construct if "what-iffing" is not found to be reflected by an already defined concept of decision-making or worry. Alternately, this research may provide another label (i.e. "what-iffing") or further description of an already known construct, such as procrastination, avoidant decision-making style or fear of regrets.

Furthermore, given the likelihood that counsellors will encounter clients facing this choice (Soloway & Smith, 1987), awareness of this phenomenon may be relevant for those counsellors helping clients who perceive their "what-iffing," as related to parenthood decision-making, to be problematic, and seek counselling for this reason. For example, if "what-iffing" represents an intolerance of uncertainty, then counsellors might encourage clients to develop more tolerance for ambiguity and uncertainty in making future decisions (Gelatt, 1989). Counsellors may also benefit from awareness of the "what-iffing" experience in helping those clients who may struggle with "what-iffing" when making decisions related to other important life choices.

Once the essence of the phenomenon of "what-iffing" has been captured and described, effective techniques or strategies may be developed to help individuals for whom this experience is worrisome or problematic when confronted with the wide range of critical life decisions that adults face as they negotiate and construct their lives.
CHAPTER TWO

Literature Review

In the discussion to follow, I review the relevant literature on the phenomenon of “what-iffing” and parenthood decision-making. First, a discussion of the worry research will explicate how the phenomenon of “what-iffing” has been described in the literature. Gaps in the worry research, which limit our understanding of “what-iffing,” are highlighted. Next, decision theory is presented and critiqued as a theoretical perspective from which to understand fertility behaviour. I argue that decision theories, specifically the theory of reasoned action (Ajzen & Fishbein, 1980) and social exchange theory (Emerson, 1981), may be insufficient in explaining and understanding fertility decisions. Finally, research on parenthood decision-making, including several models of childbearing behaviour, is examined. Most of the existing models of parenthood decision-making and research on the transition to parenthood were based on decades-old data, which may no longer reflect the current complexities surrounding the irrevocable decisions of if, and when, to have children. Furthermore, methodological inadequacies in the research are also identified which provide additional support for the use of a phenomenological approach in an effort to understand more fully how some adults may experience the process of parenthood decision-making.

Worry Research

Worry has been defined as a repetitive chain of thoughts and images, which is usually negative and concerning a fear of future outcomes (Borkovec, 1994), but may also be a problem-solving process (Borkovec; Davey, 1994). Accordingly, individuals who repeatedly ask themselves “what-if” questions may be thinking and worrying about the possible negative consequences related to a future event or decision. Indeed, some researchers (e.g. Leahy & Holland, 2000) have suggested that asking rhetorical “what if” questions is typical of chronic worriers and is a symptom of Generalized Anxiety Disorder (GAD). Moreover, when worriers or anxious individuals are anticipating a future situation, they may engage in automatic and repetitive “what if” questioning (Kendall & Ingram, 1987). It has been argued that this chain of questioning typically leads to catastrophizing, believing that progressively worse possible outcomes will occur (e.g. Kendall & Ingram). Alternately, “what-iffing” may reflect a style of problem solving engaged in by some individuals as they attempt to resolve an issue. In fact, in their study examining the cognitive content of worry episodes as experienced by 57 university students, Szabó and Lovibond (2002) found the majority (48%) of worry thoughts that were self-
reported by participants reflected a problem-solving process and 17% of these thoughts reflected the anticipation of a negative future event. Therefore, it is conceivable that “what-iffing” behaviour as it relates to the decisions of if, and when, to have children may reflect a fear of the possible outcomes in making this choice and/or it may represent a problem-solving style used to arrive at a decision. In the following discussion, the relevant research on “what-iffing” found in the worry literature is described in more detail.

As mentioned above, the phenomenon of “what-iffing” has been described in the clinical worry literature as a cognitive symptom of Generalized Anxiety Disorder (GAD) (e.g. Leahy & Holland, 2000). Individuals who suffer from excessive or chronic worry, a signature diagnostic feature of GAD (Borkovec, 1994; Davey, 1994; Leahy & Holland), typically say to themselves, “yes, but what if...?” (Leahy & Holland, p. 125). In doing so, these individuals inundate themselves with thoughts surrounding possible future negative outcomes. In other words, individuals diagnosed with GAD suffer from pervasive apprehensive worry about numerous things and situations, in addition to specific physiological symptoms. Furthermore, these individuals “...who ask rhetorical ‘What if...?’ questions may demand certainty about feared events...” (Leahy & Holland, p. 134). Therefore, “what-iffing” may be an attempt by some individuals to reduce their fears of uncertainty as they think about future situations. In addition, since GAD sufferers worry about a myriad of things, such as “…health, financial problems, rejection, and performance…” (Leahy & Holland, p. 125), it is also plausible that these individuals may engage in “what-iffing” when they face the consequences of deciding if, and when, to have children, particularly if they fear that the outcome of such a decision will be negative. For example, these individuals may ask themselves “what if I do not have enough money to raise a child,” or “what if my child is unhealthy?” However, Leahy and Holland do not articulate that GAD sufferers specifically engage in “what-iffing” when they contemplate crucial life decisions.

Based on their clinical experience and a review of the literature, Kendall and Ingram (1987) have suggested that repeatedly posing “what-if” questions may lead to catastrophic thinking, a process in which a worrier perceives increasingly worse and worse outcomes in anticipating a future event that they view as threatening. According to these authors, this automatic “what-if” questioning does not reflect a careful problem-solving style but rather indicates an individual’s perception of their inability to handle a future situation. Indeed, in their quantitative study on 40 participants (20 males, 20 females) recruited from London colleges,
Davey, Jubb and Cameron (1996) found that the number of catastrophizing steps (i.e. progressively worse outcomes) increased as a function of reduced problem-solving confidence. Moreover, in line with Kendall and Ingram's view, Davey and Levy (1999) suggested that "...worriers appear to possess a set of statements that consist of negative answers to hypothetical 'what if...?' questions and these negative statements prevent closure of the problem-solving process" (p. 23). Davey and Levy developed a 45-item catastrophizing questionnaire based on responses obtained from a sample of 37 students (24 females, 13 males) aged 19 to 39 years. These individuals were asked to provide examples of their internal dialogue when thinking about a stressful, traumatic, or difficult situation led them to feel worse about the situation. These researchers tested the factor structure of the resultant questionnaire on 331 students (216 females, 115 males) aged 17 to 74 years old attending a university in England. Results suggested four types of internal statements were associated with catastrophizing – problem-specific pessimism, personal inadequacy/incompetence, personal despair/hopelessness, and a need to analyse the problem – which correspond closely to features of pathological worry (Davey & Levy). One statement on the catastrophizing questionnaire was of the “what if” variety, which was found to reflect feelings of personal inadequacy or incompetence, which is consistent with Kendall and Ingram’s view. Kendall and Ingram further argue that automatic questioning maintains uncertainty and allows the individual to avoid resolving their “what-if” questions due to the arousal elicited by this behaviour. Therefore, it is plausible that for anxious individuals who perceive the consequences of having or not having a child as threatening, may avoid making the decision of if, and when, to have a child, and thus delay parenthood as a result of their inability to resolve their “what-if” questions.

Yet, in non-anxious individuals, “what-if” questioning may reflect careful problem solving as it is assumed that these individuals are able to distinguish between likely and unlikely outcomes as they consider the possibilities of a perceived threat (Kendall & Ingram, 1987). Moreover, Kendall and Ingram suggest that non-worriers do not possess the pervasiveness and automatic nature associated with “what if” questioning that anxious individuals experience. Therefore, since “what if” questions posed by non-worriers may not lead to catastrophic thinking (Kendall & Ingram), engaging in “what-iffing” when faced with the parenthood decision may reflect a careful problem-solving style used by some individuals as a way to resolve their dilemma and make a choice.
In their study comparing 24 chronic worriers (12 males, 12 females) with 24 non-worriers (12 males, 12 females), Vasey and Borkovec (1992) examined cognitive aspects related to the automatic questioning style posited by Kendall and Ingram (1987). Based on their responses to a self-report worry scale, participants were classified into one of two groups: chronic worriers and non-worriers. Vasey and Borkovec developed and administered a catastrophizing method to examine the characteristics of “what-if” questioning. Briefly, their catastrophizing method “…can be conceptualized as a process that forces the anxious individual to answer his or her repetitive questions of ‘what if?’” (Vasey & Borkovec, p. 515). Participants also rated their level of discomfort during the catastrophizing procedure. Although the content of worries were found to be similar among both groups, results indicated that worriers generated more worry topics and spent more time worrying about those topics than did non-worriers, and produced almost twice as many catastrophic steps than did non-worriers. In addition, worriers reported higher levels of discomfort as the catastrophizing procedure progressed, whereas the discomfort level of non-worriers remained unchanged (Vasey & Borkovec). However, decisions surrounding if, and when, to have children were not listed by these researchers as examples of worry topics generated by their participants. Therefore, it is not known whether any of the respondents worried about if, and when, to have a child, or if so, if they engaged in “what if” questioning related to parenthood decision-making.

Although Vasey and Borkovec’s (1992) study represents an effort to understand the cognitive nature of catastrophizing in both worriers and non-worriers, generalizations made from the results of this study are limited due to the demographic make-up of the sample. Specifically, all participants were university students enrolled in introductory psychology courses with mean ages of 18.9 years (worrier group) and 18.2 years (non-worrier group). Vasey and Borkovec did not provide any other demographic information, such as the socio-economic status or the ethnicity of their participants. Finally, since these researchers only asked respondents to rate their level of discomfort as the catastrophizing procedure progressed, how the participants experienced the phenomenon of catastrophizing was not explicitly examined. Consequently, exploring the phenomenon of repeatedly asking “what if” questions via a qualitative method, such as interviewing, seemed appropriate.

As conceptualized in the worry literature, catastrophizing refers to an individual’s perception of increasingly worse outcomes as they ask repetitive “what if” questions in anticipation of a future problem viewed as an internal or external threat (Gladstone & Parker,
However, of the literature reviewed, researchers who have examined the phenomenon of catastrophizing (e.g. Davey, Jubb, et al., 1996; Davey & Levy, 1999; Kendall & Ingram, 1987; Vasey & Borkovec, 1992) have not articulated whether “what if” questioning is employed when individuals are faced with a major life decision, such as deciding if, and when, to have a child. Furthermore, given that some individuals who engage in “what-iffing” may not be chronic worriers or highly anxious, their “what if” questions may not lead to catastrophizing (Kendall & Ingram), and therefore this behaviour may assist them in reaching a solution to their dilemma, such as choosing to have a child or to remain childfree.

Hence, the description of “what-iffing” as defined in the worry literature seems inadequate in fully explaining how some chronic worriers or GAD sufferers may experience this phenomenon, specifically as it may relate to making major life decisions. Moreover, “what-iffing” has not been adequately examined in samples of non-worriers. Consequently, research that not only seeks to explore the experience of “what-iffing” in a non-clinical population, but also attempts to understand this phenomenon as it relates to a specific event, namely the parenthood decision-making process, seemed warranted.

**Decision-Making Theory**

Rational decision-making theory, such as Ajzen and Fishbein’s (1980) theory of reasoned action (e.g. Barber, 2001; Miller, 1994), and Emerson’s (1981) social exchange theory (e.g. Bagozzi & Van Loo, 1980; Nye, 1979) have informed much of the research on fertility behaviour. In brief, rational decision-making can be characterized as a “…thorough search for and logical evaluation of alternatives” (Scott & Bruce, 1995, p. 820).

Ajzen and Fishbein’s (1980) theory of reasoned action has been widely used by researchers as a theoretical framework to understand, explain, and/or predict childbearing intentions and behaviours (e.g. Barber 2001; Fishbein, Jaccard, Davidson, Ajzen, & Loken 1980; Miller, 1994; Miller & Pasta, 1994). The theory of reasoned action assumes that individuals are typically rational and systematic in their use of available information, and consider the implications of their actions prior to deciding whether to engage in a particular behaviour (Ajzen & Fishbein). However, this assumption may be inadequate for some individuals in capturing the complexity of their fertility decisions. It is plausible that some individuals may not consider the implications of childbearing in a logical, rational manner when negotiating this irrevocable decision. For example, some adults may place more importance on the symbolic meaning (Frankel & McCarty, 1993) or social value (Schoen et al., 1997) of having a child, than on the
weighty and realistic consequences a child brings, such as increased financial and work demands (Corijn et al., 1996; Miller & Pasta), or the possibility of marital strain (Cowan & Cowan, 2000; Riedmann, Lamanna, & Nelson, 2003). Furthermore, intuition may also play a role in making parenthood decisions. For example, 49 couples in a mixed methods study by Feeney et al. (2001) that examined the process of first time parenthood decisions cited “feeling ready” as an explanation for their choice to make the transition to parenthood.

Social exchange theory (Emerson, 1981) is another approach that has been used by researchers by which to explain and understand fertility decisions (e.g. Bagozzi & Van Loo, 1980; Nye, 1979). Like the theory of reasoned action, social exchange theory also assumes that individuals are rational and that reason guides decision-making (Emerson, 1981). This theory postulates that decisions are “...based upon the social, economic, and emotional costs and benefits, as compared to the alternatives” (Seccombe, 1991, p. 192). Hence, from this perspective fertility decisions are based on an individual’s assessment of the weight of the costs versus the benefits of having a child. Indeed, many researchers indicate that both perceived costs, such as the loss of freedom and couple time and increased responsibility, and rewards, such as having someone to love and continuing the family lineage, are key factors that determine if adults choose to conceive (Feeney et al., 2001). Although attitudes and values in part determine the weights assigned to the various costs and rewards of parenting (Bagozzi & Van Loo), social exchange theory fails to explain how these factors may influence the process of making this important decision. Moreover, this theory does not account for how the decisions of if, and when, to have children are experienced by individuals or couples. For instance, do adults create a systematic list of costs and benefits and make a decision based on a rational evaluation of this balance sheet? Clearly, there is a need to examine parenthood decision-making from a non-rational perspective as well.

In fact, Scott and Bruce (1995), in conceptualizing their General Decision-Making Style (GDMS) measure, have identified five decision-making styles – rational, intuitive, dependent, avoidant, and spontaneous – suggesting that not all people base their decisions on reason, or a pragmatic consideration of weighing the relative pros and cons. In addition, the style used for one decision may not be the same style used by the same individual when making another more critical life decision. Moreover, Johnson (1978) has described decision-making style as the interplay of two dimensions – the collection of information and the processing of this information. Although there are variations, individuals typically display a spontaneous or
systematic style of gathering data, and an external or internal way of processing this data (Johnson). Hence, some individuals may be more intuitive, spontaneous, or dependent on advice from others when they engage in the decision-making process, including parenthood decision-making. Others may employ an avoidant style and thus delay making a decision to have a child, a trend that has strongly emerged in Western societies (Feeney et al., 2001; Wu & MacNeill, 2002). This trend is evidenced by the fact that in 2002 more than one third of first births in Canada were to women 30 years of age or older (Statistics Canada, 2004). Moreover, this delay in decision-making may also lead to a childfree lifestyle (Veevers, 1980). Based on a sample of 156 childless adults, Veevers reports that more than two-thirds of the couples she interviewed remained childfree due to a series of decisions to postpone parenthood.

In chapter one, anecdotal evidence of “what-iffing” in relation to making major life decisions, including the choice of if, and when, to have a child, was presented. It appears then, that “what-iffing” may well be a dimension of decision-making experience, at least for some individuals. Fears about the consequences of having a child, at a particular time, may give rise to “what-iffing” as individuals attempt to contemplate the consequences of their actions in an attempt to make the right decision. As these adults repeatedly ask “what-if” questions, decisional procrastination may result. In fact, some women in Wilk’s (1986) study, described in detail below, were unable to reach a decision on whether or not to have a child. Specifically, decisional procrastination is conceptualized as the cognitive aspect of procrastination, that is, an inability to make decisions in a timely manner (Janis & Mann, 1977). This may relate to minor or daily routine matters as well as major life choices (Janis & Mann). With only anecdotal evidence to generate hypotheses on how the “what-iffing” phenomenon is experienced during the parenthood decision-making process, research devoted to this topic deserves attention.

Parenthood Decision-Making

In turning to the parenthood decision-making literature, the following research was chosen based on its relevance my research as well as its significance in informing how we view childbearing behaviour.

Wilk (1986) proposed a childbearing decision model for dual-career couples, based on a psychodynamic perspective. Wilk conducted her analysis on 24 white, middle-class, childless, married, dual-career women between the ages of 27 and 35 years. One-to-one extended interviews were conducted and two projective measures, a sentence completion test and a thematic apperception test, were administered to explore how these women arrived at their...
Findings revealed that an interaction of four factors – feminine intrapsychic factors, marriage, career, and lifestyle determinants – resulted in a fertility decision. According to Wilk’s model, all women follow the same decision-making path to arrive at their own, unique childbearing decision. However, some determinants may be more salient depending on the individual. Based on their fertility decision, participants fell into one of three groups: ambivalent (Group A), intend to have a baby (Group B), and voluntarily childless (Group C). Interestingly, Wilk found those women who had not resolved their dilemma of whether or not to become a parent (i.e. the ambivalent group) were more conflicted and anxious than the women in the other two groups who had made a decision. Hence, Wilk suggests that ambivalent women may seek counselling to deal with the stress “…surrounding their inability to reach a decision about children…” (p. 99). It may well be that these women could not resolve the “what-ifs.”

Given the rise in dual-career couples (Drolet, 2003), Wilk’s (1986) model seems relevant for understanding how many individuals may arrive at their decisions of if, and when, to have a child. However, Wilk did not include the participants’ spouses in her study. How the spouse’s perspective may have influenced family planning discussions and the childbearing behaviour of the couple remains unknown. In fact, the interaction between each spouse’s fertility desires and intentions has been found to influence childbearing outcomes (Miller & Pasta, 1994; Thomson, 1997). For example, based on data from the National Survey of Families and Households (NSFH) collected during two time periods (NSFH1, 1987-1988 and NSFH2, 1992-1994), Thomson found that when one partner desired a child but his or her spouse did not, each partner’s intentions to have a child was subsequently reduced, which resulted in lower birth rates for these couples. Moreover, Wilk’s model suggests childbearing decision-making follows a linear sequence: childbearing intentions – interacting factors – childbearing behaviour. However, research on decision-making style informs us that not all decisions follow a logical sequence (Scott & Bruce, 1995).

Soloway and Smith (1987) looked specifically at the antecedents of late birth timing for 15 couples in dual-career marriages. Late birth timing refers to individuals who have a first birth at 30 years of age or older (Soloway & Smith). These researchers’ qualitative approach to data collection involved unstructured intensive couple interviews lasting between 2 and 3 hours in the couples’ homes. During the interview, each couple explained the factors that influenced their decision to have their first child after postponing parenthood. Each couple was in a dual-career
marriage of at least two years prior to the birth of their first child and their child was under the age of three at the time of data collection.

Based on the analysis, derived from coding the interview transcripts, Soloway and Smith (1987) developed a model to reflect the late birth timing decision-making process. The following factors were included in the model: family injunctions to delay childbearing, consisting of occupational identity, financial security, educational status, and marital commitment; the biological clock; and sex-role identity. At first, unfulfilled expectations in the spheres of occupational identity, financial security, educational status, and marital commitment, promoted a delay in childbearing, however, the pressure from the biological clock appeared to have led to a reassessment of these expectations. Indeed, Soloway and Smith found that “the pressure from the biological time clock” (p. 259) was a major factor for most women in promoting family planning discussions. This is consistent with findings by other researchers (e.g. Erwin & Stewart, 1997). If occupational identity, financial security, educational status, and marital commitment needs were subsequently met, couples examined their sex-roles, and if they identified with the parental role, childbearing behaviour resulted.

A strength of Soloway and Smith’s (1987) study was the gathering of information from both spouses. Much of the research on childbearing decisions has focused on the woman’s perspective (e.g. Dion, 1995; Grindstaff et al., 1989; Wilk, 1986; Wu & MacNeill, 2002), leaving the joint decision-making process of couples largely ignored (Feeney et al., 2001). Furthermore, these authors only included couples for whom delayed parenthood was a conscious choice, thus excluding fertility problems as a reason for late birth timing. In doing so, Soloway and Smith were able to obtain data on delayed childbearing, a fertility trend in Canada (Wu & MacNeill).

While obtaining information from both spouses would appear to increase the validity of the couples’ data, it is not clear if the responses were biased, given that in the presence of their spouse participants may have filtered their responses. Moreover, these researchers relied on retrospective reflections from their participants, which are subject to the accuracy of their memories. Even though each couple’s first child was less than three years old at the time of the interview, it is not clear how being engaged in parenting may have influenced how these respondents remembered which factors were most salient when they made their decision to become parents. In addition, despite reporting inter-rater reliability through agreement by at least two transcript coders (Soloway & Smith, 1987), which increases the validity of the results (Gay & Airasian, 2003), the coders were looking for responses that fit with pre-defined factors.
believed to influence late birth timing (Soloway & Smith), possibly resulting in confirmatory bias. Although Soloway and Smith report that new concepts were added to their model if they were supported by the data, these researchers still based their analysis on a preliminary model of preconceived factors they believed and theorized were related to delayed childbearing. As is the case with Wilk's (1986) model, Soloway and Smith's framework is also limited to a linear sequence of decision-making to arrive at a final childbearing decision. Thus, a qualitative design that allows for themes to emerge, salient to the childbearing decision-making process for those who engage in "what-iffing" behaviour may serve to further illuminate the essence of this experience (Osborne, 1994; van Manen, 1990).

Finally, it is also important to note that Soloway and Smith's (1987) sample consisted of 15 couples (15 men, 15 women) who were highly educated, upper-middle class professionals residing in a Southeastern university town in the United States of America. Moreover, these authors did not report the ethnicity of the participants. Clearly, inferences made from the results of this study are limited due to the homogeneity of the respondents.

Integrating various constructs such as attitudes, values, norms, desires, intentions, and expectancies proposed by previous researchers, Miller (1994) posited a theoretical framework in an effort to explain fertility behaviour. Miller suggested that childbearing motivation is a "psychological sequence that culminates in various reproductive behaviors" (p. 228). Specifically, the Traits-Desires-Intentions-Behaviour (TDIB) model (Miller) consists of four sequential steps: trait formation, formation of desires, formation of intentions, and reproductive behaviour. Hence, Miller proposed that fertility attitudes and beliefs influence fertility desires, which in turn affect fertility intentions, resulting in reproductive behaviour. Miller also indicated that desires are mediated by life cycle factors such as age, marital status, and family composition, and intentions are influenced by situational factors such as income and space. Three types of fertility desires and intentions are included in the TDIB model: childbearing (i.e. for a [another] child), childbirth timing, and number of children.

Miller (1994) tested the TDIB model on data collected from a sample of 201 childless couples and 200 parity-one couples, using structured interviews and paper-and-pencil questionnaires and inventories. All wives were between 18 and 39 years old and not pregnant at the time of the interview. Miller used his own measures, the Childbearing Questionnaire (CBQ) and a measure of gender role orientation (GRO). Data analysis specified 13 predictors of childbearing desires and 10 predictors of childbearing intentions. Although Miller's study
focused on motivational factors, such as the perceived joys of pregnancy, birth, and infancy, expectations of satisfying childrearing, and providing a sibling for the first child, the non-motivational variables of age at marriage, couple income, and marital status were noted as significant predictors of childbearing desires. Of the 10 factors found to predict childbearing intentions, childbearing desires were the most predictive, providing support for the TDIB sequential model. However, Miller’s research focused on factors believed to influence childbearing behaviour and not the actual experience and process of making this critical life decision.

In a similar study, drawing from the same sample of 201 childless couples and 200 parity-one couples, Miller and Pasta (1994) focused on the child timing desires and subsequent child timing sequence of the TDIB model. These authors also explored how the child timing intentions of the respondent and the intentions they perceived from their spouse influenced the childbearing intentions of the couple. Respondents who did not desire a (another) child or who were doubtful enough about it that they could not say how soon they wanted a (another) child were excluded from this study. Therefore, the analytic sample consisted of 187 husbands and 188 wives from the couples sample with no children, and 182 husbands and 184 wives from the couples sample with one child. These researchers developed the Child Timing Questionnaire (CTQ), which was used to measure child timing attitudes and corresponding beliefs on how soon those attitudes or desires would fit within various aspects, such as career, education, personal and physical readiness, age, and finances of the participants’ lives. Akin to Miller (1994), these researchers also administered the GRO instrument, a measure of traditional versus modern gender role orientation, based on two items.

Results indicated that the “primary antecedents of child timing desires are the beliefs that individuals have about when various aspects of their lives will fit, or be compatible with having a child and the value or importance that they place on each of those fits” (Miller & Pasta, 1994, p. 242). The aspects that received the highest desirability ratings were personal readiness, readiness of spouse, and the physical readiness of the wife. The finding that personal readiness was a consideration for childbirth timing supports other research in which intuition accounted for some couples making the decision to conceive (e.g. Feeney et al., 2001). Conversely, the least desirable aspects necessary for timing childbirth included having enough space, being the ‘right’ age, and fitting within educational plans. Moreover, for those couples without children, “…not knowing when these fits will occur predicts that a child will be desired later rather than sooner”
In other words, the uncertainty surrounding making the right choice likely leads to decisional procrastination or delayed parenthood.

Interestingly, some gender differences as well as differences between childless and parity-one couples were also found (Miller & Pasta, 1994). For instance, having the 'right age' and personal readiness was more important for wives than for husbands. Couples with one child reported a greater desire for their next child to fit within their financial budget than did childless couples. For the wives without a child, the marriage being ready was the most important aspect and having a child to fit within educational plans was more desirable for these women than for childless husbands or for couples with one child. It was also more important for childless couples that their spouse was personally ready than for those couples considering a second child. Finally, marital conflict was found to influence childbirth timing for husbands. Expressly, husbands who were experiencing marital dissatisfaction and conflict reported wanting to have a child later rather than sooner (Miller & Pasta). It would appear that the parenthood decision-making process for childless adults may be different from those who already have children. Hence, these findings provide support for researching how childless adults negotiate and experience the irrevocable decision of parenthood.

Miller (1994) and Miller and Pasta (1994) gathered data from both partners and interviewed the couples separately and privately, which likely helped to guard against potential response bias due to possible spousal effects. In line with the rise in late childbearing (Feeney et al., 2001; Wu & MacNeill, 2002), these researchers also included women up to 39 years of age. However, both studies (e.g. Miller; Miller & Pasta) used measures designed by the researchers, with validities and reliabilities of these instruments not being reported. Furthermore, the sample used in both studies limited the generalizability of these researchers' results. Although participants were selected from socially and geographically dispersed block groups from each residential area, a homogeneous population resides in the chosen region of Santa Clara County, California. Consequently, the couples in the sample had high levels of education, occupational status and income. Eighty-one percent of the sample were Caucasian and forty-four percent were Protestant (Miller; Miller & Pasta). As with previous studies (e.g. Soloway & Smith, 1987), Miller, and Miller and Pasta, used a linear model to predict childbearing and child timing behaviour, and did not look explicitly at how these couples experienced their parenthood decision-making journey.
In a 1993 survey study, Somers compared 74 voluntarily childfree men and women with 127 mothers and fathers. Specifically, Somers examined whether certain variables — stereotype perception (i.e. respondent’s perception of how others viewed their fertility choice), marital satisfaction, life satisfaction, and decision-making style — differed among voluntarily childfree couples and married parents. Participants were at least 30 years old, married or co-habitating for a minimum five years, and like Soloway and Smith’s (1987) sample, the childfree couples had made a conscious decision not to parent. Spouses who had children from previous marriages were excluded from the study. Four measures were included in the mailed questionnaire: an adapted stereotype rating scale, a marital satisfaction measure, a life satisfaction scale, and a decision-making inventory. The survey also contained 27 items to elicit demographic information, birth control methods, decision certainty, and reasons for childbearing decision. Although stereotype perception, and marital and life satisfaction were also analyzed, the examination of decision-making style is of particular relevance for my research. Somers used the Decision-Making Inventory based on Johnson’s (1978) theory of how information is gathered (e.g. spontaneous or systematic), and on how this information is analyzed or processed (e.g. external or internal). As previously described, Johnson’s theory yields four possible decision-making styles: spontaneous-external, spontaneous-internal, systematic-external, and systematic-internal. Somers found that when religious affiliation was controlled voluntarily childless couples exhibited a more systematic information gathering style than those couples who chose to parent. However, no significant differences were found on the other three scales of decision-making style. Results also revealed that 76% of childfree individuals were “very certain,” and the remaining were “fairly certain” about their decision not to parent. All but one non-parent reported being happy with their decision and one participant in this group felt neutral. In the parent group (i.e. the participants who were mothers and fathers), four reported being unhappy with their choice and five indicated that they felt neutral about their decision to have a child. Degree of certainty results were not provided for the parent group.

The relative homogeneity among the two sample groups allows for greater confidence in Somers’ (1993) comparative analysis. Over 90% of the participants in each group were Caucasian, and both groups had similar levels of education and occupational status, although a greater percentage of the childfree women versus the mothers were managers or in professional careers. The mean ages of the participants were also similar. Specifically, the mean age for
childfree women was 39 years, and the mothers’ average age was 38 years. For men, the average age of childfree men was 41 years; and fathers, 48 years.

However, there are some limitations to Somers’ (1993) research. First, this study relied on self-report measures, which are subject to social desirability bias (Gay & Airasian, 2003). The author also noted that “both groups may have internal dissonance about their choices and may therefore report in a manner which minimizes this dissonance, as reflected in questions about certainty of decision, conflict over decision, and current happiness about the decision” (p. 649). In addition, Somers’ results limit our understanding of parenthood decision-making and satisfaction to individuals who are Caucasian, in their late thirties and forties, and well educated.

Nonetheless, Somers’ (1993) study draws attention to the need for more research on decision-making, as well as the feelings associated with or related to parenthood decision-making. The information gathered on the type of decision-making style participants used, their level of certainty and feelings about their choice provide a basis with which to explore how adults experience their decision-making process and how this may influence their lives. For example, using a qualitative method, such as interviewing, allows for a deeper understanding and appreciation of how individuals who find their tendency to ask “what-if” questions problematic experience their decision-making (Osborne, 1994; van Manen, 1990), and their feelings related to the process of choosing whether to have children or remain childfree.

Aimed at understanding couples’ experiences of the transition to parenthood, Cowan and Cowan’s (2000) Becoming a Family Project followed 72 pregnant couples and 24 non-parent couples over the course of ten years. In the first phase of the study, expectant couples were tracked from late pregnancy until their children were 18 months old and non-parent couples were followed over the same number of months. Of significance for my research are the data collected on the couples at two to three months prior to the birth of their first child. What emerged from these initial interviews was a typology of expectant couples into four distinct groups of decision-makers: Planners (52%), Acceptance-of-Fate (14%), Ambivalent (20%), and Yes-No (14%). Three of the decision-making patterns – Planners (52%), Ambivalent (44%), and Yes-No (5%) – were also found in the non-parent couples. The planners were characterized as having actively discussed the question of parenthood, which resulted in a clear joint decision of whether to become parents. For those planners in the non-parent group, 32% had decided probably to have a child but not now, and the remaining 20% had decided no for now but reported that the future was unclear. Conversely, the acceptance-of-fate couples did not consciously decide to have a
child, but rather chose to have a child when they discovered that they were pregnant. Couples who had strong views for and against having children, but in which one partner leaned more toward one side and the other leaned more toward the opposite were defined as ambivalent. Interestingly, the “...theme of ambivalence” (p. 41) was present in the discussions with most of the couples in the study. Finally, the yes-no couples were identified as having “strong, unresolved conflict about becoming a family...,” (p. 42) and were still struggling with the consequences of having a child. There were perhaps some “what-iffers” in this group. Given that most couples felt ambivalent about making the transition to parenthood prior to committing to a choice, research that targets the experience of decision-making during this period deserves attention.

In addition, Cowan and Cowan (2000) discovered differences between the patterns of decision-making and both problem solving ability and degree of marital satisfaction. For example, both expectant and non-expectant planners exhibited more effective problem solving and enjoyed higher levels of marital satisfaction than did couples in the other three groups.

Cowan and Cowan (2000) provide rich descriptions of how participants think and feel about making the major life decision of if, and when, to have a child, and how couples experience agreement and disagreement regarding this choice. Unlike some studies cited previously (e.g. Miller, 1994; Miller & Pasta, 1994; Soloway & Smith, 1987; Wilk, 1986), Cowan and Cowan’s study illustrates that the pathway of choosing if, and when, to parent is not a smooth and linear process. Indeed, most expectant couples had shifted their position on whether to have a child, at least once prior to their first interview (Cowan & Cowan).

What is clear from this review of relevant parenthood decision-making research is the need for current research on the experience of making the irrevocable decision of if, and when, to have a child. In fact, most studies (e.g. Cowan & Cowan, 2000; Soloway & Smith, 1987; Wilk, 1986) analyzed data that was collected in the 1980s. Therefore, the previously discussed findings may no longer adequately reflect the issues, factors, or experiences of adults facing this major life choice today. In particular, with few exceptions (e.g. Soloway & Smith; Miller, 1994; Miller & Pasta, 1994), many of these studies do not reflect the late childbearing trend that we are witnessing today. However, this body of research provides the groundwork for understanding childbearing behaviour and illuminates the gaps in the parenthood decision-making literature. My research then sought to increase our understanding of the experience of making the irrevocable choice of if, and when, to have a child. Specifically, this research was an attempt to
examine the “what-iffing” phenomenon, as some women experience it, as they negotiate the parenthood decision.
CHAPTER THREE
Methodology

Method Selection

A qualitative, phenomenological interview study was conducted to answer the question: What is the experience of “what-iffing” as experienced by women when faced with making the decisions of if, and when, to have children? Phenomenology is an appropriate approach when little is known about the phenomenon in question, as is the case with “what-iffing” related to the irrevocable decision of having a child. Moreover, Heppner (1989) argues that if a lack of knowledge exists about clients’ thinking and information processing during problem solving, descriptive research is needed to fill in the gaps. Consequently, to capture the experience of “what-iffing” related to the parenthood decision and timing of when to have a child, a phenomenological approach was used in this study.

Other qualitative methods are designed to study a cultural group (i.e. ethnography), derive a theory (i.e. grounded theory), explore in-depth an event or activity (i.e. case study), or study an individual’s life story (i.e. narrative research) (Creswell, 2003). This research did not fit those aims, and further did not seek to test an hypothesis, as is the case with quantitative methods (Gay & Airasian, 2003). Rather, because this study sought to identify the characteristics of a particular “conscious experience” (Osborne, 1994, p.169), phenomenology was the most suitable method for answering the research question.

There are many forms of phenomenology drawing from different philosophical underpinnings. I took direction from existential-phenomenology, which has as its philosophical foundation, existentialism (Valle & King, 1978). I chose this methodology to answer the research question for two reasons: (1) the existential-phenomenologist views individuals as “‘being-in-the-world’” (Valle & King, p. 8), which fit with my philosophical view; and (2) existential-phenomenology “seeks to explicate the essence, structure, or form of both human experience and human behaviour…” (p. 7), which fit the purpose of this study.

Taking a phenomenological approach allows for the exploration of an individual’s inner experience and serves to illuminate the phenomena through participant introspection and description (Osborne, 1994; van Manen, 1990). The goal of this research project then was to elicit thick and rich descriptions of the experience of “what-iffing” related to decisions around if, and when, to bear children, for those who experience this choice as problematic.
This study followed the guidelines embedded in the seven stages of an interview investigation outlined by Kvale (1996): thematizing the study purpose, designing the study, interviewing, transcribing, analyzing, verifying the data, and reporting the findings. First, however, I will articulate my personal assumptions about the research topic.

**Personal Assumptions and Bracketing**

According to Creswell (2003), one strategy to enhance the accuracy of qualitative research findings is to “clarify the *bias* the researcher brings to the study” (p. 196). Articulating the researcher’s “…predispositions and biases through a process of rigorous self-reflection…” is called bracketing (Osborne, 1990, p. 81). This bracketing “…creates an open and honest narrative that will resonate well with readers” (Creswell, p.196) and allows them to take into consideration the researcher’s perspective when reviewing the study (Osborne, 1990).

For these reasons, I put forth that my interest in this topic stems from personally considering the “what ifs” when making major life decisions, including the decisions of if, and when, to have children. As a 34 year-old graduate student, I am approaching the middle to upper range of childbearing years, yet I am delaying childbirth to focus on my education and subsequent foray into my chosen career field. Hence, navigating the decision-making process of if, and when, to have children, is personally relevant and timely. Given my personal experience with this phenomenon, I hold the following assumptions: (1) the phenomenon of “what-iffing” exists; (2) “what-iffing” plays a role in the decision-making process; (3) some individuals may repeatedly ask “what-if” questions when deciding if, and when, to have children; (4) “what-iffing” may represent a functional aspect of the decision-making process; (5) “what-iffing” can also be problematic or worrisome for some individuals. These assumptions are particularly true for the parenthood decision given that “...becoming a parent is irrevocable” (Cowan & Cowan, 2000, p. 32). “The psychological aspects of having children add greater complexity to the debate” (Cowan & Cowan, p.32) of whether, and when, to have children. Hence, couples have a strong motive to make the correct choice, given the consequences of their childbearing decisions (Cowan & Cowan).

Furthermore, as a Canadian woman of Western European decent, with an upper-middle class background, I bring to the research the realization that I am able to make major life choices based primarily on personal considerations and that my “what ifs” may differ greatly from an individual with a dissimilar background. In other words, the content and process of my “what-iffing” may be dissimilar from that of an individual of a different age, cultural, educational,
socio-economic status, and family background. For instance, as a woman in my thirties, my “what-iffing” may focus on the biological challenge of having a child past the age of 40 years, whereas, a woman in her twenties may not consider this biological constraint in her consideration of if, and when, to have children. In addition, my perceptions of the parenthood decision have been shaped by my upbringing, societal messages, a review of the literature, and all of my personal experiences. For instance, I hold the bias that the parenthood decision is typically a negotiation between two partners, as is the case for me; whereas, for others it may be an independent decision or one in which other family members’ expectations or involvement are considered.

Given the above-stated assumptions, I expected to find that some women experience the phenomenon of “what-iffing.” I also expected to find that this phenomenon is associated with decision-making and may tap into any or all of the following constructs: worry, hesitation, indecision, self-doubt or lack of problem-solving confidence, self-talk, and fear or anticipation of regrets. I further expected to find common themes, such as a fear of childlessness, financial concerns, and coping with multiple roles, in the experience of “what-iffing” as it relates to deciding if, and when, to have children, given the universality and irrevocability of this decision.

All of these assumptions and presuppositions may have influenced various elements of the research process, for example: what interview questions I posed, how I interpreted the transcripts, how I conducted the analysis, what conclusions I drew, and how I reported the findings may have been influenced by my biases. To address these concerns, Patton (2002) asserts that researcher reflexivity is important throughout all phases of qualitative inquiry, but it is particularly critical during data analysis and reporting. Specifically, one of the design strategies of qualitative research is “voice, perspective, and reflexivity,” described by Patton as the following:

The qualitative analyst owns and is reflective about her or his own voice and perspective; a credible voice conveys authenticity and trustworthiness; complete objectivity being impossible and pure subjectivity undermining credibility, the researcher’s focus becomes balance – understanding and depicting the world authentically in all its complexity while being self-analytical, politically aware, and reflexive in consciousness (p. 41).

Hence, I started to keep a journal at the outset of this research project, and continued to do so throughout the duration of the study, to reflect upon my thoughts and feelings surrounding the topic, the participants, the data, and the research process.
Research Procedure

Participant criteria. The sample consisted of six female participants. To obtain a purposive sample (Gay & Airasian, 2003; Osborne, 1994), volunteer participants for the study were recruited from a population of women from Vancouver, who self-selected as “what-iffers” in deciding if, and when, to have children, and who experienced this as problematic. Since the goal of phenomenology is to illuminate in-depth, rich descriptions of each participant’s experience (Baker, Wuest, & Stern, 1992; Osborne, 1994), and not to obtain generalizable results (Osborne, 1990), “…the sample size is kept deliberately small” (Baker et al., p.1358). All of the participants met the following inclusion criteria for this study: childless married or common-law women, between the ages of 19 and 44 years, and not pregnant; they repeatedly asked “what-if” questions when making this major life decision; “what-iffing” behaviour was perceived as problematic; and, they were articulate in English. Only those participants who were currently partnered were included in this study for two reasons. First, the majority of the parenthood decision-making literature is about couples (e.g. Corijn et al., 1996; Cowan & Cowan, 2000; Feeney et al., 2001; Soloway & Smith, 1987; Miller 1994; Miller & Pasta, 1994), which informed my review of the relevant research. Second, couples likely face similar issues, such as concern over the effects a child may have on their intimate relationship (Feeney et al.); hence, it was anticipated that commonalities among participants’ experiences would emerge, which is the aim of phenomenological research (Colaizzi, 1978; Osborne, 1990). This study focused on the experience of the female member of a couple for the following reasons: 1) to improve the probability of finding common experiences among the participants, such as concerns related to women’s biological clocks; and 2) to rule out the possibility that divergent experiences and findings were based on sex or gender role socialization. Women who had children, or who were expecting a child, were excluded from this study. At some point during their lives, these adults have made a decision to become a parent, which was incongruent with the aim of this study – examining the experience of the parenthood decision-making process for those who are struggling with making this choice. Moreover, parents who were considering having another child cited some different reasons for the desire to have, as well as the timing of, a second child, than those childless adults deciding if, and when, to have their first child (e.g. Miller; Miller & Pasta). Thus, it was expected that by limiting the sample to childless adults, there would be a greater likelihood of finding commonalities among the participants. The minimum age of 19 years was a requirement in order to have participants at the age of majority for informed consent.
Moreover, since this study is looking at the parenthood decision, it was anticipated that individuals 19 years and older would be embarking on their entry into adulthood and considering parenthood desires or currently negotiating parenthood intentions and decisions, than would younger individuals who may still be going through adolescent stages of development. A maximum age of 44 years was set as a reasonable upper limit of a woman's childbearing years. For 2003 birth rates, the British Columbia Vital Statistics agency provides a break down by individual age, starting at 13 years until 44 years, with 45+ indicated as the upper limit of a mother's childbearing age (BCVSA, 2003). Given the gestational period of 9 months, 44 years was set as the upper age limit for the participants for this study on the parenthood decision. In order to be able to inform the research question, all of the participants identified themselves as being "what-iffers," and viewed this behaviour as being problematic in some way. Participants defined their behaviour as problematic based on their perspective. The final inclusion criterion was the ability for each participant to be articulate in English, the language of the interviewer. The ability for participants to articulate their experience is critical to a phenomenological interview study in order to elicit rich and detailed descriptions (Colaizzi).

Participant recruitment. Volunteers were invited to participate in the study by way of flyers (see Appendix A) placed on bulletin boards in several University of British Columbia (UBC) campus buildings and libraries, and the community centres operated by the Vancouver Parks Board in each of Vancouver's 23 neighbourhoods. The flyer was also distributed by email to friends, colleagues, and two Vancouver women's clubs. Interested participants called me at which time I explained the purpose and procedures of the study, and determined whether they were suitable by following a telephone screening interview sheet (see Appendix B). This screening sheet was utilized to ensure that the study's inclusion criteria were met, without discriminating against potential participants. Once a suitable participant verbally agreed to take part in the study, the first interview location, time, and date, was established.

Data collection. Data was collected from October 13, 2005 to December 5, 2005 through individual, in-depth, audiotaped interviews, which lasted a maximum of 120 minutes. Each selected participant took part in one in-person interview at a convenient time and location mutually agreed upon between the researcher and the participant. The interviews were conducted in the participant's home, their office, or in a private room in the Counselling Psychology Department at UBC. At the start of the interview, an informed consent form was read and signed and a copy retained by each participant (see Appendix C). The interview serves as a vehicle to
explore and gather an “experiential narrative,” in order to gain a rich and deep understanding of the phenomenon under study (van Manen, 1990, p.66). Interviewing also provides an open-ended climate that invites the participant to recount their lived-experience with an emphasis on their feelings and not their opinions of the experience (Osborne, 1994). The interviews were unstructured but began with a general statement orienting the participants to the research question, which closely mirrors other phenomenological interview research (Lim & Wieling, 2004; Mills & Daniluk, 2002; Pentland, Miscio, Eastabrook, & Krupa, 2003; Phillips & Daniluk, 2004) (see Appendix D). Open-ended questions were used when necessary, to clarify my understanding of the participants’ accounts, and to elicit more detailed, in-depth descriptions, of topics raised by participants and of particular relevance to the phenomenon in question (Creswell, 2003) (see Appendix D). As the primary researcher, I conducted each interview. As a Master of Arts student in Counselling Psychology, I attempted to utilize my counselling skills to establish a good rapport with participants, and create an atmosphere of trust and genuineness in order to elicit authentic accounts of the participants’ experiences (Osborne, 1990; Shenton, 2004). In addition, I used iterative questioning during the interviews to extract candid accounts from the participants (Shenton). While transferring my counselling abilities to the interview process, I consciously endeavoured to maintain a research focus and did not allow the interview to transform into a counselling session by attending to the task of data collection versus problem-resolution.

**Data Analysis**

Following each interview, I transcribed the interview verbatim (Gay & Airasian, 2003; Kvale, 1996). The purpose of data analysis in phenomenological research is to extract meaning structures of the phenomenon as described by the participants (Osborne, 1994). In line with this purpose, the transcripts were analyzed following the procedures outlined by Colaizzi (1978). First, each transcript was read to acquire an overall feel and then re-read to extract significant statements. The next step is formulating meanings through context. In order to formulate themes that capture or describe aspects of the structure of the lived experience of “what-iffing” and touch upon the core content of the phenomenon under study, a “selective or highlighting approach” was used to isolate thematic statements (van Manen, 1990, p.93). Specifically, the transcripts were read numerous times while asking, “what statement(s) or phrase(s) seem particularly essential or revealing about the phenomenon or experience being described?” (van Manen, p.93). Meanings or meaning units were stated as simply as possible (Kvale). Once the
meanings were derived from all transcripts, common theme clusters were formed (Colaizzi).
Next, a detailed description of the results was written using rich and thick description and
verbatim quotes, if relevant to illuminating the description of the phenomenon of “what-iffing,”
as related to the parenthood decision.

Following the analysis of the data and initial write-up of the findings, validation
interviews or member checks were conducted (Colaizzi, 1978). Member checks are designed to
ensure that the thematic clusters identified by the researcher accurately reflect the phenomenon
under study, that is, to make certain that all participants share all of the themes (Creswell, 2003;
Osborne, 1990, 1994). Within two weeks prior to the validation interviews, conducted between
February 14th and February 23rd of 2006, I mailed, or emailed, a detailed description of the
themes that emerged from the initial analysis, along with each participant’s brief biography, to
each participant for their perusal. I conducted each validation interview, five in person and one
by telephone, which lasted between 30 to 60 minutes, whereby each participant was asked
whether the common themes described in the initial analysis resonated with their experience
(Creswell; Osborne, 1990, 1994). All of the participants reported that overall all of the themes fit
with their experience of “what-iffing” when faced with making the decisions of if, and when, to
have a child. In addition, not one participant reported that any aspect of their experience was
missing from the analysis. A few participants discussed which themes and/or sub-themes were
more salient to their experience over others. Some participants also articulated their feelings
related to their experience of having participated in this study and described how they currently
felt about their “what-iffing” behaviour. One participant revealed that she and her partner had
broken up during the period between her initial and validation interviews. During each validation
interview, corrections were made to each participant’s personal biography and the women chose
their pseudonym to be used in the study’s results. Feedback from the participants was considered
in the final analysis and write-up of the thematic results.

Limitations and Trustworthiness

The terminology used to address rigour and trustworthiness in quantitative research –
internal validity, generalizability, reliability, and objectivity – can be conceptualized by the
following four parallel criteria – credibility, transferability, dependability, and confirmability – in
an attempt to achieve a trustworthy qualitative study (Guba & Lincoln, 1989; Lincoln & Guba,
1985).
Credibility refers to whether an authentic picture of the phenomenon under study has been ascertained by the research conducted (Miles & Huberman, 1994). In terms of establishing a study’s credibility, Guba and Lincoln (1989) consider member checks to be the most important technique. Member checks occur continuously throughout the data collection and analysis phases (Guba & Lincoln). Hence, during the interviews, the researcher questioned and checked the meaning of what was said and the information obtained (Kvale, 1996). In addition, to validate the common themes identified in the transcript analysis, participants took part in a second interview, which lasted between 30 to 60 minutes, to check that the themes that emerged from my analysis of the data were an accurate reflection of each individual’s experience (Colaizzi, 1978; Mills & Daniluk, 2002; Osborne, 1994; Phillips & Daniluk, 2004).

My research supervisor who has extensive expertise in phenomenology reviewed the first transcript to ensure that I did not lead the participant (Creswell, 2003; Mills & Daniluk, 2002). Moreover, to ensure that the translation from the oral accounts to the written text was valid (Kvale, 1996), the audiotapes were transcribed verbatim (Gay & Airasian, 2003; Kvale). This step is important because “the inclusion of pauses, repetitions, and tone of voice are relevant for psychological interpretations of” the account (Kvale, p. 166). Finally, to ensure that the final report reflected a valid account of the main findings (Kvale), rich descriptions were used (Creswell).

Although triangulation, or combining different methods, data sources, analysts and theoretical perspectives, is considered advantageous in enhancing a study’s credibility (Lincoln & Guba, 1985; Patton, 2002), my study used one method for gathering data – the interview. However, I used analyst triangulation, by way of having the participants review and confirm the common themes (Patton), described previously as validation interviews or member checks.

Next, Guba and Lincoln (1989) use the term transferability to refer to the generalizability of the results of a qualitative study. However, given that the findings from qualitative research are limited due to small sample sizes and specific contexts, generalizability is not possible (Shenton, 2004). Rather, the aim of phenomenological research is to achieve “empathic generalizability” (Osborne, 1990, p.82), signifying that the interpreted meaning structure of the phenomenon for one person is also found in the experience of others (Osborne, 1990). Also, the final written report has included the researcher’s biases and assumptions, demographic information of the participants, a detailed description of the context under which the study took place, and a thick description of the phenomenon, so that the reader has sufficient information in
order to decide the degree of transferability of the results to other contexts and populations (Shenton).

To address the dependability (i.e. reliability) of a qualitative study, efforts are taken to ensure that the procedures of the research project are reported in detail so that another researcher may repeat the study (Shenton, 2004). "The technique for documenting the logic of process and method decisions is the dependability audit" (Guba & Lincoln, 1989, p. 242), or commonly known as an ‘audit trail.’ Beck (1993) has produced a checklist for qualitative researchers for critiquing the auditability of their research project. I used Beck’s checklist to ensure that I provided the necessary details for an outside reviewer to analyze and judge my process and method decisions, and to understand the pertinent factors that led to these decisions and interpretations during all stages of the study (Guba & Lincoln). Shenton proposes three sections that should be included in a study’s report: “research design and implementation,” “operational detail of data gathering,” and “reflective appraisal of the project” (p. 71-72). Accordingly, the content of these sections has been addressed in the final report of this study.

Finally, the notion of confirmability is parallel to the concept of objectivity (Guba & Lincoln, 1989), that is, to ensure that the findings of the research “are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shenton, 2004, p. 72). According to Patton (2002), the principle for establishing researcher credibility is to “report any personal and professional information that may have affected data collection, analysis, and interpretation” (p. 266). Therefore, to enhance the confirmability of this research, interviewer bracketing of personal biases, presuppositions, and interest in this research topic was made explicit prior to the study (Creswell, 2003; Kvale, 1996; Lim & Wieling, 2004; Osborne, 1994; van Manen, 1990). This bracketing also occurred during the data collection and analysis phases by way of journaling my thoughts, reflections, and reactions throughout the research process.

A limitation of the interview study is that not all participants may be equally articulate and perceptive (Creswell, 2003). Accordingly, given that the data collection relied on participant self-report, the findings are limited by the degree to which the participants were able to articulate their experience as well as what they were willing to share with me as the researcher (Phillips & Daniluk, 2004). Moreover, the results and the conclusions that have been drawn were influenced by my interpretations of the data (Shenton, 2004).
As a qualitative study, the scope of the findings are limited to the specific context under which this study was conducted (Patton, 2002; Shenton, 2004). Specifically, the results of this research are limited to how the volunteer participants described their experiences of “what-iffing” related to the decisions of if, and when, to have children.
CHAPTER FOUR

Results

This chapter begins with biographical descriptions of the six participants in this study, which will illustrate the context of their lives for the reader. A description of the data analysis follows, detailing the six common themes that emerged from the interviews. The themes are not presented in any particular order. Participants’ own words are used whenever possible throughout the description of the thematic results.

Participants’ Biographies

Following are brief biographies for each participant in this study. The participants chose pseudonyms to maintain their confidentiality.

Michelle. Michelle, thirty-two, holds a Bachelor’s degree and works full-time as an advisor in a post-secondary institution. She also attends graduate school, in Education, on a part-time basis and describes her life as being very busy. Michelle reported having had a middle-class upbringing with her brother in a small town. She now lives in Vancouver with her fiancé and partner of sixteen months. She described having had a good childhood with good friends and family. Michelle reported that in the past, she always thought she would like to have a child and felt she “had all the time in the world” to decide if, and when, to parent. However, now that she is in her thirties and getting married, she reported a need to make an immediate decision. Michelle relayed that her fiancé was not certain about his desire to have children until he met her. Even though, as a couple, they have discussed parenthood decisions, Michelle said she feels alone in making this choice. Michelle and her partner live a middle-class lifestyle and expressed concerns over having enough money before making the transition to parenthood.

Eppie. Eppie is a thirty-eight year-old woman working towards her Doctorate in Education while working full-time as a researcher in the medical field. She lives a middle-class lifestyle in downtown Vancouver with her husband, with whom she has had a relationship for twenty-one years, and been married to for sixteen years. Eppie, the youngest of four daughters, grew up in a middle-class household. With her parents and her husband’s large family, Eppie expressed having no shortage of family connections. Eppie reported that she has never had the “compulsion” to have a child but given her age, making parenthood decisions has become more of an issue lately. She stated that both she and her spouse have always felt uncertain about having children.
Maude. Maude is a thirty-four year-old woman living an upper-middle class lifestyle in Vancouver with her husband of two years. She and her spouse lived together for three years prior to getting married. Maude, the younger of two sisters, was raised in an upper-class family with divorced parents in a large city in the Eastern United States. She holds a Master’s degree and is currently working professionally as an independent writer. Maude described herself as a “late bloomer” and did not express that having children was a burning desire or driving force in her life. However, upon reflection Maude said both she and her husband have always thought they were the type of people who would have children. The issue of children was not raised within the relationship until approximately six months into their marriage. Parenthood decisions started to become an issue for Maude within the last year with the realization of fertility limitations and her awareness of messages about motherhood presented in the media.

Madeleine. Madeleine is a thirty-six year-old woman who works part-time as a research assistant and professional educator while she attends graduate school. She lives a middle-class lifestyle with her common-law partner of two years, whom she plans to marry one day. She was raised in a middle-class family, the third child of four siblings, and reportedly grew up in a “broken home.” Since she was a sixteen years old Madeleine has had a desire to have children; however, she currently questions if, and when, to have a child. Parenthood decisions have been an issue for Madeleine throughout her adult life. She and her partner have talked about the possibility of having children sometime in the future but have not come to any decisions. During the period between the initial and validation interviews, Madeleine and her partner ended their relationship and no longer live together.

Samantha. Samantha is a thirty-year old, university-educated married woman living in Vancouver and working full-time as a project manager in what she described as an intense work environment. She and her spouse were in a relationship for four years prior to getting married. Samantha currently has a middle-class, socio-economic status. She was raised in a two-parent upper-middle class household with her younger brother. Making parenthood decisions has become a recent concern for Samantha and although reportedly she and her husband of one year think they want to have children, they have not had a serious conversation related to making these decisions.

Lily. Lily, thirty-four, works as a full-time school counsellor and teacher. She holds a graduate degree in Education and lives with her husband of two and a half years in Vancouver. Lily and her spouse spent eight years together prior to getting married. Even though she and her
husband have made a five-year plan for their life together, they have not come to an agreement on if, and when, a child may fit into their plan. Lily reported that both she and her husband are uncertain about making the transition to parenthood. She was not concerned about making parenthood decisions until a couple of years ago, when she became aware of her age, and consequently experienced a sense of urgency to make a choice. Lily reported that making this major life choice is at the forefront in her life because her friends are having children. Lily stated that she had a good middle-class upbringing in a family with one sibling. She and her husband have a middle-class socio-economic status.

Common Themes

"Life-shaping decisions involve a mysterious and striking transformation. In the beginning, a person wavers in doubt. One is apt to be tentative, irresolute, half-hearted, divided, and confused, among other things. The phrase 'agony of decision' seems well-earned" (Cochran, 1991, p.1).

When asked to reflect upon their experience of “what-iffing” when faced with making the decisions of if, and when, to have children, the participants expressed a wide range of perspectives and feelings associated with this phenomenon. Six major themes emerged out of the data analysis, the first three being more specific to the parenthood decision, and the others to “what-iffing” in general. The six themes are: 1) A Sense of Biological Pressure, 2) A Sense of a Lack of Readiness, 3) A Fear of Making the Wrong Decision, 4) “What-iffing” as a Reflection of an Inability to Make a Decision, 5) The Pervasive Nature of “What-iffing” Behaviour, and 6) A Sense of “What-iffing” as Being both Adaptive and Maladaptive. A description of each theme will be presented in the remaining sections of this chapter.

A Sense of Biological Pressure

All of the participants in this study articulated a sense of biological pressure when faced with making the decisions of if, and when, to have children. Overall a large number of “what if” questions asked by the women dealt specifically with age and fertility concerns, and the potential health implications of later-aged childbearing. Each participant also expressed a belief that their decisions of if, and when, to have their first child will ultimately be made by default because of their sense of biological pressure. Interestingly, three of the six participants also perceived the biological imperative of women for childbirth and childrearing as an injustice. Concomitant with their sense of biological pressure, the participants reported experiencing feelings of anxiety, frustration, stress, and fear.
Biological pressure related to age, fertility and/or health concerns. All of the women expressed a sense of pressure to make the decisions of if, and when, to have a child based on age, fertility, and possible health concerns. For example, one participant, who revealed early on in the interview that she thought she wanted to have children, expressed feeling “overwhelmed…and anxious” because of her sense of pressure to make a choice, as well as the perceived “…need to make a decision right away.” Most participants believed that: “you can’t have kids forever, and so you can’t wait around until, like, you think everything’s perfect for when you want to have kids.” For one woman, this awareness contributed to feeling: “the pressure to make a decision and…that for me is stressful…” The pervasiveness of fertility concerns, as experienced by most of the participants, was captured in the following words of this participant as she reflected on the decision to have a child:

...a lot of factors actually come to mind, and I think the first one that I think about, about having kids is panicking about my age, ‘cause I’m thirty-two and while that seems young nowadays by today’s standards, there’s still all those people who say, ‘don’t leave it too late to have kids. Once you’re in your thirties, it might take you longer to conceive,’ or, or just that fear that maybe I can’t have kids, maybe, you know, I just don’t know, or it could take a long time.

Similar to others in the study, this participant asked several “what if” questions that reflected her fertility fears: “So I think, you know, like, what if I can’t? What if I can’t have kids? What if I leave it too late?” Watching documentaries on: “women who’ve forgotten to have kids...supposedly because they put their careers first and they’re spending thousands of dollars trying with in-vitro treatments,” also played a part in her feeling overwhelmed and anxious about being unable to make a final decision within a timeframe that still afforded her some control over her fertility.

In addition to fears surrounding their own fertility, the “what if” questions of the women in this study focused on their fears of delivering an unhealthy baby due to later-aged childbearing. These fears are reflected in the following words of one participant:

And then of course at thirty-five they say that your chances for having a child with Down’s Syndrome increase by quite a bit and there’s more tests you have to do and those fears, and I kind of feel like I’m getting closer to that age.
Not only were the participants concerned that “something might be wrong with the baby,” but some were also anxious about having a successful pregnancy and delivery. For instance, one participant asked: “What if I don’t make it past the first trimester?”

Participants questioned if they had already waited too long and wondered: “What if it’s going to be really hard now?” When reflecting on recent media coverage regarding women’s fertility, one participant wondered: “Does that mean that my time is running out?...I’m only thirty-four, is that too late?” This type of questioning and sense of time pressure was a thread running throughout this and the other participants’ interviews as further evidenced by another woman’s following statement: “I find it kind of stressful because the clock’s ticking and, um, I’m not getting any younger and I feel like we need to decide if we’re going to.”

One thirty-four year-old participant reflected on how the media coverage on women’s infertility was causing her to “freak out.” She seemed particularly wary of the media and questioned whether it was easy for a woman in her mid- to late-thirties to become pregnant. Specifically, this participant commented on the influx of media coverage on delayed motherhood and the consequent difficulties in becoming pregnant, as opposed to the considerable press given to older celebrity women who were pregnant and/or had delivered healthy babies well into their forties. She stated:

You read in every celebrity magazine, like, every celebrity is pregnant at like thirty-seven, thirty-eight, thirty-nine. Did they all spend tens of thousands of dollars to do that or did they just get pregnant? That part, of course, is never talked about.

On the other end of the continuum, the positive media attention being given to young “hot moms” or the “yummy mummy phase” also influenced this sense of time pressure: “So those two things, I guess its part biological clock and part like cultural trend together, and yeah, I felt a little time pressure lately.” Witnessing friends going through fertility treatments also influenced the participants’ sense of time pressure to make a childbearing decision. In the words of one participant: “I don’t want that to be me either.”

The range of issues related to later childbearing and the corresponding sense of biological pressure to make, and act on, their decisions, left the participants with a sense of pending urgency. They reported feelings of being ever more constrained and being “forced” in having to make the decision to have a child, without sufficient time to reflect upon this choice, and in spite of concerns over their readiness to parent. One participant articulated these sentiments in the following words:
But then I'm like, oh, I don't have time to worry about that anymore, like it's going to end up having to be like, you know, we have to do or die at some point. So, that luxury or, I don't know if I should call it that, that period of reflection is like going to, is ending up being smaller and smaller.

That sense of biological urgency and “crushing pressure” appeared to extend to both the decision to have a child, as well as the timing of childbearing, for the women in this study. For example, one participant expressed: “I feel a lot of pressure right now for the ‘when’.” Another woman revealed, during the course of her interview, that she and her husband had “kind of made a decision” to have a child. Instead of relief at having made the decision, she now feels a sense of urgency to try to get pregnant right away. In her words:

So, on the one track, we’re more ready but on the other track, I feel like there’s the crisis of the time crunch that’s going to end up speeding us up and anyway impeding on our maybe natural timeline because we might have taken longer otherwise... It’s not the perfect decision. As I said, if we had fifteen more years maybe we would have a different timeline, but, like, it’s kind of like, it’s the decision that kind of has to be made.

As expressed by the previous participant, most of the women articulated their desire to have at least “another ten years” to make the decisions of if, and when, to have a child. Since their “natural timeline” was altered by their perceptions of biological limitations, these women expressed feelings of frustration, stress, and anxiety. For example, one woman stated: “So, I’m very forced. I’m feeling very forced to have these, have children, when I don’t really want to. I don’t feel ready to.”

In summary, all of the participants asked “what if” questions which reflected their sense of biological pressure in deciding if, and/or when, to have a child. All of these women experienced concerns over their fertility in delaying this decision and all but one participant expressed the need to rush into a choice, in spite of their unresolved “what if” questions, due to their age. Many of these women also articulated their desire to have more time, at least ten more years, within which to make informed parenthood decisions. Five of these women also expressed their fears surrounding potential health problems related to later-aged childbearing. Feelings of stress, anxiety, frustration and fear were also expressed with the sense of biological pressure felt by these women.

Decision by default due to experience of biological pressure. All of the participants expressed their perception that the decisions of if, and when, to have a child will ultimately be
made by default or forced choice because of their experience of biological pressure. Even though five of these women questioned the implications of having a child sooner than they felt ready to, they expressed that their decision of “if” to have a child would likely be “yes” as a result of bowing to their sense of biological pressure. For example, one participant indicated that her experience of biological pressure had in fact sped she and her husband up in making this decision and by the end of the interview, this woman revealed that she and her husband decided to try to get pregnant. Conversely, one thirty-eight year-old participant felt that her decision to delay making a choice would result in not having a biological child because: “the time is coming that it might not happen.”

Many participants also felt the pressure to “reprioritize” their lives and expressed a sense of being “forced” into making the parenthood decision. In the words of one woman:

I almost feel like maybe we should just, sometimes I just think maybe we should just start trying now ‘cause it could take two years and we don’t, and then we’re going to kick ourselves later if, if we waited too long.

In summary, all but one of the participants reported feeling that their parenthood decisions will ultimately be made by forced choice or default due to their perceptions of their fertility eclipsing them, or potential health problems related to later-aged childbearing.

*Biological imperative as an injustice for women.* Three of the women also expressed some resentment toward the biological imperative on women to bear children and to absorb the greater burden of juggling multiple tasks, such as work and childcare. For instance, in reference to her husband, one participant put it this way: “It’s not like he’s going to feel some biological clock ticking, or he’s going to feel some, um, conflict between his work and his personal life *(sarcastic tone).*” This feeling of bitterness toward their perception that it is socially expected of women, and not men, to put their career second or balance a career and a family, was a running thread throughout these women’s interviews.

One participant stated that her partner felt that the parenthood decision was her choice given that, as a woman, she must go through the pregnancy. This woman expressed feeling frustrated about her partner’s apparent lack of agency in making this decision with her: “and that doesn’t help me and I get a bit frustrated that it has to be my decision….I’m also frustrated that he’s not being a bit more active in making it with me.”

These women also reported feeling “victimized” by their biology and frustrated that women do not have control over their fertility, and thus cannot choose the timing of childbirth to
fit within such aspects as personal readiness, education, and career goals. This sentiment was captured in the words of the following participant:

I'm frustrated...that you can’t control it. That I can’t choose I’m going to get pregnant this month, this date, and nine months later I’m going to have a baby, and it’s going to work out ‘cause I’ll be, I’ll have graduated from school, I’ll have been in a new job for enough time to get [maternity] leave...

In brief, half of the participants explicitly articulated feelings of resentment toward women’s biological imperative to bear and raise children when they described their experiences of deciding if, and when, to have children.

In summary, all the participants experienced biological pressure when faced with making parenthood decisions. Asking “what if” questions surrounding getting older, perceptions of fertility limitations, and potential health risks associated with later-aged childbirth seemed to contribute to feelings of fear and anxiety for these women. Despite not feeling ready to parent and wanting more time to sort out their lives, feelings, and unresolved “what if” questions, all of these women articulated that their parenthood decisions will be made by default or forced choice due to their pervasive sense of biological pressure. Finally, a few women also expressed their feelings of resentment and frustration regarding women’s biological imperative to bear and raise children.

A Sense of a Lack of Readiness

A sense of a lack of readiness to become a parent emerged as a theme for all of the women in this study as they reflected on the decisions of if, and when, to have children. Most of the women agreed: “There is absolutely no good time” to have a child. A range of issues were expressed by the participants which echoed their lack of readiness to parent, such as career goals, educational commitments, finances, juggling multiple roles, lifestyle considerations, relationship issues, and a lack of mental preparedness, which made it difficult for these women to come to a satisfying parenthood decision. As these women expressed their sense of a lack of readiness to parent through their “what-iffing” behaviour, feelings such as stress, anxiety, and worry emerged as part of their experience.

A lack of readiness due to multiple role, education, career and/or financial issues. All of the participants experienced stress or anxiety as they tried to conceptualize how a child would fit into their lives, given multiple role, education, career, and/or financial issues. For example, all but one of these women asked “what if” questions surrounding the “logistical problem” of
having a child, and worried about their ability to juggle multiple roles. Indeed, when reflecting on if, and when, to have her first child, one participant expressed: “We think we’re going to have kids but we don’t know how, we don’t know when or what the logistics of that....what if both of us work? What if, you know, what if someone doesn’t work?” How participants would be able to balance educational or work responsibilities and opportunities with a baby-in-tow was also a focus of their questions. For instance, one woman stated: “...how am I going to do my career?...how am I going to work all that out?” This participant also reported feeling stressed and exasperated over the likelihood that childcare would fall to her at the expense of her work. She stated: “...because I’ll probably be the one who has to pick up the slack, and, you know, (sigh), I guess women have done that for generations.” Conversely, some of the participants doubted whether they would be able to juggle a career and a child at all. In the words of one woman: “...can I actually have children and still pursue this career that I’m beginning to really care about? Um, no, obviously not because I would have by now.”

For some of these women, concerns over their work or education went beyond that of balancing multiple tasks to worrying about whether they would be able to reach their education or career goals if they had a child at a particular time. For example, in considering upcoming, potential work opportunities in her career, that is just “gearing up now,” one participant lamented: “...it’s not really convenient to try to have a kid now.” Finishing graduate school and/or being established in their chosen professions was also important for a few of the participants before considering having a child. As one woman put it:

...I’ve been putting it off forever and will probably continue to for awhile because, you know, I’m in my Masters now and I want to get my career going....I think my career would really suffer if I didn’t get it started before, before I had [children], you know.

These women expressed feeling stressed and were anxious to reach their education and/or career aspirations quickly because, as previously mentioned, they experienced a sense of biological pressure to make, and act on, the parenthood decision. Even though a few of these participants stated that they were fairly certain they wanted to have a child in the future, not finding resolutions to their “what if” questions related to roles and responsibilities management, and education and/or career achievement, made it difficult for these women to decide when to have their first child.

A lack of financial readiness was also articulated by a few of the participants as an important consideration when faced with making this major life decision. For example, one
participant who worked in the school system asked: “What if I don’t get a contract and I don’t get maternity leave, like can we afford to have a baby if I’m not getting paid...?”

In summary, all of the women in this study asked “what if” questions that reflected a sense of a lack of readiness to parent due to their concerns over how a child would fit into their lives. Specifically, all but one of the participants expressed anxiety over how they would manage their multiple roles of mother, worker, and/or student. Some of the women also expressed their desire to achieve their education and/or career goals before deciding if, and when, to have a child. Finally, three of the participants perceived a lack of financial readiness as a factor that influenced their parenthood decisions.

A lack of readiness due to lifestyle or living situations. Four participants also reflected a lack of readiness to become a parent for the first time due to their lifestyle or living situation. Unanswered queries, including “what if” questions, surrounding how having a child may change their lifestyle were typical of these women’s experience. These concerns were reflected in the words of the following participant: “…are there things we can do if we didn’t have kids, or are there things we can’t do if we do?” Another participant remarked:

...we’ve sort of made the decision that we’re downtown people and we live down here and we’re not going to go to the burbs, we’re, you know, doing different things....this is not a very child-friendly apartment but...I love it here, I don’t really want to move...

Other participants also reported that their condominiums were too small and that they: “…don’t have anywhere to put a baby.” However, unlike the previous participant, these women did not question whether they would be able to adjust to having a child and articulated that they were willing to move to accommodate a baby.

Some of the “what if” questions asked by two of the participants also reflected their concerns on how travelling would fit into their lives if, and when, they had a child. For example, one participant stated:

We also worry about, like, well we both like to travel and we’ve travelled a lot together and like what if we can’t afford things and we feel that we’d be short-changing our kids if we could never take them anywhere and sort of show them the world.

In brief, several of the participants articulated their sense of a lack of readiness to have a child based on their living situations and/or possible changes in their lifestyle, such as the inability to travel.
A sense of a lack of readiness based on relationship issues. All of the participants engaged in “what-iffing” behaviour that reflected their concerns over relationship issues, such as the affect a child may have on their intimate relationship or their relationship being too new, when they were faced with making parenthood decisions. For example, like other participants in this study, one woman expressed her fears over how her relationship with her partner may change. She stated: “I think it’s going to end up impacting our relationship eventually by making it more traditional, which I’m not excited about.” Many of these women not only anticipated that their relationships with their partner would change, but that their relationships would actually suffer in some way from having a child. For example, one woman experienced uncertainty as to whether her relationship with her partner would in fact survive having a child. This participant wondered: “…are we going to drift apart?...What if having a child changes us and we become strangers?”

Two of the participants also experienced anxiety over the possibility that potential infertility treatments, or exploring the option to adopt a child, might cause their relationship with their spouses to suffer should they ultimately be faced with fertility concerns. For instance, one woman questioned: “…what if that drives a wedge between us?”

In addition to their fears over how a child might negatively influence their intimate relationship, two of the participants also expressed concerns that their relationships were too new; therefore, they wanted to have more time to spend as a couple first before deciding if, and when, to parent. For example, one participant who had yet to marry her partner expressed her desire to: “...just enjoy being married for a few years before having babies, you know....I want us to have a [sic] long solid years together before we have to do that.”

Some of the participants also expressed their worries regarding their partners’ readiness to parent. For instance, some of the women articulated that their husbands’ “what ifs” about having a child gave them pause in making their own parenthood decisions. Like several other participants, one woman voiced her doubt over her husband’s desire and readiness to parent, which, coupled with her own uncertainty about having a child, made it difficult for her to come to a decision. In her own words:

…I think about things like maybe, like do we not want to have kids? Like, maybe does he, not that he doesn’t want to have kids with me, but, you know, well like why wouldn’t he want a kid with me? Like why is he not a hundred percent sure that he wants a kid...? So I think the fact that both of us have questions kind of makes us flounder a bit
sometimes, like kind of looking at the other one for guidance and the other one’s like, “yeah, I don’t know either.”

In summary, all of the participants reported a lack of readiness in deciding if, and when, to have their first child as evidenced by their “what if” questions covering a wide range of issues. As reflected in some of their “what if” questions, all of the participants expressed a lot of fear related to the possible consequences of adding a child to their lives. All of the women predicted that their relationship with their partner would change in some way and all but one participant anticipated that a child would negatively affect their relationship, thus making it more difficult for these women to come to a parenthood decision. Two of the participants also expressed their desire to make their relatively new intimate relationship the “priority” before deciding if, and when, to have a child. Some of these women also reported being worried about their partners’ readiness to parent, thus delaying their own decisions.

Not being ready due to a lack of mental preparedness. Three of the participants also expressed a sense of not being mentally ready to make the transition to parenthood. For example, one participant stated: “I don’t feel like mentally we could have progressed any faster.” These participants articulated a range of issues that reflected their lack of mental readiness to become a parent, including: not feeling “totally excited about” having a child, feeling unsure of their ability to cope if “there was something wrong,” not being able to “imagine what it would be like to be pregnant,” and not feeling “old enough.”

In summary, as evidenced by their “what-if” questions, all of the women in this study reflected a sense of a lack of readiness to have their first child as they contemplated the decisions of if, and when, to become parents. A variety of issues, such as balancing multiple roles, education and/or career responsibilities or aspirations, finances, lifestyle matters, relationship concerns, and a lack of mental preparedness, were articulated as concerns by the participants, reflecting their perceived lack of readiness to make the transition to parenthood.

A Fear of Making the Wrong Decision

All of the participants in this study expressed a fear of making the wrong decision as they reflected on their experience of “what-iffing” when faced with making the decisions of if, and when, to have a child. This sentiment was aptly illustrated in the following words by two of the participants: “...I’m afraid that I’ll make the wrong decision either way,” and “...ultimately I don’t want to make, ah, the wrong decision.” All of the participants expressed a fear of making the wrong decision based on fears of regrets. Four of the women also reported a fear of making
the wrong decision due to the enormity and potential consequences of this major life choice. Some of the participants experienced feeling emotional, frustrated, stressed, worried, and anxious in conjunction with their fear of making the wrong decision.

A fear of regret. All of the participants expressed a fear of making the wrong decision and having future regrets. For example, in the words of one woman:

I don’t really think I’d regret, it’s like that whichever decision you make you’ll regret kind of thing, but, I don’t think I’d regret having children, but I think I would regret not having children...I think I would regret it but I mean, who knows, I mean who knows really.

For these women, asking “what if” questions was a way, in part, to make the “right” choice or the “best decision” and thus avoid the possibility of future regrets. Interestingly, two participants also reported experiencing fears of regret when they were faced with making other, significant decisions in their lives. One woman’s statement reflected this sentiment: “If I think about it now and I question it, make a good choice, then I don’t have to like worry about that later or regret that later.” Many of these women reported experiencing feelings such as worry and stress due to their fears of future regret and making the wrong parenthood choice. For example, one woman stated: “...I’m worried that, like I’m worried about, I’m worried about both paths, whether if you do versus if you don’t, and I don’t, I really don’t want to worry about the choice we make.” Moreover, due to the irreversible nature of the parenthood decision, some of the women in this study reported feeling particularly stressed about making a “bad decision.”

For the majority of the participants, their “fear of regret” was focused on a fear of “missing out” on a life experience by not having a child, even though several of these women still questioned whether they wanted children. For example, one woman stated: “...what if I don’t experience that?...You know, what if I discover that I’m just going to be bitter...” This participant further explained her fear of missing out on something very important and perhaps irreplaceable in life by remaining childless:

...I think on that one it’s like the regret of finding that you didn’t really know what love meant or you didn’t really know what it meant to be connected to another person...so it’s like that would be the regret of missing out, and I think the fear of loss of like not being able to kind of replicate the relationship with my mom with my child...

Most participants shared similar thoughts. One woman put it this way:
What if I don’t have kids? Well, I might feel unfulfilled for the rest of my life and regret it when, when I, when there’s no biological chance. So, that’s crossed my mind too but not as much. I’m pretty sure I want to try. It’s more of when (pause).

Reflecting the perceived gravity of the parenthood decision, the participants worried that they may have “wasted an opportunity” if they do not have children.

This fear of missing the experience of having a child also seemed to be somewhat connected to social comparison for a few of these women. For instance, one woman stated: “...everybody else seems to have kids...maybe we should be having kids now.” Having noticed that: “everybody’s doing it,” made it “tough” for these women to make a decision. This pressure to become a mother, or the fear of not having a child, by comparing their life with that of friends’ who have children, was reflected in the words of the following participant:

...pretty much most of my close friends had babies in the last four months. I apparently missed the memo that we were all going to have children (laughing). I was absent for the meeting and everybody else got pregnant and um, so I do, I do find it a bit stressful just, like, well we should decide (quiet voice).

This participant expressed the urgency felt by several of the women to make a parenthood decision as a result of feeling out of step with their friends’ lives. She stated: “…it’s more at the forefront now because most of our close friends have recently had their first child. So, we’re like, oh what happened here? We got left behind.”

Even though these women expressed their fear of regret over the possibility of not having a child, all but one participant also questioned whether they would have some regret if they have a baby. Three of these women expressed this regret by articulating their fear over the “potential sacrifices” or loss of options, such as career and travel opportunities, by having a child. For example, in reflecting on the potential affect that having children may have on her ability to complete her education, one participant questioned: “Would I resent my children if they prevented me from finishing it?” In contemplating how the responsibility of childcare may interfere with career options, another participant said: “…I have all this education and all this opportunity and I want to be able to pursue that.”

Three participants indicated that they wanted to keep all of their options open and did not want to regret “not being able to do everything.” In the words of one woman: “I want to be able to have kids and to be able to be successful and I don’t want one of them now to have like edged out the other option and closed a window.” During their interviews, the women in this study
oscillated between whether they would regret having, or not having, a child, which illustrated their difficulty and confusion in making the right choice. Specifically, the participants' reported asking a “what if” question related to regret in not having a child, which would then propel them to ask a “what if” question related to the implications of having a child, and vice versa. Thus, the cycle of their “what-iffing” behaviour continued as these women searched for a resolution to the parenthood decision.

Three of the participants also experienced worry over making the wrong decision in regards to birth timing. These women offered a range of reasons that contributed to their fears of later regret in making the wrong timing decision, including not living near their extended family, and not having other aspects of their lives (e.g. career) in order. For example, one participant wondered: “...what if I leave it too late ‘cause I’m taking care of other things in my life, or, what if I do it too soon and I don’t have time for kids, I can’t afford daycare?” Like the other participants who shared this worry, this participant reported feeling afraid of what the repercussions of having a child too early, or trying to conceive too late, may mean for her life. She expressed her self-doubts in the following words: “You know, I guess, it’s just that I’m scared that I’ll do it wrong, or the timing won’t work out and that, just the effects of that.” The words of another participant summed up this concern regarding the timing of having a child: “How do you know it’s right to have them now versus later, or whatever?”

In sum, all of the participants expressed a fear of regret in making the decisions of if, and/or when, to have a child. The majority of participants expressed a fear of missing an important life experience by not having a child. This fear of “missing out” seemed related to social comparison for some of the women. All but one participant also expressed a possible fear of regret in having a child. For some, this sentiment was articulated as a fear of losing options, such as career opportunities. Three of the women in this study were also particularly worried about making the right decision about when to have their first child. Interestingly, two of the participants reported experiencing similar fears of regret when making other decisions in their lives.

A fear of making the wrong decision due to the magnitude and consequences of parenthood decisions. Four of the women in this study also expressed a fear of making the wrong decision due to the weighty consequences and magnitude of the parenthood decision, as evidenced by their “what if” questions. Feelings such as frustration and anxiety were experienced by several of these women as they contemplated the potential implications and enormity of
deciding if, and when, to have a child. The perception that parenthood decisions are particularly enormous ones was shared by several participants, and was reflected in the words of the following woman: “...you’re talking about like a major, major life decision, like something that affects your entire life. Like if I have kids, that totally changes my life.” Another participant endorsed this thought when she stated: “This is really big for me. I guess, I, I take it as a very serious responsibility...” Similarly, another participant captured this sentiment in the following words:

...it’s not something that you can just sort of make a light decision, and then, yeah, so I think it’s kind of a tough one. I mean, I can’t see anything parallel to that, or that level of decision-making that I think, wow, yeah, I, you know, I haven’t had any decisions that are that monumental.... But, yeah it’s like a big decision.

Several of the women expressed that they also experienced a degree of emotional intensity as they contemplated the enormity of making parenthood decisions. For example, one woman stated: “But, yeah, it’s really emotional....It’s a really big thing....It’s about me, it’s like about me and who I am and that big role change (pause, tears). It is a big thing (talking through tears).” Likewise, another participant expressed the emotional intensity and frustration associated with the particular decision:

Yeah, that’s been my experience just really like frustrating. I’m very, very emotional. I’ve had so many days when I’ve just broken down into, you know, incredible tears and agony over it actually, something so dear and so close to my heart but with so many implications that, you know, it wasn’t, it’s just not an easy decision anymore. It’s not an easy decision, so it’s been very complex.

Not only were the decisions of if, and when, to have a child experienced as being monumental, but many of the participants asked “what if” questions that focused on the potential consequences of their parenthood decisions, which appeared to compound their difficulty in coming to any resolutions. For example, one participant stated: “For me, I imagine that would be the biggest decision I’d ever make just because of the life-altering consequences of that decision. So for sure that gets more thinking, questioning, ‘what if’ questions, and because it’s not reversible.” Similarly, another woman indicated that the “many implications” of if, and when, to have a child has made it difficult for her to arrive at, and act upon, a decision with which she is comfortable. She stated: “There are still a lot of ‘what ifs’ going on.” When asked to clarify
whether “what-iffing” for her reflected a sense of worrying about the consequences of her actions, this participant replied:

Yeah, yeah. And I mean that goes for the child, the childrearing too...always about consequences and what, you know, what’s going to happen if I do this and what will this mean, and, yeah, implications. Yeah (sigh).

Given the shared awareness of the perceived seriousness and irrevocability of bringing a child into this world, these participants seemed nervous to commit to a choice and struggled to definitively resolve their “what if” questions, thus perpetuating their “what-iffing” behaviour.

Four of the women also expressed worry about the implications that their decisions may have on significant others in their lives, such as their parent’s, their partner’s parents, their partner, and their unborn child. For example, when reflecting on her parent’s desire for grandchildren, one woman asked: “What if I make the wrong decision and disappoint them?” Likewise, another participant questioned: “...well, what if we don’t have kids, like what does that mean for my parents and my husband’s parents?” Another participant echoed these concerns in saying that she experienced: “...trepidation around making, I think it’s around making the wrong decision and what consequences that will have for others, but also for myself.” Consistent with several participants, the weight of this choice, along with the implications for the unborn child, made it difficult for this participant to come to a decision. In her words: “...I think that’s why it’s sort of a bit of a stumbling block because it is a big one and it affects, it affects, it affects someone that has no control over the decision, that has no rights in it...”

In brief, four of the participants expressed a fear of making the wrong decision due to the magnitude and weighty consequences the parenthood decision holds for themselves as well as significant others, which elicited feelings of anxiety and frustration.

In summary, all of the women in this study expressed a fear of making the wrong decision when faced with the decisions of if, and when, to have a child. Shared among the participants was the perception that their fear of making the wrong decision was based on their fears of later regrets. Participants also reported that their sense of the magnitude and weighty consequences of making parenthood decisions resulted in their fear of making the wrong choice. As a result, the participants were unable to resolve their “what if” questions, which maintained their tendency to engage in “what-iffing” behaviour as they attempted to come to a satisfying solution. Some of the women also expressed experiencing feelings such as anxiety, stress, worry, frustration, and an overall emotional intensity, alongside their fear of making the wrong decision.
“What-iffing” as a Reflection of an Inability to Make a Decision

All of the participants reported that, in some way, their “what-iffing” behaviour was a reflection of an inability to make a decision for both major and/or minor decisions in their lives. The women in this study expressed a range of perspectives and issues that illustrated this difficulty. Specifically, the participants expressed: 1) their perception of a general inability to make parenthood decisions; 2) their perceived uncertainty of future outcomes; 3) a sense of self-doubt and/or the tendency to second-guess themselves; 4) a desire to avoid making parenthood decisions; and 5) an inability to make those decisions interrelated with parenthood decisions. The participants also reported experiencing feelings such as frustration, stress, and anxiety concomitant with asking those “what if” questions that reflected an inability to make a decision.

An inability to make parenthood decisions. The inability to find resolutions to their “what if” questions surrounding if, and when, to have a child reportedly perpetuated “what-iffing” behaviour for the majority of the participants, which in turn maintained their inability to make this decision. For example, one woman stated: “...‘what if’ questions keep popping up but I don’t ever find an answer to them.” In response to these unanswered “what if” questions, many of the participants expressed the following: “...I still have questions and it’s just kind of a bit circular.” When asked to describe her “what-iffing” behaviour in relation to making the parenthood decision, one participant expressed a common perception held by most of the participants. She remarked:

...so I think about it a lot but that I come no closer to feeling like what my direction should be. So I guess it’s preventing me from making a decision, or it’s not helping me, (laughing), make a decision.

The participants’ shared awareness that the lack of answers to their “what if” questions kept them thinking about and questioning this choice, with no decision and subsequent action in sight, was illustrated in the words of the following participant:

...the persistent questions have kind of allowed me not to make a concrete decision...so it’s problematic in the sense that, just asking a lot of questions and not being sure has perpetuated the problem.

Consistent with another participant, one woman articulated that by engaging in “what-iffing” behaviour she was “stuck,” “paralyzed,” and unable to make a parenthood decision. For example, when asked to clarify how “what-iffing” influenced her decision-making process in choosing if, and when, to become a mother, she responded: “... ‘cause there’s too many choices.
It’s like too many ‘what ifs’ and none of them look that good, *(laughing)*, or they all look really good and I can’t decide so, yeah, yeah it can be paralyzing for sure.”

Two of the participants also expressed their belief that the lack of external help with this major life decision kept them trapped in a cycle of “what-iffing.” For example, one woman stated: “...there’s no set deadline so I can ‘what if,’ you know, for another few years *(laughing)* if I wanted [*sic*].” Similar to the previous participant, another woman also articulated the need for some external guidance to help answer her “what if” questions in an effort to make the parenthood decision. In her words: “...I wish somebody would sort of drop an easy answer, like well, this is what you should do, this is what you should do, ‘cause I don’t know how to do that.”

The participants reported experiencing a range of feelings resulting from their inability to make the parenthood decision. For example, similar to the other participants, one woman expressed her frustration and feelings of stress and anxiety due to her unresolved, perpetual “what if” questions. She stated:

I do find it stressful, I mean, because I wonder like well, am I the only person who has all these questions, ‘cause everybody else seems to be able to make a decision and do it, so how come we haven’t quite figured it out?

Another woman echoed this experience of feeling stressed, frustrated, and stuck by not being able to “come to a certain conclusion” and further, by not having the “feeling” or very “strong urge” for the correct choice. She lamented: “...so being stuck in that limbo land is what’s hard. I just want to move....I just can’t get to that first step.” One participant also reported feeling depressed because of her inability to make the parenthood decision. In her words:

It makes me feel less *(pause)* capable in a way. Like I, I feel, I’ve always been pretty confident about making decisions in the past and I’m not as good as, at it now, especially around this....I do feel a bit bummed about it, that I can’t make a decision *(pause)*.

In summary, the majority of participants expressed that the lack of resolutions to their “what if” questions contributed to their continuous “what-iffing” behaviour, which perpetuated their difficulty in making the decisions of if, and when, to have a child. Two of the participants also expressed their need for external guidance in order for them to come to a decision. Because of their inability to decide, the participants reported experiencing a range of feelings such as frustration, stress, anxiety and even sadness or depression as they engaged in continual “what-iffing” behaviour.
An inability to make a decision based on the uncertainty of future outcomes. All of the participants asked some “what if” questions that captured their uncertainty of future outcomes, due in part to the inability to test the options and because of the irrevocability of the parenthood decision, which they reported made it difficult for them to make a choice. For example, the participants expressed their feelings of uncertainty surrounding the experience of having a child because they “don’t know what it’s going to be like.” The uncertainty surrounding the experience of parenthood, due to the inability to try out this choice in advance, was illustrated in the words of one woman:

...having kids it’s, yeah, it’s just, it’s just a hundred of those kinds of ‘what ifs’...and you really have no way of knowing until you do, like it’s not something you can kind of try out, which I think makes it difficult. There’s no, it’s not like, you know, test driving a car...it’s very final.

Several of the other women also expressed a desire to test out options before they commit to a choice, something that is not possible with the parenthood decision. Consequently, all but two of the participants searched for information and guidance, such as articles on delayed childbirth, in an effort to reduce their uncertainty and thus aid in their quest to make the decisions of if, and when, to have a child.

The participants reported feeling stressed, frustrated, and worried as they asked “what if” questions that reflected their perceived uncertainty of the potential future outcomes of their parenthood decisions. For example, one woman articulated these feelings – shared by the rest of the participants – when she stated: “...because I don’t know how it’s all going to play out and because I feel like unsettled or I, I just, I can’t map out the future.” Another participant shared these feelings of frustration: “...I like to have answers going in....I would like more answers.”

Two participants also expressed their inability to make other decisions in their lives, due to their perceptions of uncertainty about the outcomes. Consistent with parenthood decisions, these women reported experiencing stress when they asked “what if” questions when they faced making other decisions where the outcomes were uncertain. For example, in reference to making decisions in general that have several potential outcomes, one woman said: “Whenever I raise more questions, yes, I find it a bit stressful ‘cause there’s all these things that I can’t control and I have unanswered questions...” These participants felt uncomfortable with the uncertainty that “what-iffing” created, which made it difficult for them to make decisions. In the words of one
woman: “I’d like to avoid the ‘what-iffing,’ yeah, ‘cause it creates a lot of ambiguity and makes decisions harder when you ‘what if’.”

In short, some of the “what if” questions asked by the participants reflected their uncertainty of future outcomes, which elicited feelings of stress, frustration and worry and reportedly contributed to their inability to make the parenthood decision and/or other life decisions.

An inability to make a decision based on self-doubt and/or second-guessing. Three of the participants perceived their “what-iffing” behaviour as a reflection of self-doubt or second-guessing, which further contributed to an inability to make decisions in their lives. For example, some of the “what if” questions posed by these participants reflected their sense of self-doubt over their ability to be good parents. One participant articulated this self-doubt, shared by other participants, when she questioned: “...what if I’m not a good parent?” These women also asked “what if” questions that illustrated their worry about a range of issues including: making the same parenting mistakes as their parents; the best way to raise a child; and whether their children would turn out okay. For example, one participant wondered: “Like, I have questions too like, you know, what if our kids turn out badly?” The participants’ self-doubt, as evidenced by their “what if” questions, reportedly played a significant role in their inability to make, and act on, the parenthood decision.

In addition, second-guessing themselves, as reflected by their “what-iffing” behaviour, also made it difficult for some of the participants to make both motherhood and other important decisions in their lives. For example, one woman articulated that “what-iffing,” when faced with making the decisions of if, and when, to have a child, may lead to a delay in her decision-making and ultimately result in a missed opportunity because: “…it creates a situation where you’re always second guessing yourself.” Another participant expressed the struggle that she and the other women experienced in making parenthood and other decisions as a result, in part, of their tendency to second-guess by asking many “what if” questions. She stated: “...I just agonize over this question. I lack the sense of, I think partly it’s stressful because, because I like, I don’t like to repeatedly second guess myself, I find it hard to make decisions.” Certain of the “what if” questions asked by participants illustrated that “what-iffing” for them reflected a sense of self-doubt and/or second-guessing, which played a role in their inability to make life decisions including the decisions of if, and when, to have a child.
“What-iffing” as avoidance in making parenthood decisions. Three of the participants in this study expressed their desire to avoid making the decisions of if, and when, to have a child. These participants reported that their avoidance was due to the immense responsibility involved in making this irrevocable choice, as evidenced by the content of some of their “what if” questions. In fact, one participant stated: “Like, I don’t want, I don’t want to make the decision ’cause I don’t want the responsibility of the decision.” Another woman shared this thought. She stated: “I wish somebody would just make the decision for me. That’s what I wish.” It appeared that the desire to avoid making this important life choice helped to perpetuate the cycle of “what-iffing” for these participants.

Two of the participants also reported feeling tired and overwhelmed due to the volume of “what if” questions and/or the amount of time spent on “what-iffing” related to the motherhood decision, which they felt also contributed to their desire to avoid making the decision. One of the participants articulated this shared sentiment and frustration when she commented: “...I think I’m just so tired...of the thought of having to make a decision that I want it made for me.”

Interestingly, when reflecting on how “what-iffing” influences her tendency to avoid making the parenthood decision, one participant stated:

So I think for me it’s sort of a matter of making non-decisions, making decisions through making non-decisions. Like, what if I wait another year and then I go through menopause? Well, then the decision is made for me.

In summary, half of the participants reflected a desire to avoid making the parenthood decision as evidenced by the type of their “what if” questions surrounding the weighty responsibility of this choice and/or because of their expressed exhaustion from asking “what if” questions.

An inability to make decisions in other areas of their lives due to their parenthood uncertainty. Three of the participants reported that they were incapable of making those decisions in their lives that were directly influenced by their decisions of if, and when, to have a child, such as moving, buying a house, or choosing a career path. For example, like other participants in this study, one woman explained that because she had not decided if, and/or, when to have a child, she was unable to make other important life decisions. She stated: “...I do feel that I can’t make a lot of decisions ‘cause we don’t, I don’t know what we’re doing. We don’t have a set plan.” Another participant shared and elaborated on this sentiment. She stated:
...I don’t know what career path I should take and I think about that a lot. Well, if we had kids then I would want like a different sort of job and...maybe then I’d want to stay home for a while versus if we didn’t have kids, then I’d want to take a totally different path. So because we aren’t, because we don’t have the decision now and there is no plan, it definitely affects the career part.

As evidenced by their tone of voice, these women also expressed feelings of frustration and exasperation at their inability to make life decisions because of their unresolved parenthood dilemma.

Due to their tendency to ask “what if” questions, half of the participants expressed an inability to make those life decisions contingent on their motherhood choice, because they were unable to decide if, and when, to have a child, which elicited feelings of frustration.

In conclusion, all of the participants in this study reported an inability to make the parenthood decision and/or other life choices based on their tendency to “what if” when faced with making decisions. Not finding resolutions to their “what if” questions was reported by four of the participants as playing a role in their inability to make the parenthood decision. Three of the participants also expressed their desire to avoid making the parenthood decision as a result of feeling exhausted from their persistent “what-iffing” and/or due to the serious responsibility inherent in this choice. Some of the “what if” questions asked by the participants in this study also reflected a sense of intolerance for uncertainty, and/or self-doubt or second-guessing, which reportedly made it difficult for them to make decisions in their lives. The women in this study reported experiencing stress, frustration, and anxiety in conjunction with their “what-iffing” behaviour related to their inability to make a decision about having children.

The Pervasive Nature of “What-iffing” Behaviour

All of the participants expressed a sense that their “what-iffing” behaviour was pervasive for both their motherhood dilemma and in their lives in general. Specifically, the women in this study reported: 1) their “what-iffing” behaviour was present in other areas of their lives; 2) their “what-iffing” behaviour was persistent and/or continuous; and 3) their perception that “what-iffing” reflected a part of their personalities and their decision-making style. A range of perspectives was expressed by the participants associated with their experience of the pervasive nature of their “what-iffing” behaviour.

“What-iffing” behaviour as ubiquitous. The women in this study perceived their “what-iffing” behaviour as pervasive and reported their propensity to ask “what if” questions in other
areas of their lives. In other words, asking “what if” questions was not confined to navigating parenthood decisions or to those decisions directly impacted by their motherhood choice, as discussed in the previous theme. All of the participants pinpointed specific areas within their lives or particular decisions where they had, or were still, engaged in “what-iffing” behaviour. The participants reported a range of life spheres, such as their relationships with their partners, their relationships with friends, daily decision-making at work, and issues related to their career choices, their homes, and financial situations, in which this behaviour occurred. For instance, all but one participant reported that they ask or “think about ‘what if’” questions at work. In addition, all but one participant engaged in “what-iffing” behaviour related to a variety career issues, situations, and decisions. For example, in the words of one woman: “…what if, in terms of my career, what if I made a bad decision?”

Four participants also reported that they engaged in “what-iffing” behaviour for seemingly insignificant decisions, or about “small things,” such as what to have for breakfast, in addition to making major life choices. For example, one participant reported that some of the minor decisions for which she engages in “what-iffing,” are related to: “…going to parties or calling somebody back.” In fact, four women in this study reported that “what-iffing” behaviour was present in “all aspects” of their lives. For example, one participant remarked that her “what if” questions are: “…never just for one subject or anything like that.” Another participant articulated this perception of ever-present “what-iffing” behaviour in the following words: “You know, so I do that like in all areas of my life, like, well, ‘what if’ this happens.” In other words, she asks “what if:” “questions about everything.” Likewise, another woman reported: “I’m constantly ‘what-iffing’ about everything in my life really.” One participant stated that she: “…probably could never make a decision without [‘what-iffing’].” This participant further expressed that she asks “what if” questions in all aspects of her life because she believes: “…everything we, we do is sort of a decision.” In brief, all of the women in this study perceived their “what-iffing” behaviour as ubiquitous in nature. The women reported a range of life areas where they engaged in “what-iffing” behaviour. Four participants stated that they asked “what if” questions for small decisions. Four of the women also reported that they engaged in “what-iffing” behaviour in all aspects of their lives.

“What-iffing” behaviour as persistent and/or continual. All of the participants reported that they engaged in persistent “what-iffing” behaviour when faced with making decisions, including the decisions of if, and when, to have a child. In addition, four of the participants
reported that their "what-iffing" behaviour was continual in nature. That is, these women continued to ask "what if" questions even after they had made a decision in their lives.

When faced with making parenthood decisions, all of the participants reported that they persistently engaged in "what-iffing" behaviour. In other words, the women in this study perceived their "what-iffing" behaviour as "on-going." For example, one participant remarked that "what if" questions surrounding this major life decision: "...are on my mind a lot," a sentiment shared by all of the participants. Moreover, all but one participant reported that they were unable to escape from, or turn off, their "what if" questions. This perception was expressed in the words of the following participant: "I'm never really able to turn them off or to ignore them." Similar to the previous participant, another woman shared this sentiment. She reported: "My mind's always going." The words of two participants expressed this perception of entrapment from "what-iffing," shared by the women, when they complained: "I feel like I can't get away from it," and "I can't get it to stop." Moreover, three of the participants reported that their only escape from asking "what if" questions related to the decisions of if, and when, to have a child, was to engage in distracting, relaxing activities such as yoga or watching television. Interestingly, one participant even engaged in "what-iffing" behaviour during her initial interview, which further illustrates the persistent nature of this behaviour.

Two participants reported that they ask "what if" questions everyday. This observation was reflected in the words of the following participant: "Like I don't, I don't know how often I 'what if about children during the day, but I can tell you that I 'what if about something, always, during the day." In contrast, some participants reported that they engaged in "what-iffing" behaviour "lately" or "weekly," particularly for the parenthood decision.

Finally, four of the participants reported that they continued to engage in "what-iffing" behaviour even after they made a decision, which further highlights the relentless nature of "what-iffing" experienced by these women. For example, one participant stated: "When I even make a choice on something I'll still 'what if'." Another participant echoed this sentiment: "Like once I make a decision, I don't stop 'what-iffing'." These women did not report a time limitation on the duration of their tendency to ask "what if" questions following a decision. Thus, for the majority of participants their "what-iffing" behaviour appeared to be perceived as continuous or never-ending.

In summary, all of the women in this study reported that they persistently engaged in "what-iffing" behaviour when faced with making decisions, including the decisions of if, and
when, to have a child. Moreover, all but one participant perceived that they were unable to escape from asking “what if” questions, which further illustrates the relentless nature of “what-iffing” behaviour. The majority of the participants in this study also reported that they continued to ask “what if” questions after they made, and acted upon, various decisions in their lives.

*A sense of “what-iffing” as a reflection of the way they are in the world.* All of the participants expressed the perception that their “what-iffing” behaviour was a reflection of the way they are in the world. Specifically, the women in this study perceived that their “what-iffing” behaviour reflected a part of their personality; that is, who they are. Notably, four participants wondered whether this behaviour was innate, learned, or a combination of both. In addition, the participants perceived their “what-iffing” behaviour as a reflection of the way they make decisions in their lives, that being in a non-spontaneous manner.

All of the participants noted that the tendency to ask “what if” questions in their lives reflected a part of their personality because they perceived that this behaviour occurred in the past. They believe this is how they are, and that “what-iffing” is their natural way of “thinking about” situations. For example, all of the participants were able to trace their “what-iffing” behaviour to an earlier time in their lives. Four of the participants recalled starting “what-iffing” sometime in their twenties. One of the participants was able to recall isolated incidents of “what-iffing” behaviour in her teenage years and another woman indicated that she likely engaged in “what-iffing” behaviour as a child.

Furthermore, when reflecting on the experience of “what-iffing,” one participant stated: “That’s kind of who I am.” This sentiment was shared by several other participants. Consistent with the other participants, one woman felt that asking “what if” questions was: “...a part of myself.” She stated: “It’s my M.O. It’s how I do things...It’s how my brain works.” Another participant reiterated this belief. In her words: “But, you know, your head works the way your head works, like, if that’s, like I don’t really know how else to think about things sometimes.”

Moreover, all but one participant reported the perception that asking “what if” questions was a reflection of their “natural” thought processes. For example, one woman remarked: “I think it’s very much a part of my sort of unconscious thought processes.” Another participant stated: “It’s still just something that I naturally go to, like I, I would have to consciously make the effort to not do it, like it’s just so in my sub-conscious to [‘what if’].” The majority of participants shared these sentiments.
Two participants also speculated that their “what-iffing” behaviour was a reflection of their worrying natures. This idea was expressed in the words of the following participant: “I think I like the term ‘what-iffing’ because I, um, because it kind of fits with my like worrier, ruminator nature.”

Interestingly, four of the participants contemplated whether their tendency to ask “what if” questions was hard-wired, a learned behaviour, or an interaction of the two. For example, one woman wondered: “Maybe it’s just how I’m wired. Maybe it’s how I’ve been taught to think.” Another participant speculated that she learned “what-iffing” behaviour from her parents. She stated:

…I know the way my parents are, so I think that I got that just by growing up in that household. I don’t know if I would, I don’t know if it would be within me if I didn’t have parents like that.

Another participant’s reflection on this query was reflected in the following words:

I can’t wrap my head around how else I could be. Like, I just don’t know if that’s like outside of my way of thinking, or if that’s just the way one’s brain is hard-wired…it’s just like completely outside of my realm.

In addition to the perception held by all of the participants that “what-iffing” is a part of their personalities, all of the women in this study expressed, explicitly or implicitly, that “what-iffing” reflected their “decision-making process,” specifically, their non-spontaneous decision-making style. This sense of “what-iffing” as a slow, “really thinking things through” process of making decisions was articulated for both the parenthood and other life decisions. For example, one participant stated: “I don’t make [decisions] impulsively.” For this and other participants, their “decisions are slow, or like fraught with lots of different questions.” Another participant reported this same style of making decisions. She stated: “I’m not somebody who can often make, like, really quick decisions about things, I have to think about things and I think having children counts (laughing).” This participant aptly summed up this sense of “what-iffing” as a non-spontaneous decision-making style, in the following words: “I used to joke that spontaneity is great when it’s well-planned. That kind of sums me up (laughing).”

In brief, all of the participants perceived their “what-iffing” behaviour as a reflection of the way they are in the world. Specifically, the participants perceived “what-iffing” as a part of their personalities. A variety of observations was offered by the participants to express this sentiment, such as the existence of “what-iffing” behaviour in their past and the belief that
"what-iffing" reflects their natural thought processes. All of the participants also expressed a sense of "what-iffing" behaviour as a reflection of their slow decision-making style.

In summary, all of the women in this study expressed a range of perspectives that indicated their sense that "what-iffing" reflected a pervasive behaviour in their lives.

A Sense of "What-iffing" as Being both Adaptive and Maladaptive

All of the women in this study reported their "what-iffing" behaviour as being both adaptive and maladaptive in their lives. The participants offered a range of perspectives that reflected a sense of "what-iffing" behaviour as being advantageous. These perspectives included: 1) "what-iffing" as a useful problem-solving tool in order to make the best and/or informed decisions; 2) "what-iffing" as a way to prepare for potential outcomes of decisions and/or situations; 3) "what-iffing" as a way to reduce anxiety; and 4) "what-iffing" behaviour as a way to strategize in an effort to avoid future problems. Conversely, the participants also reported the following beliefs that captured the perception of "what-iffing" as being problematic: 1) "what-iffing" behaviour being related to an increase in feelings of anxiety, stress and/or worry; 2) engaging in "what-iffing" as unproductive for making decisions with uncontrollable outcomes; and 3) their "what-iffing" behaviour as interfering with their lives. Despite the reported adaptive characteristics of "what-iffing" behaviour, all of the women in this study expressed their desire to change this behaviour in some way.

"What-iffing" as a useful problem-solving tool in order to make informed and/or the best decisions. All of the participants reported that their "what-iffing" behaviour reflected a problem-solving "tool," which allowed them to make informed, and/or the best decisions prior to committing to a choice. The women in this study expressed a range of perspectives that illustrated this perception. For example, all of the participants reported that their "what-iffing" behaviour elicited possibilities, options, potential outcomes, and scenarios to consider, in order for them to arrive at the best decision. For instance, in using the analogy of deciding whether to accept a potential job offer, one participant reported that by asking "what if" questions related to the offer, she was able to discover, and "think about the possibilities," and therefore "make a more informed decision." She stated:

Like, I can make a decision based on, well, I've actually thought this through and although I don't have all the answers, like I think the best course of action at this point would be this.
Consistent with other participants, this participant also conceptualized her “what-iffing”
behaviour as a method to “think through the options” and potential outcomes in order to make
the “best decision.” She stated: “...I am seeing it kind of as a flow chart. Like if this happens,
then I can do this or that, and if I do that, then I can do this or that, and this might happen.”
Similarly, four participants expressed the perception that “what-iffing” also reflected a way to
imagine and consider “different scenarios,” which assisted them in making both parenthood and
other life decisions. One participant explained that she also observed the parenthood scenarios of
others, which she considered were the worse case, and then applied “what if” questions to those
observations in an effort to gain some “steady footing” to help her make this choice. She stated:
“...so I’m noticing all of these things and then trying to apply it, like ‘what if’ that happened to
us?” Similarly, another woman reported that her “what-iffing” related to if, and when, to have a
child was always focused on “...what’s the worse case scenario (laughing) that could happen.”
This participant speculated that examining the worse case scenario may be helpful in navigating
this major life decision.

In addition, two participants expressed the sense that asking “what if” questions was also
a tool to help them sort through their feelings related to motherhood and other decisions, in an
effort to arrive at the best choice. This concept was reflected in the words of the following
participant: “I ask so many questions and try to feel things out.”

Four participants also perceived their “what-iffing” behaviour as a tool to weigh the pros
and cons, and examine the consequences of their decisions in order to make an informed choice.
Several participants agreed that this process was particularly important for making the decisions
of if, and when, to have a child. In the words of one woman: “I think it’s necessary for most
large decisions, you’ve gotta [sic] weigh the pros and cons.” Another participant also reflected
on the usefulness of carefully considering the consequences of her actions in order to make
considerate, and therefore the best, decisions.

All of the women in this study expressed the belief that, to varying degrees, their “what-
iffing” was an adaptive, problem-solving behaviour, which helped them to make informed and/or
the best decisions in various areas of their lives. The participants reported a range of perspectives
that illustrated the belief that their “what-iffing” behaviour elicited possibilities, potential
outcomes, scenarios, and/or options; that their “what-iffing” behaviour was a way to sort through
feelings related to decisions; and that asking “what if” questions was a method by which to
weigh the pros and cons, and consider the consequences of life choices.
“What-iffing” as a way to prepare for potential outcomes of decisions and/or situations.

All of the participants expressed the perception that their “what-iffing” behaviour helped prepare them for possible future outcomes of their decisions as well as in other areas in their lives. For example, one participant speculated on the reason why she engaged in “what-iffing” behaviour when she stated: “...well, I think I do it because I like to know all the different things that can happen and be prepared for it,” a sentiment shared by the other participants. Another participant elaborated on this perception when she commented on “what-iffing” in general:

...I’ll start to think about “what if?” this and “what if?” that, and it helps me, it does, it helps me to deal, that’s probably my main reason for doing it, it’s ‘cause it helps me to just deal with whatever may come, [so it]...won’t be a surprise. I don’t like surprises.

For another participant, the desire to avoid unanticipated future outcomes was particularly relevant at her workplace. She reflected on the possible purpose of her “what-iffing” behaviour in work situations:

Like I like to know all the different things that could happen so I could be prepared to deal with it versus if I didn’t think about that and then something happened then it would take me off guard sort of thing (pause).

Another woman in this study further illuminated this perspective when she described the perceived usefulness of “what-iffing” behaviour in her life. She stated:

...I sort of think about “what if” this, “what if” that, “what if” this, “what if” that. Kind of weave your way through it, look at all the possibilities, okay, now I’m sort of prepared....Yeah, so I know what’s coming up or what might happen and I can prepare for that. I like to be prepared.

Not only was this expression of engaging in “what-iffing” behaviour as a way to prepare for work or future situations in general, but several participants also reflected on the value of this behaviour to prepare them for potential outcomes of their motherhood decisions. For example, one participant reported that she engaged in “what-iffing” behaviour in the hopes that it may prepare her for the experience of labour, if, and when, she has a child. Conversely, another participant reported that asking “what if” questions would likely prepare her for the realities of a childfree lifestyle, if she waits too long to get pregnant. She stated: “...I think I’d be able to handle it a lot better, like I’d be able to just deal with that because I’ve, I’ve reconciled in myself from all this weighing, all the ‘what-iffing’.” In brief, all of the participants perceived their “what-iffing” behaviour as valuable because they believed that this behaviour helped them to
prepare for potential outcomes of their decisions and situations in their lives, and helped them avoid unexpected outcomes.

"What-iffing" as a way to reduce anxiety. Three of the participants in this study also reported the perception that their "what-iffing" behaviour may reduce anxiety that they experience related to life decisions. These participants perceived that "what-iffing" may reduce anticipatory anxiety, anxiety experienced concomitantly with the decision-making process, and/or anxiety in general. For example, one participant expressed the sense of "what-iffing" behaviour as a way to reduce anticipatory anxiety related to the experience of childbirth, if she decided to have a child. She stated: "I'm going to get information by 'what-iffing'...which will later ease any anxiety or catastrophizing that I might do." Another participant, when reflecting on asking "what if" questions during the parenthood decision-making process, reported that this behaviour reduced her feelings of anxiety. She stated:

...like even if some of the outcomes are not appealing, it's definitely less scary than getting like surprised by some unanticipated situation. So, yeah, I mean I think I go through like that whole sort of flow chart process, like "what if" this happens, I could do that or that and then if that happens, I could do this or that. So I know what's coming so it's not as shocking or anxiety provoking...

Consistent with deciding if, and when, to have a child, this participant reported the same benefit of "what-iffing" when faced with making other life decisions. She remarked: "I'm trying to look ahead, so yeah, because things are not as anxiety provoking when you know what might happen." Another woman in this study offered the perception that "what-iffing" behaviour helped her to "deal with my anxiety" in general.

"What-iffing" as a way to strategize and plan in an effort to avoid future problems. Four of the women in this study expressed the perception of "what-iffing" behaviour as a way to strategize and make plans in an effort to avoid potential problems related to various decisions and situations in their lives. For example, in considering the decisions of if, and when, to have a child, one participant reported that by "what-iffing" she is attempting to plan for what might happen in terms of her career, daily life, travelling, and her relationship with her spouse, and thus anticipate and prevent potential problems in these areas. She stated: "But, yeah, so I'm like trying to strategize for everything." Another woman articulated that "what-iffing" behaviour allowed her to avoid making bad decisions altogether, evading the possibility of future problems. She stated: "So it's like by 'what-iffing' I'm able to, um, accomplish more and therefore
eliminate, um, bad decisions... and it has worked for me a lot in my life.” Similarly, another participant who shared this belief reported that her tendency to ask “what if” questions when making a life decision, such as whether to accept a job offer, helped her to prevent creating future problems for herself and others. She reported: “...so it’s almost like trying to plan ahead to make sure I’m doing the right thing.”

Two of the participants reflected on the advantage of asking “what if” questions while at work, in an effort to plan for, and avoid difficulties before they arise. For example, in describing the situations at work where she engaged in “what-iffing” behaviour, one woman stated: “I imagine like what could possibly go wrong and I try to circumvent it, stop it from happening before it does go wrong.” Consistent with the previous participant, another woman expressed that engaging in “what-iffing” at work was, for her, a way of “contingency planning.” In brief, the majority of the participants perceived their “what-iffing” behaviour as a way for them to strategize and plan for the future, with the intention of preventing problems related to their decisions. Consequently, these women viewed their “what-iffing” behaviour as being constructive.

In summary, all of the participants reported that their tendency to engage in “what-iffing” behaviour was adaptive in some way when they faced a variety of decisions and situations in their lives. Specifically, all of the women in this study expressed the sense of “what-iffing” as a problem-solving tool that helped them make the best and/or most informed decisions. Furthermore, all of the participants perceived their “what-iffing” behaviour as a way to prepare for potential outcomes of their decisions and/or life situations. In addition, half of the women reported the belief that asking “what if” questions may reduce their feelings of anxiety related to making life choices, including the decisions of if, and when, to have a child. Finally, the majority of participants perceived their “what-iffing” behaviour as a way to strategize and plan for what might happen, in order to avoid unanticipated problems in the future.

“What-iffing” as a behaviour that increases anxiety, worry, and/or stress. Even though a few of the women in this study reported that their “what-iffing” behaviour may have reduced some of their anxiety related to making decisions, four participants found their “what-iffing” behaviour to have in fact increased their feelings of anxiety, worry and/or stress. Specifically, these participants reported that: 1) their “what-iffing” behaviour was “mentally” and “physically taxing;” and 2) their “what-iffing” can get out of control because it generates more and more worry. The participants articulated a range of perspectives that illustrated these two sentiments.
For example, even though “what-iffing” may be a way to sort through feelings in an effort to make a decision, one participant reported that this behaviour was also problematic because it caused her stress. She stated: “There’s a cost to it. A huge cost on my stress level and just, you know, the rest of my life.” Another participant reported that engaging in “what-iffing” behaviour in order to analyze the costs and benefits of making a decision made her feel “anxious.” Consistent with another participant, one participant reported that she experienced both mental and physical stress from engaging in “what-iffing” behaviour. However, for this woman, the degree of stress was situation or decision dependent. She reported: “But I’d say my work is more stressful to me, that, or like “what-iffing” about those different scenarios is physically more stressful to me than “what-iffing” about kids.” Two participants also reported that they experienced sleeping difficulties as a result of their “what-iffing” behaviour related to making decisions in their lives.

These four participants also reported that their “what-iffing” behaviour has gone “a little bit out of control” and fed on itself; that is, when “what-iffing” started, it generated more “what if” questions and “more things to worry about.” In other words, the majority of the participants perceived their “what-iffing” behaviour as having a “snowball effect.” For example, the following participant stated: “I think ‘what-iffing’ feeds on itself. So when I’m thinking about things that just don’t matter and then it seems to like, you just keep thinking about more and you keep thinking about more…” Similarly, another participant shared this concern: “...sometimes I would call [‘what-iffing’], um, dwelling, which is when it starts to get, you know, a little bit like out of control and then when it’s at it’s worse I would call it like looping behaviour.”

Consistent with other participants, another woman expressed the view that “what-iffing” was problematic when it led to more and more “what if” questions. She commented: “Like when it triggers a whole stream of other questions, it tends to be stressful.” This participant elaborated on this observation when she described her experience of “what-iffing” in reference to navigating the parenthood decision. She stated:

So I find it kind of stressful, like ‘cause it always sort of starts to spiral, like, okay well... if you want a baby okay, oh, you have to move, okay well, what about work, okay well, what about this, okay, you know, and it like starts this whole, okay well, maybe we won’t think about that right now.
These participants expressed a sense of not being in control of their “what-iffing” behaviour, which they found stressful and therefore problematic. This experience was captured in the words of the following participant:

So it’s, it’s something to me that’s gotten out of control. I think that it’s something, I think it’s adaptive to an extent but I think that I have let it get out of control. So it’s a problem because I haven’t managed it. I’ve let it sort of take on a mind of its own.

Interestingly, two participants expressed that when their “what-iffing” behaviour feeds on itself, it may also lead to catastrophizing. In fact, one participant reported: “So I [catastrophize], and that’s ‘cause I’m ‘what-iffing’.” When asked to describe how she perceived castrophizing, this participant responded: “Imagining the worse possible outcome of a situation that I am in, regardless of how implausible and unlikely it is, um, just for no reason.” In short, the majority of participants expressed the perception that their “what-iffing” behaviour increased their feelings of anxiety, worry, or stress as they engaged in this behaviour.

“What-iffing” as unproductive for making decisions with uncontrollable outcomes. Four of the women in this study perceived their “what-iffing” behaviour as “unproductive” and “ineffectual” when they tried to make those decisions in which they had little or no control over the outcome, as is the case with parenthood decisions. One participant aptly expressed this belief in the following words:

It’s just not a productive way of, it’s just not productive....Why, why waste really, why waste your brain power on something like “what-iffing” about things that might or might not happen, that you really have no control over now, so...it’s just frustrating and stressful to keep thinking about those things when they don’t really add value.

Another woman reported that she found it stressful to engage in “what-iffing” behaviour when deciding if, and when, to have a child given that she cannot control the outcomes, a sentiment shared by the other participants. She stated: “…and then I tend to get myself a bit stressed because, you know, then I’m kind of worrying about things that I can’t control.”

When describing her tendency to ask “what if” questions for other decisions, one participant reported: “I don’t feel it’s productive when you ‘what if’ about things that you have no control over...if you can’t do anything about it, then I don’t think it’s really worth the time.” Similarly, another participant reflected on the uselessness of “what-iffing” behaviour. In her words: “I think it’s when it’s about things when [sic] I have really no control over, it’s useless.” Due to the lack of controllability of the outcomes of some decisions, particularly parenthood
decisions, four participants believed that it was futile to engage in “what-iffing” behaviour in an
effort to make these choices.

“What-iffing” as a behaviour that interferes with life. Three of the participants expressed
the perception that their “what-iffing” behaviour interfered with their lives in some way. A
variety of observations reported by the participants conveyed this belief. For example, one
participant reported that her “what-iffing” behaviour when deciding if, and when, to have a child
was a waste of her mental energy:

I don’t know, I don’t know why I “what if” about this. I don’t think it, it doesn’t help me
get to any sort of decision. It’s just a waste of my brain power (laughs), where I could be
reading or something.

Two of the participants also shared the belief that their “what-iffing” behaviour interfered
with their “enjoyment of daily life” given that asking “what if” questions kept them worrying
about the future. For example, when reflecting on being a person who “what ifs”, one participant
lamented:

It means that I’m maybe missing a lot of the sort of freedom and relaxation of the
moment in the day-to-day life by focusing on the future and what could happen and I’m
not enjoying the now.

Another participant reported that her “what-iffing” behaviour negatively influenced her
relationships with friends. This participant gave an account of how, by “what-iffing,” she
imagined: “scenarios that [were] completely unrealistic,” confronted her friends on these
scenarios, and subsequently worried how they perceived her. In sum, half of the women in this
study expressed the belief that their “what-iffing” behaviour interfered with their lives for a
variety of reasons.

Finally, even though all of the participants reported beneficial aspects of their “what-
iffing” behaviour, the participants expressed their wish to stop “what-iffing,” or to ask different
and/or fewer “what if” questions, when faced with making parenthood and other decisions in
their lives. For example, one woman remarked: “...if you figure out like how one can stop being
quite so questioning, let me know” (sarcastic, joking tone). Consistent with other participants,
one participant expressed her desire to stop “what-iffing” when she tries to make the decisions of
if, and when, to have a child. She stated:

...I wish I could just be...done with it, you know, just move on to other more important
things in your [sic] mind, like don’t spend so much of my heart and mind and time
thinking about “what if,” “what if,” “what if,” and what if I don’t have children, and what
if I do, you know.

Similar to other participants, one woman also expressed her wish to free her mind from
“what if” questions in order to focus on enjoying the present moment. She stated: “…I’d like to
have nothing in my mind… I guess I would like to fill that with focusing on the present and being
alive and being content in the present versus always worrying about the future.” Another
participant expressed her desire to make decisions differently:

…sometimes I wish, I can see that other people are sort of programmed differently, or
have different, or things don’t affect them the same way and it seems like they have an
easier time with some decisions, and part of me kind of wishes I could be like that.

Furthermore, one participant expressed her wish to think about different “what if” questions,
such as those focused on the positive aspects of having a child instead of on the negative ones, as
she tries to make the motherhood decision. She remarked:

Yeah, yeah, it’s never about the pros (pause). I wish it was. I wish that’s the way I
naturally, I naturally thought, um, because if I did think more about the pros then maybe I
would come to… a decision.

It appears then that most participants reportedly would like to “harness the adaptive” qualities of
“what-iffing,” and in some way change their “what-iffing” behaviour when making decisions in
their lives, in order to eliminate the perceived problems that “what-iffing” creates for them.

In summary, all of the women in this study expressed their “what-iffing” behaviour as
being problematic both for making decisions and in other areas of their lives. The participants
reported the following perspectives that captured this essence: 1) “what-iffing” behaviour
increased feelings of anxiety, stress, and/or worry; 2) engaging in “what-iffing” was
unproductive for making decisions with uncontrollable outcomes; and 3) “what-iffing” behaviour
interfered with their lives. Due to the reported maladaptive characteristics of their “what-iffing”
behaviour, all of the participants expressed the wish to change this behaviour in some way.

Given the perceived advantages and disadvantages of engaging in “what-iffing,” all of
the participants expressed the perception that their “what-iffing” behaviour was both “good and
bad” as they attempted to navigate through the parenthood and other life decisions and situations.
CHAPTER FIVE

Discussion

This study explored the lived experience of “what-iffing” when faced with the decisions of if, and when, to have children, for women who perceived this behaviour to be problematic in terms of parenthood decision-making. Six common themes, described in detail in Chapter Four, emerged from the interviews with the six participants. A discussion and comparison of the results of this phenomenological study with the findings in the relevant literature is presented, followed by a discussion of the findings in terms of their implications for counselling practice and future research.

Comparison to the Literature

Most of the findings that emerged from this study are congruent with the literature on decision-making theory, parenthood decision-making, and worry that were presented in Chapter Two. Those findings that appear inconsistent with the reviewed literature are also discussed. Notably, a few of this study’s findings were not comprehensively addressed in the literature review and therefore new literature is woven into the three main literature bodies, which will place these results within current, relevant research.

Decision-making theory. Rational decision-making theories, such as Ajzen and Fishbein’s (1980) theory of reasoned action and Emerson’s (1981) social exchange theory have informed much of the research on childbearing behaviour (e.g. Bagozzi & Van Loo, 1980; Barber, 2001; Miller, 1994; Nye, 1979; Seccombe, 1991). According to the theory of reasoned action, individuals are rational and systematic in processing available information, and they consider the implications of their actions prior to engaging in a particular behaviour (Ajzen & Fishbein). Similarly, social exchange theory assumes reason directs decision-making and that parenthood decisions are based upon a comparison of the “social, economic, and emotional costs and benefits” of having children or remaining childfree (Seccombe, p.192). Results from this study support the previous research that suggests adults use a rational decision-making style to make parenthood decisions in that the participants were attempting to process information on their parenthood and lifestyle options, consider the implications of their decisions, and weigh the costs and benefits of perceived decisional outcomes before committing to a choice. Indeed, in the sub-theme A Sense of ‘What-iffing’ as a Reflection of the Way They Are in the World within the theme The Pervasive Nature of ‘What-iffing’ Behaviour, all of the participants expressed that their “what-iffing” behaviour reflected the way they attempted to make reasoned decisions in
their lives, that being in a thoughtful, considered, non-spontaneous manner. In fact, many women in this study reported that the parenthood decision “gets more thinking” and “‘what if’ questions” due to the “many implications” and the irreversible nature of having children, than other decisions they’ve made or are facing in their lives.

As reflected in the sub-theme “What-iffing” as a Useful Problem-Solving Tool in Order to Make Informed and/or the Best Decisions within the theme A Sense of “What-iffing” as Being both Adaptive and Maladaptive, four participants perceived their “what-iffing” behaviour as a decision-making tool with which to weigh the pros and cons, and examine the consequences, of their decisions in order to make an informed choice. Reflected through their “what if” questions, the participants considered a range of implications, such as marital strain, infertility, delivering an unhealthy baby, and being unable able to meet their education and career goals, and benefits such as enjoying the experience of the mother-child bond or providing grandchildren for their parents. In fact, all of the women in this study reported that their “what-iffing” behaviour generated a range of possibilities, options, potential outcomes, and scenarios, which they then considered in an effort to arrive at the best fertility decision. These deliberations were reflected in the sub-themes Biological Pressure Related to Age, Fertility and/or Health Concerns and Decision by Default Due to the Experience of Biological Pressure within the theme A Sense of Biological Pressure, as well as A Sense of a Lack of Readiness and A Fear of Making the Wrong Decision themes. However, it appears that the women in the study were so caught up in the cognitive contemplation of the various pros and cons and implications of the parenthood decision, that they were unable to see the distinct benefits or clear advantages of either having, or not having children, and were therefore immobilized in terms of implementing any course of action.

In addition to a rational decision-making style, four other styles have been identified in the literature – avoidant, dependent, intuitive, and spontaneous (Scott & Bruce, 1995). Moreover, “individuals use a combination of decision-making styles in making important decisions” (Scott & Bruce, p. 829), a hypothesis confirmed by other research (e.g. Thunholm, 2004). Indeed, it appears that the women in this study also used avoidant, dependent, and/or intuitive decision-making styles, despite their attempts to rationally consider the relevant factors in order to make an informed fertility choice. For example, two participants reported being dependent on outside advice and wanting someone else to make the decision for them, and all but two searched for information and guidance, such as articles on delayed childbirth, to help them make a decision.
These sentiments were reflected in the sub-themes *An Inability to Make Parenthood Decisions* and *An Inability to Make a Decision Based on the Uncertainty of Future Outcomes* within the theme "What-iffing" as a Reflection of an Inability to Make a Decision.

In addition, given that all of the participants were in their thirties, and all but one had not yet made a decision to try to get pregnant, it appears that the participants had been, and may still be, using an avoidant decision-making style when faced with making the transition to parenthood. Avoidance in making this decision fits with the increasing trend toward delayed parenthood (Feeney et al., 2001; Riedmann et al., 2003; Wu & McNeill, 2002). Not making a decision, and thus delaying parenthood into their thirties and perhaps beyond, also appears to be consistent with decisional procrastination, defined as an inability to make decisions in a timely manner (Janis & Mann, 1977). An examination of research on the construct of indecision provides further insight into this finding. For instance, Rassin and Muris (2005) suggest: "indecisive individuals can be expected to be reluctant to make decisions that will have far reaching consequences" (p. 1286), as is the case with parenthood. Not surprisingly, other researchers report that individuals “take much longer to decide major matters than minor” ones (e.g. Milgram & Tenne, 2000, p. 153). Consistent with the contentions of these researchers (e.g. Rassin & Muris; Milgram & Tenne), three of the participants reported that their desire to avoid making a choice was due to the immense responsibility inherent in this major life choice and/or due to their exhaustion from attempting to answer the number of “what if” questions that they generated. These thoughts were reflected in the sub-theme "What-iffing" as Avoidance in Making Parenthood Decisions within the theme "What-iffing" as a Reflection of an Inability to Make a Decision. Ferrari and Dovidio (2001) suggest: “through indecisiveness, people may avoid anticipated negative consequences from the process or outcome of a decision” (p. 1114). Thus, avoidance, indecision, or decisional procrastination on this choice may also reflect, or be influenced by, fears of regret.

Additional literature on regret was reviewed to explore this possibility. Some researchers have suggested that individuals may refrain from pursuing a particular action because in doing so it would close the door on other attractive options, which may be a source of regret later in life (Gilovich & Medvec, 1995). In fact, Zeelenberg (1999) suggests that individuals “are motivated to avoid post-decisional regret” (p. 101) and therefore they consider anticipated regret when making decisions. In other words, the participants’ difficulty in making parenthood decisions may be due, in part, to their feelings of anticipatory regret. As reflected in the sub-theme A Fear
of Regret, within the theme A Fear of Making the Wrong Decision, all of the participants expressed a fear of having future regrets no matter what childbearing and child timing decisions they may make and two participants reported experiencing fears of regret when making other decisions in their lives. The women reported asking “what if” questions to help them make the “right” choice in an effort to avoid future regrets. Three participants also indicated that they wanted to keep all of their options open and did not want to regret the loss of any life opportunities available to them.

Consistent with an intuitive decision-making style some participants also appeared to rely on their feelings (Scott & Bruce, 1995) and to consider the symbolic meaning of children in their parenthood contemplations, which may determine whether an individual chooses to have a child (Frankel & McCarty, 1993). For example, in the sub-theme A Fear of Regret within the theme A Fear of Making the Wrong Decision, the majority of participants asked “what if” questions that reflected their fears of “missing out” on a meaningful and perhaps irreplaceable life experience if they chose not to have a child. These fears seem to reflect the participants’ feelings about the meaning having a child and being a mother may hold for them, despite the costs of parenthood. As reflected in the sub-theme Not Being Ready Due to a Lack of Mental Preparedness within the theme A Sense of a Lack of Readiness, the “what-iffing” behaviour of three participants also seemed to reflect an intuitive decision-making style because they expressed that they did not feel ready to make the transition to parenthood. This finding is congruent with Feeney et al. (2001) who found that 49 couples in their study cited “feeling ready” as an explanation for making the transition to parenthood. In fact, as suggested in the literature on making a career decision – another major life choice – “‘feeling right’ about a decision can be the most critical factor in the decision making process” (Amundson, 2003, p. 200).

It appears then that the “what-iffing” behaviour engaged in by the participants reflected other decision-making styles such as dependent, avoidant and intuitive, in addition to a rational method in an effort to make parenthood decisions. Further, their avoidant styles may have been mitigated by their fears of, or anticipatory, regret. Several possible explanations may account for the inconsistencies between the findings of this study and the rational theories of Ajzen and Fishbein (1980) and Emerson (1981) that have dominated much of the fertility research. For example, the women in this study may have relied on other decision-making styles due to the magnitude and irrevocability of this life decision, fears over the possibility of making the wrong
choice, or the value placed on the symbolic meaning of motherhood. The participants may have been following the cultural trend to delay parenthood. Finally, methodological differences between this study and the reviewed research based on rational decision-making theory may account for the cited differences. Specifically, this study was conducted on a small, and recent sample and, most notably, it explored the experience of “what-iffing” specific to parenthood decision-making and did not purposefully examine specific costs and benefits believed to be considered important in making parenthood decisions, as was the case with past research (e.g. Miller, 1994; Seccombe, 1991).

Parenthood decision-making. Several similarities also appear to exist between the results from this study and the parenthood research which suggests that: 1) parenthood decision-making may be both a linear and a non-linear process; 2) a woman’s perception of her biological clock, social pressure, and other readiness factors (e.g. career fulfillment) influence parenthood decision-making; and 3) some individuals may be conflicted for a variety of reasons and consequently be unable to make a decision. However, some incongruence among the reviewed parenthood literature and the findings in this study is also identified.

Most of the reviewed parenthood studies reported that childbearing and/or child timing decisions follow a linear or systematic sequence (e.g. Miller, 1994; Miller & Pasta, 1994; Soloway & Smith, 1987; Wilk, 1986). Although Somers (1993) did not propose a linear model with which to explain childbearing behaviour, this researcher found that voluntarily childless couples exhibited a more systematic information gathering style than parents. Congruent with this research, all of the participants in this study appeared to take logical steps in order to arrive at the “best choice” by way of analyzing factors relevant to this decision through their “what-iffing” behaviour. As previously described, the participants identified various factors (i.e. perceived costs, benefits, and implications), such as reaching educational goals, pursuing career opportunities, and their spouse’s readiness, that they considered and worried about, as they attempted to arrive at a parenthood decision. In fact, one woman conceptualized her “what-iffing” behaviour as a linear flow-chart, where each “what if” question led to options to consider and subsequent “what if” questions, in a systematic attempt to make life decisions.

Conversely, other parenthood research suggests that arriving at a childbearing decision may not necessarily be a linear or systematic process (e.g. Cowan & Cowan, 2000; Somers, 1993). Cowan and Cowan found that most of the 72 expectant couples in their study shifted their position on whether to have a child at least once prior to the first interview. Likewise, as
evidenced in the sub-theme *A Fear of Regret*, within the theme *A Fear of Making the Wrong Decision*, the women in this study reported that they oscillated between whether they would regret having, or not having, a child. Thus, the women in this study seemed to have difficulty moving through the stages proposed by fertility decision-making researchers (e.g. Miller, 1994; Miller & Pasta, 1994; Soloway & Smith, 1987; Wilk, 1986), such as getting to the stage of making, and acting upon, a decision, due to their continual “what-iffing” and inability to resolve their “what if” questions. For example, in response to their unanswered “what if” questions, many of the participants expressed the following: “...I still have questions and it's just kind of a bit circular.” Despite believing that engaging in “what-iffing” behaviour was futile for decisions with uncontrollable outcomes, as is the case with parenthood decisions, most of the participants were unable to stop this behaviour. In other words, they appear to be “paralyzed” in the decision-making process. Moreover, because this is an irrevocable decision, the consequences of which one cannot predict in advance, they may end up even more stuck. Not only were these women unable to make parenthood decisions, half of the participants were incapable of making those decisions in their lives that were directly influenced by parenthood choices, such as buying a house or choosing a career path. These sentiments were reflected in several sub-themes within the themes *“What-iffing” as a Reflection of an Inability to Make a Decision, The Pervasive Nature of “What-iffing” Behaviour, and A Sense of “What-iffing” as Being both Adaptive and Maladaptive.* Moreover, consistent with other research that suggest that parents and voluntarily childless couples display both non-systematic and systematic decision-making styles (e.g. Somers), participants also appeared to use non-systematic, in addition to rational, decision-making styles in their attempts to decide whether to become parents.

Despite some similarities with linear models of fertility decisions, it appears that the results from this study fit better with non-linear parenthood decision-making research, for a couple of reasons. Unlike this study, the linear studies (e.g. Miller, 1994; Miller & Pasta, 1994; Soloway & Smith, 1987) explicitly examined factors, or looked for factor structures, believed to account for or predict parenthood decisions, while in this study the focus of enquiry was an exploration of the experience of making these decisions, which emerged from the participants’ accounts. Also, underscoring the difference between intentions and actions, the participants in this study were doubtful of whether, or when, they may have a child, whereas most of the participants in the other studies had made a fertility decision (e.g. Soloway & Smith). In fact, those respondents in Miller and Pasta’s study who did not desire a (another) child, or who were
doubtful enough about it that they could not say how soon they wanted a (another) child were excluded from their study.

Another finding in this study that emerged from the interviews was the overwhelming sense of biological pressure experienced by the participants, reflected in the theme **A Sense of Biological Pressure**. In fact, all of the participants reported the need to “make a decision right away” due to their perception of biological pressure and all but one participant expressed their fears about being unable to conceive due to their age. Moreover, five of the women reported asking “what if” questions related to the risks of putting off making the decision to have a child (i.e. later-aged childbearing), such as not having a healthy baby and not having a successful pregnancy. These findings are congruent with Soloway and Smith (1987) who reported that the women in their study on late birth timing felt that “the pressure from the biological time clock” (p. 259) was a major factor in considering when to have a child. Likewise, other studies have reported that a woman’s perception of her biological clock often plays a role in her childbearing, and child timing, decisions (e.g. Erwin & Stewart, 1997).

Related to their sense of biological pressure, several participants also indicated that various cultural influences made it more difficult for them to make parenthood decisions. For example, within the theme **A Sense of Biological Pressure**, the media coverage on the fertility risks of late childbearing and the desired “yummy mummy” label given to young, attractive mothers, influenced their sense of time pressure in making a choice. Also within this theme, half of the participants expressed their bitterness and frustration about the reality that it is still socially expected for women, and not men, to balance work and family demands. Moreover, as reflected in the sub-theme **A Fear of Regret**, within the theme **A Fear of Making the Wrong Decision**, the fear of potentially missing out on the experience of childbearing seemed somewhat connected to social comparison. For example, some women felt an urgency to make a parenthood decision as a result of feeling out of step with their friends who were parents. Consistent with this finding, Soloway and Smith (1987) reported that – although not statistically significant to be included in their model of late birth timing as expected – peer influence appeared to have prevented their couples from having children early, and then promoted childbearing after age 30 when others in the peer group were having children. Consequently, the confusion in making childbearing and child timing decisions experienced by the women in my study may also have been influenced by the “social pressures in our society to have children and not to have children” (Riedmann et al., 2003, p.328).
Factors related to personal and/or partner readiness also reportedly play a role in parenthood decisions (e.g. Miller, 1994; Miller & Pasta, 1994; Soloway & Smith, 1987; Wilk, 1986). The theme *A Sense of a Lack of Readiness* is consistent with this research. Specifically, as previously discussed, in their effort to make parenthood decisions many of the participants asked “what if” questions that were related to the impact having a child would have on their ability to balance multiple roles, pursue education and/or career opportunities, and manage their finances and childcare. In addition, in the sub-theme *A Sense of a Lack of Readiness Based on Relationship Issues*, all of the participants expressed relationship concerns, such as whether their relationship was too new, the affect a child might have on their intimate relationship, and whether their partner desired and was ready to become a parent. Moreover, it appears that not being able to “map out the future” and know the exact implications of their parenthood decisions, or how a child would fit into their lives, contributed to their lack of readiness, which was reflected in the sub-theme *An Inability to Make a Decision Based on the Uncertainty of Future Outcomes* within the theme *“What-iffing” as a Reflection of an Inability to Make a Decision.* Consistent with this finding, Miller and Pasta reported that couples without children will desire a child later rather than sooner if they do not know when “various aspects of their lives will fit, and be compatible with having a child” (p. 242).

Finally, some parenthood research suggests that adults may experience conflicted and mixed feelings as they attempt to make childbearing decisions (e.g. Cowan & Cowan, 2000; Somers, 1993; Wilk, 1986), and may struggle with the consequences of having a child (Cowan & Cowan) or be unable to make a decision at all (Wilk). Likewise, the women in this study reported having conflicted feelings related to making parenthood decisions. As previously mentioned in the sub-theme *A Fear of Regret*, the women in this study were torn between whether they would regret having or not having a child, which illustrated their confusion in making this major life choice. Most strikingly, however, were the seemingly omnipresent feelings of anxiety, stress, and frustration that these women experienced when faced with making parenthood decisions, which were reflected in the majority of the themes (i.e. *A Sense of Biological Pressure, “What-iffing” as a Reflection of an Inability to Make a Decision, A Sense of a Lack of Readiness*, and *A Fear of Making the Wrong Decision*). For example, the participants reported feeling stressed and frustrated as a result of their sense of biological pressure and feeling “forced” into making a hasty decision. The participants also experienced anxiety as they tried to conceptualize how a child would fit into their lives and how they would manage their
education, career, multiple roles and finances. Some of the women in this study also experienced fear and as they worried about making the wrong decision. In the words of one participant: "...I'm afraid that I'll make the wrong decision either way." The participants also reported experiencing anxiety, stress and frustration concomitant with asking, and not finding any resolution to, "what if" questions related to if, and when, to have a child. It appears that their feelings of anxiety, stress, frustration, and fears made it difficult for the participants to sort out their feelings and arrive at a satisfying choice.

The "what-iffing" behaviour engaged in by the women in this study appeared to reflect taking both logical steps and a non-linear path to making parenthood decisions. In addition, study participants were influenced by biological, social, and readiness factors. It appears that, for the women in this study, the road to making parenthood decisions was fraught with conflicted feelings.

Worry. The results from this study are both congruent with, and dissimilar to, the worry literature examined in Chapter Two. A return to the worry literature seems warranted to examine the relationship of some of this study's findings with two worry-related constructs - self-doubt and intolerance of uncertainty.

As presented in the literature review, worry can be defined as a repetitive chain of thoughts and images, which is usually negative and concerning a fear of future outcomes (Borkovec, 1994), but it may also reflect a problem-solving process (Borkovec; Davey, 1994; Davey, Tallis & Capuzzo, 1996; Kendall & Ingram, 1987; Szabó & Lovibond, 2002). Given this definition, "what-iffing" behaviour may reflect the construct or an aspect of worry for the following reasons: 1) the women in this study reported their "what-iffing" behaviour as being a repetitive thought process; 2) through their "what-iffing" behaviour, participants expressed their fears of potential negative outcomes of their decisions; and 3) all of the participants reported that their "what-iffing" behaviour reflected a problem-solving tool. First, all of the participants repeatedly asked "what if" questions related to if, and when, to parent. In addition, all but one participant perceived that asking "what if" questions was a reflection of their "natural" thought processes. All of the women perceived their "what-iffing" as "on-going" when faced with making parenthood decisions. All but one participant reported that they were unable to escape from their "what if" questions. These perspectives were reflected in the sub-themes A Sense of "What-iffing" as a Reflection of the Way They Are in the World and "What-iffing" Behaviour as Persistent and/or Continual, within the theme The Pervasive Nature of "What-iffing" Behaviour.
Significantly, in the sub-theme "What-iffing as a Behaviour that Increases Anxiety, Worry, and/or Stress within the theme A Sense of "What-iffing" as Being both Adaptive and Maladaptive, four participants reported that once they ask a "what if" question, more "what if" questions and "more things to worry about" are generated. These findings not only fit with Borkovec’s definition of worry, but other researchers have also suggested that, in anticipating a future situation, worriers and anxious individuals may engage in automatic and repetitive "what if" questioning (e.g. Kendall & Ingram). However, Kendall and Ingram also suggest that non-worriers do not possess the pervasiveness and automatic nature associated with "what if" questioning that anxious individuals experience, which is incongruent with the "what-iffing" behaviour of the women in this study. The women in this study were not assessed and categorized as being worriers or non-worriers; however, two participants speculated that their "what-iffing" behaviour reflected their worrying natures. This sentiment was articulated in the sub-theme A Sense of "What-iffing" as a Reflection of the Way They Are in the World within the theme The Pervasive Nature of "What-iffing" Behaviour.

Next, it appears that the participants’ "what-iffing" behaviour also reflected their fears over possible negative outcomes in the future, as they attempted to make important decisions in their lives. Specifically, the participants perceived negative outcomes as they considered the potential implications and consequences of their decisions related to if, and when, to have a child, as reflected in the themes A Sense of a Lack of Readiness, A Sense of Biological Pressure, and A Fear of Making the Wrong Decision. In their effort to make fertility decisions, some participants also examined perceived worse case scenarios of childbearing and childrearing, and one woman reported that in fact she always focused on the negative aspects of having a child. Two participants also reported that their “what-iffing” behaviour interfered with their daily enjoyment of life because asking “what if” questions kept them worrying about the future. These sentiments were articulated in the sub-themes "What-iffing” as a Useful Problem-Solving Tool in Order to Make Informed and/or the Best Decisions, and “What-iffing” as a Behaviour that Interferes with Life, within the theme A Sense of “What-iffing” as Being both Adaptive and Maladaptive. In other words, the participants appeared to experience apprehensive worry, a symptom associated with Generalized Anxiety Disorder (GAD) according to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (American Psychiatric Association, 2000). Researchers have suggested that chronic worriers (i.e. individuals suffering
from GAD) ask themselves “what if” questions, which is specific to inundating oneself with possible negative future outcomes (Leahy & Holland, 2000).

Szabó and Lovibond (2002) also reported that some of the worry thoughts experienced by low to high worriers reflected the anticipation of a negative future event. Davey and Levy (1999) further suggest that the negative answers given to their “what if” questions prevents “closure of the problem-solving process” for worriers (p. 23). Accordingly, the participants’ perceived negative consequences associated with not having a child, having a child, having a child too soon, and delaying childbearing, may have played a role in their inability to make a decision. In addition to anticipating negative future outcomes, the “what if” questions asked by anxious individuals may also lead to catastrophizing; that is, believing that progressively worse possible outcomes will occur in anticipation of a future event or problem that is viewed as threatening (Gladstone & Parker, 2003; Kendall & Ingram, 1987). In their study where they developed and administered a catastrophizing method, a “process that forces the anxious individual to answer his or her repetitive ‘what if’ questions’” (p. 515), Vasey and Borkovec (1992) also found that worriers reported higher levels of discomfort as the catastrophizing process progressed, whereas non-worriers remained the same. Not only did two participants report that when their “what-iffing” behaviour “feeds on itself” it may also lead to catastrophizing, but similar to Vasey and Borkovec’s finding, the majority of participants also reported experiencing anxiety, stress, and frustration as they engaged in “what-iffing” behaviour even though they were not assessed as being worriers or non-worriers. These findings were reflected in sub-theme “What-iffing” as a Behaviour that Increases Anxiety, Worry, and/or Stress within the theme A Sense of “What-iffing” as Being both Adaptive and Maladaptive.

All of the participants also reported that their “what-iffing” behaviour reflected their decision-making process and reported that “what-iffing” was a useful problem-solving “tool.” In other words, by asking “what if” questions, the participants thought and worried about possibilities, options, potential outcomes, and scenarios, which allowed them to make informed and optimal choices in their lives. These sentiments were reflected in the sub-theme “What-iffing” as a Useful Problem-Solving Tool in Order to Make Informed and/or the Best Decisions, within the theme A Sense of “What-iffing” as Being both Adaptive and Maladaptive, and in the sub-theme A Sense of “What-iffing” as a Reflection of the Way They Are in the World, within the theme The Pervasive Nature of “What-iffing” Behaviour. As reflected in the sub-theme “What-iffing” as a Way to Strategize and Plan in an Effort to Avoid Future Problems, within the theme
A Sense of "What-iffing" as Being both Adaptive and Maladaptive, the participants also described how their "what-iffing" behaviour was a way for them to make plans and thus avoid potential problems in a variety of situations and decisions. However, despite their efforts, the participants struggled to find a solution to their parenthood dilemma. Therefore, the problem-solving characteristics of this behaviour appeared only to work up to a certain point, or perhaps only for certain types of decisions, such as those with fewer consequences, or with reversible, controllable or predictable outcomes. In fact, as reflected in the sub-theme "What-iffing" as Unproductive for Making Decisions with Uncontrollable Outcomes, within the theme "What-iffing" as Being both Adaptive and Maladaptive, four participants perceived their "what-iffing" behaviour as "ineffectual" and futile for making decisions, the outcomes of which they had little or no control over, as is the case with parenthood decisions. In addition, the majority of participants expressed the perception that "what-iffing" is "adaptive to an extent" but then it can backfire and turn into dwelling when one "what if" question leads to another one and so on, and therefore generates more worry topics. This finding is similar to other research that suggests worriers generate more worry topics and spend more time worrying about those topics than non-worriers (e.g. Vasey & Borkovec, 1992).

In fact, some researchers have argued that "what if" questions may not reflect a problem-solving style for worriers, as is the case for non-anxious individuals (Kendall & Ingram, 1987), but in fact indicates an individual's perception of their inadequacy or incompetence to handle a future situation (Davey & Levy, 1999; Kendall & Ingram). In line with this suggestion, some participants were unable to make parenthood decisions, due in part to their feelings of self-doubt and/or their tendency to second-guess their decisions, as reflected in the sub-theme An Inability to Make a Decision Based on Self-Doubt and/or Second-Guessing within the theme "What-iffing" as a Reflection of an Inability to Make a Decision and in the sub-theme "What-iffing" Behaviour as Persistent and/or Continual, within the theme The Pervasive Nature of "What-iffing" Behaviour. Specifically, some of the "what if" questions posed by these women reflected their sense of doubt over their ability to be good parents, and some participants continued to ask "what if" questions even after they had made a decision in their lives, which may reflect their lack of confidence in their decision-making abilities in general. Recent research on the construct of self-doubt, not included in the literature review, seems to support these findings. Specifically, in their studies to develop and validate the Judgmental Self-Doubt Scale (JSDS), Mirels, Greblo and Dean (2002) found that for their sample of 105 university students, judgmental self-doubt
was highly correlated with decisional procrastination (Study 2), and for their sample of 98 undergraduates (Study 3), judgmental self-doubt "tends to be accompanied by the motivation to reduce uncertainty" (p. 749). Perhaps the women in this study delayed parenthood and other life decisions as they attempted to reduce their uncertainty by repeatedly asking "what if" questions. Indeed, some participants reported that their "what-iffing" behaviour serves to reduce their feelings of anticipatory anxiety, and prepares them for future decisional outcomes and situations to reduce their chances of being surprised. These sentiments were reflected in the sub-themes "What-iffing" as a Way to Reduce Anxiety and "What-iffing" as a Way to Prepare for Potential Outcomes of Decisions and/or Situations within the theme A Sense of "What-iffing" as Being both Adaptive and Maladaptive. Mirels et al. also found that high self-doubters showed less confidence in making difficult decisions versus easy ones, which seems consistent with the fact that the participants who experienced self-doubt or a tendency to second-guess their decisions in this study expressed an inability to make other important decisions in their lives. Interestingly, "the particularly strong relationship between self-doubt and anxiety suggests that doubts about the reliability of one's judgment may underlie the kind of worry and rumination characteristic of anxiety" (Mirels et al., p. 755), providing added support for the contention that "what-iffing" may reflect an aspect of worry, that being self-doubt.

Furthermore, some researchers argue that automatic "what if" questioning maintains uncertainty and allows the individual to avoid resolving their "what if" questions (Kendall & Ingram, 1987), and that "what-iffing" may reflect a demand for certainty about feared events (Leahy & Holland, 2000). New literature was examined to explore this apparent relationship between "what-iffing" and uncertainty. In their research examining the psychometric properties of the English version of the Intolerance of Uncertainty Scale (IUS), Buhr and Dugas (2002) identified a four-factor structure which suggests that "...uncertainty is stressful and upsetting, uncertainty leads to the inability to act, uncertain events are negative and should be avoided, and being uncertain is unfair" (p. 942). Some of the items on the IUS are as follows: "I can't stand being taken by surprise," "uncertainty makes me uneasy, anxious, or stressed," and "when I am uncertain, I cannot go forward" (Buhr & Dugas, p. 938). Other researchers have also suggested that uncertainty may encourage some individuals to engage in rumination or dwelling, and further, that ruminators are hesitant in taking action (Ward, Lyubomirsky, Sousa, & Nolen-Hoeksema, 2003). Notably, included in their definition of worry, some researchers have suggested that worry is "concerned with future events where there is uncertainty about the
outcome" (e.g. MacLeod, Williams, & Bekerian, 1991, p.478). More specifically, other researchers have suggested that an intolerance of uncertainty is related to the phenomenon of worry (e.g. Dugas, Gosselin, & Ladouceur, 2001; Dugas, Schwartz, & Francis, 2004). For instance, in their study on a non-clinical sample of 347 university students, Dugas et al. (2001) report that an intolerance of uncertainty appears to be associated with excessive and uncontrollable worry.

Taken together, this literature on uncertainty (e.g. Buhr & Dugas, 2002; Dugas et al., 2001; Dugas et al., 2004; MacLeod et al., 1991; Ward et al., 2003) seems to support several findings in this study. First, within the theme “What-iffing” as a Reflection of an Inability to Make a Decision, the participants reported that their “what-iffing” behaviour reflected an inability to make both major and/or minor decisions in their lives. It also appeared that the majority of participants were stuck in a cycle of “what-iffing” behaviour and therefore unable to make, or act upon, a choice, as reflected in the sub-theme An Inability to Make Parenthood Decisions. The participants also reported feeling stressed, frustrated, and worried as they asked “what if” questions that reflected their perceived uncertainty of the outcomes of their parenthood decisions, due in part to their inability to test out the options in advance and to the irrevocability of this life decision. These perspectives were reflected in the sub-theme, An Inability to Make a Decision Based on the Uncertainty of Future Outcomes. Consequently, it appears that the participants’ “what-iffing” behaviour may indeed reflect a demand for certainty, and an intolerance of uncertainty. As previously stated, the participants also recognized the negatives of possible and unknown outcomes of their parenthood decisions and some participants perceived that they engaged in “what-iffing” behaviour in an attempt to reduce their anticipatory anxiety and prepare them for future outcomes in an effort to avoid being surprised or blind-sided. Thus, “what-iffing” behaviour may reflect another aspect of worry – an intolerance of uncertainty.

Taking into consideration the relevant research, the phenomenon of “what-iffing” behaviour may reflect worry and/or related constructs, such as self-doubt and intolerance of uncertainty. The findings that emerged in this study within the theme A Sense of “What-iffing” as Being both Adaptive and Maladaptive, also appear to be consistent with research that has found that the consequences of worry are perceived as being both positive and negative (e.g. Davey, Tallis, et al., 1996), which also fits with definitions of worry (e.g. Borkovec, 1994).

Concluding comments. It appears then that the phenomenon of “what-iffing” may be a synthetic construct – my own term to encapsulate how “what-iffing” seems to reflect a synthesis
or combination of several constructs. That is, "what-iffing" seems to reflect or provide further
description of the following constructs: rational, intuitive, avoidant, and dependent decision-
making styles; indecision or decisional procrastination; regret; worry; self-doubt; and intolerance
of uncertainty. The "what-iffing" behaviour experienced by the women in this study also further
illuminates and adds to the research supporting non-linear experiences of decision-making,
particularly as it relates to the decisions of if, and when, to have a child.

Implications for Counselling

The findings of this study have several implications for counselling practice. Counsellors
may benefit from the awareness that some women engage in "what-iffing" behaviour in an effort
to make both major and minor decisions in their lives. Moreover, this behaviour may be
problematic in a number of ways for these women. As such, an awareness of the nature of "what-
iffing" behaviour will likely assist counsellors in determining how they may best help their
clients who may be having difficulty making life decisions including the decisions of if, and
when, to have a child.

As evidenced by the results, "what-iffing" behaviour seems to reflect a decision-making
style, and more specifically, the rational, dependent, avoidant and intuitive styles of decision-
making discussed in the literature (Scott & Bruce, 1995). Janis and Mann (1977) suggest that
"much of the counselor's [sic] work consists of making clients aware of the decision-making
procedures they are using and of alternative procedures that they are not using" (p. 368).
Therefore, in light of the different decision-making styles used by the participants and the fact
that a combination of styles is typically employed in making decisions (Scott & Bruce;
Thunholm, 2004), it may be useful to help clients understand the benefits and potential
limitations of the style that they are engaged in as they attempt to navigate a particular decision.
To determine which style(s) clients are using when making parenthood and other life decisions,
it may be beneficial for clients to complete Scott and Bruce's General Decision-Making Style
instrument (GDMS) before the counsellor recommends using alternative decision-making styles.
Counsellors may then choose to explore a range of strategies for effective decision-making that
have been recommended by researchers (e.g. Amundson, 2003). For example, it may be helpful
to encourage clients to write down the perceived advantages and disadvantages of their
decisional dilemma because it may allow for a new perspective (Amundson). In particular, this
strategy may prove to be more productive than continually asking "what if" questions in an
attempt to explore the pros and cons of making the transition to parenthood. For those clients
who may not be using an intuitive decision-making style, facilitating this style may also help to generate solutions (Amundson).

Despite reflecting a decision-making style, all of the women in this study reported that their “what-iffing” behaviour also reflected an inability to make parenthood and/or other decisions in their lives. Since some women may feel “stuck” or “paralyzed,” and therefore experience indecision or decisional procrastination, helping clients to recognize what factors may be underlying their indecision, such as anticipatory regret, may be useful. An in-depth exploration of these factors during counselling may in turn aid the client’s efforts to move forward in their decision-making process.

The results from the study also reflected some similarities with the phenomenon of worry. Specifically, all of the women in this study perceived their “what-iffing” behaviour as “on-going” when faced with making parenthood decisions. In addition, all of the participants asked “what if” questions in other areas of their lives and all but one reported that they were unable to escape from their “what if” questions. In fact, two participants expressed their beliefs that “what-iffing” may be a reflection of their worrying natures. Hence, it appears that some women who repeatedly engage in “what-iffing” when faced with life decisions may experience omnipresent worry. Consequently, counselling for these clients might best focus on the act of worrying itself, and not on a specific worry, in order to slow down or stop the worrying cycle (Wehrenberg, 2005). In fact, “the more rumination is interrupted, the less likely it’ll be to continue” (Wehrenberg, p.57). Counsellors could teach their clients thought-stopping or thought-replacing, which has been reported to be an effective technique for disrupting chronic rumination (e.g. Wehrenberg).

Results also revealed that the participants’ perceived uncertainty toward future outcomes contributed to their inability to make life decisions, which may reflect intolerance of uncertainty – a construct argued to be related to worry (e.g. Dugas et al., 2001; Dugas et al., 2004). Therefore, it may be useful to assess clients who struggle with “what-iffing” on the Intolerance of Uncertainty Scale – English Version validated by Buhr and Dugas (2002) – in order to gain a fuller picture of whether, and to what extent, these clients may experience intolerance of uncertainty. Counsellors may do well to encourage clients for whom the experience of ambiguity and uncertainty in the world makes it difficult for them to make life decisions, to develop a tolerance for uncertainty during the decision-making process (Gelatt, 1989). Gelatt’s proposed decision theory and counselling framework, called positive uncertainty, is designed to help
“clients deal with change and ambiguity, accept uncertainty and inconsistency, and utilize the nonrational and intuitive side of thinking and choosing” (p. 252). In addition to assisting clients in coping with feelings of uncertainty and aiding in their decision-making process, Dugas et al. (2001) further suggest that “helping nonclinical individuals to become more tolerant of uncertainty” (p. 556) may also help to prevent the development of Generalized Anxiety Disorder.

The finding that some participants were unable to make parenthood decisions, due in part to their feelings of self-doubt – another construct seemingly related to worry (e.g. Davey & Levy, 1999; Kendall & Ingram, 1987; Mirels et al., 2002) – also has implications for counselling practice. It may be appropriate to have these clients complete the Judgmental Self-Doubt Scale (Mirels et al.) in order to gauge whether they suffer from generalized self-doubt. For example, individuals who score high on the self-doubt scale show less confidence in making difficult decisions than easier ones (Mirels et al.), hence it may prove useful for counsellors to integrate strategies designed to increase client self-confidence. Conversely, for those clients who do not experience generalized self-doubt, their feelings of doubt may be specific to making parenthood decisions solely. Thus, exploring the factors underlying these feelings may be most advantageous.

It may also be helpful for counsellors to acknowledge the apparent complex nature of “what-iffing” behaviour. Paradoxically, the women in this study perceived this behaviour as being both adaptive and maladaptive. The majority of participants appeared to want to “harness the adaptive” qualities of “what-iffing” and yet each also reported their wish to change or stop their “what-iffing” behaviour, despite its perceived beneficial aspects. Therefore, it may be useful to help clients recognize and maximize the benefits of their “what-iffing” behaviour, such as when it is used as a tool to generate options, possibilities, potential outcomes, scenarios, consequences, and pros and cons to make informed decisions. Clients may also want to engage in “what-iffing” when it helps to prepare them for potential outcomes, avoid future problems, and as a way to reduce anxiety. Likewise, it would be advantageous to help clients recognize when their “what-iffing” behaviour becomes negative; that is, when it becomes unproductive for decisions with uncontrollable outcomes and when it becomes anxiety inducing and interferes with the client’s life and with effective and timely decision-making. Next, it seems constructive for counsellors to explore with the client ways of altering this behaviour before it becomes maladaptive. However, the findings suggest that many women have a long history of “what-iffing” – starting in childhood, adolescence, or in their early twenties – which suggests that it
may long since have become maladaptive. Moreover, the women perceived this behaviour to reflect a part of their personalities, in which case it may be difficult or not subject to change. However, the majority of participants questioned whether their “what-iffing” was an innate characteristic, a learned behaviour, or an interaction of the two. Consequently, if “what-iffing” is a learned behaviour, it may be possible to alter.

Even though the recommendations offered by Leahy and Holland (2000) for dealing with worry are designed for chronic worriers suffering from GAD, given the potential relationship between “what-iffing” and GAD posited by these researchers, these suggestions may be useful for non-clinical individuals who repeatedly ask “what if” questions. For example, together the counsellor and client could evaluate the costs and benefits of chronic worrying (i.e. asking repetitive “what if” questions) and distinguish between productive and unproductive worry (Leahy & Holland). The counsellor may also give their clients the “Questions to Ask Yourself If You Are Worrying” form, which can be modified to suit each client (Leahy & Holland). According to these researchers, among its other functions, this form allows clients to evaluate their tendency to catastrophize future outcomes, perceiving progressively worse outcomes in anticipation of a future event or problem that is viewed as threatening (Gladstone & Parker, 2003; Kendall & Ingram, 1987) – a tendency that clients may have when their “what-iffing” behaviour feeds on itself.

The findings that emerged from this study of specific relevance to the experience of “what-iffing” behaviour when making the decisions of if, and when, to have a child, may serve to help women clients who are going through this experience and seek counselling as a result of being unable to make parenthood decisions. Specifically, it may be useful for counsellors to acknowledge the biological and social pressures clients may be experiencing and to explore their sense of a lack of readiness. The findings suggest it may be particularly useful for clients to examine their concerns related to their mental preparedness, partner relationship, career, education, lifestyle, finances, and ability to balance multiple roles. Given that all of the participants in this study expressed a fear of making the wrong parenthood decision, it may also be helpful to examine the issues that may be related to this fear, such as a fear of future regrets, and the weighty consequences inherent in, and magnitude of, this major life decision. Awareness on behalf of the counsellor that navigating parenthood decisions may not be a linear, rational process and that clients may experience conflicting feelings and oscillate between their choices, may serve to facilitate the counsellor’s conceptualization of their clients’ experiences. This
awareness may also help guide the counsellor’s choices in determining which therapeutic strategies may be of most benefit. Indeed, some researchers report that adults may experience conflicted and mixed feelings as they attempt to make childbearing decisions (e.g. Cowan & Cowan, 2000; Somers, 1993; Wilk, 1986) and some individuals may in fact shift their position on whether to have a child at least once before arriving at a decision (Cowan & Cowan).

Finally, all of the participants in this study experienced feelings of anxiety, frustration and stress concomitant with engaging in “what-iffing” behaviour. With clients facing a multitude of feelings, counsellors may simply be a “sounding board” or use affective interventions, such as having clients fill out an Emotions Inventory, as a way to explore these feelings and help the client to recognize the source of their emotional reactions and gain a sense of emotional control (Hackney & Cormier, 2001). It may also be beneficial for counsellors to facilitate the reduction of anxious feelings by teaching the client a range of relaxation techniques, “...such as progressive muscle relaxation, breathing relaxation, guided imagery, or meditation” (Leahy & Holland, 2000, p. 127).

In summary, counsellors seeing women clients who are engaged in “what-iffing” behaviour as they navigate important life decisions, particularly those related to if, and when, to have a child, have the opportunity to be a vital helper if they are informed about how their clients may be experiencing this phenomenon. Given that many women worried about their partners’ readiness for parenthood and about the fact that they would bear the brunt of the responsibility and their lives and careers would change the most if they had children, there may also be a role for couple’s counselling. In fact, the decision of when to have a child may lead to major disagreements between the couple (Cowan & Cowan, 2000), and if they are unable to find a resolution, they may seek and benefit from counselling (Soloway & Smith, 1987).

Implications for Research

Both the findings and the limitations from this study point to suggestions for future research. First, an evident limitation was the absence of men in this study. Even though it appears anecdotally that “what-iffing” behaviour may be less common in men, in accordance with the results of my informal survey described in detail in Chapter One, exploring men’s experiences will provide further description of this phenomenon and a basis for drawing comparisons among, and between, genders.

In a similar vein, the experience of making parenthood decisions from a couple’s perspective was also not a part of this research. Exploring “what-iffing” behaviour specifically as
it relates to making joint fertility decisions seems warranted particularly since the women in this study appeared to consider their partners' parenthood readiness and intentions as important, in their attempts to make their own decisions. For example, some participants reported that their husbands' "what ifs" about having a child gave them pause in making their own parenthood choices. Others felt that some of their hesitation in choosing to have children related to their belief that their partner was not ready to be, or to share the responsibilities of being, a parent. Not surprisingly, other researchers have also found that perceived spousal intentions influence couples' childbearing intentions (e.g. Miller & Pasta, 1994).

This study focused on exploring the phenomenon of "what-iffing" as it related to making parenthood decisions. However, as evidenced from the findings, the women in this study also engaged in "what-iffing" behaviour in other life spheres (e.g. at work) when they were faced with making other decisions, both major and minor. Consequently, it would be interesting to explore the phenomenon of "what-iffing" both in general, and as this relates to other decisions.

Research to further examine and explore the depth and breadth of the relationship between "what-iffing" behaviour and the related constructs that emerged from the results of this study—decision-making styles, worry, regret, intolerance of uncertainty, and self-doubt— is also recommended. To achieve this aim, both qualitative and quantitative approaches to research are suggested. For example, survey research may bring forth the extent to which "what-iffing" behaviour may exist in the population at large. Conducting correlational studies using measures to assess individuals' degree of self-doubt, intolerance of uncertainty, worry, and type of decision-making style(s) along with a questionnaire to assess the tendency of individuals to engage in "what-iffing" behaviour, may reveal relationships between these constructs and the phenomenon of "what-iffing." On the other hand, conducting phenomenological studies on each seemingly related construct and "what-iffing" behaviour (e.g. the experience of asking "what if" questions and uncertainty in decision-making) may allow for a more comprehensive description of the essence of "what-iffing."

In addition, the purpose of this study was to provide a rich and in-depth account of the phenomenon of "what-iffing" and therefore the sample size was kept deliberately small. The six participants were also a fairly homeogenous group being Caucasian, well-educated, in their thirties, and living in Vancouver. Therefore, continued research based on a larger, more diverse sample is recommended, to further refine the themes and to explore the extent to which the themes that emerged from this study resonate with the experiences of individuals from other
populations. Such research will add to the body of literature on the phenomenon of “what-iffing” behaviour in general, and more particularly as it relates to making parenthood decisions.

Finally, once a comprehensive picture of the phenomenon of “what-iffing” behaviour has been provided by additional studies, research conducted on counselling interventions that may be beneficial to assist clients for whom this behaviour is problematic is also suggested.

Conclusion

This qualitative study was designed to take a preliminary look at “what-iffing” behaviour in a non-clinical sample of women who engaged in this behaviour when they were faced with the decisions of if, and when, to have a child. Given the range of themes that emerged and the relationship between these results and the constructs discussed in the worry, decision-making, and parenthood decision-making literature, it is my hope that this study will be a springboard for future research on the largely unstudied phenomenon of “what-iffing.”
References


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Appendix B
Telephone Screening Interview Sheet

Volunteer participants responding to the recruitment advertisements were asked to answer a series of screening questions to ensure their eligibility in the study:

1. Are you married or common-law?
2. Are you between the ages of 19 and 44 years old?
3. Do you have any children, and/or are you currently pregnant?
4. Have you made a decision regarding if you plan to have children?
5. Have you made a decision regarding when you plan to have children?
6. Do you identify yourself as a “what-iffer”?
7. Do you consider your “what-iffing” behaviour to be problematic?

Following these questions, I verbally reviewed the informed consent form with the volunteer participant, and asked the final screening question:

8. Are you able and prepared to commit to participating in this study?
Appendix D
Interview Questions

Orienting Statement
The following statement was read to each participant at the beginning of the first interview:

I am interested in learning about your experience of “what-iffing,” that is, repeatedly asking yourself “what-if” questions, in relation to the parenthood decision. The main question I will be asking you is: **“What is the experience for you of ‘what-iffing’ when faced with making the decisions of if, and when, to have children?”**

Please feel free to take the time you need to reflect on and answer this question. I am not going to ask you a series of questions. Instead, I hope to encourage you to speak freely about your experiences. During the interview, I may ask you for more information or clarification about something that you have said, in order to fully understand your experience. You are not obligated to answer any questions or discuss anything that you are not comfortable with. Do you have questions before we begin?

General Research Question
**What is the experience for you of “what-iffing” when faced with making the decisions of if, and when, to have children?**

Open-ended Probing Questions
1. Could you please tell me more about…?
2. How did you feel about…?
3. How do you feel this has influenced/impacted your life?... your sense of yourself as a woman? ... your relationships with friends and family members?
4. What do you mean by…?
5. Is there anything more you would like to add about that?
6. Do you ask “what if” questions for other decisions and/or in other situations in your life?
7. Do you do this (“what-iffing”) all the time?
8. When do you find this (“what-iffing” behaviour) problematic?
9. Has there been a time when “what-iffing” was not problematic?
10. Have you always asked “what if” questions?