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**Facing and dealing with the challenge of
involuntary childlessness:
An interpretative phenomenological analysis**

Megumi Fieldsend

**Submitted for the degree of PhD, Psychology
Birkbeck, University of London**

Declaration

I hereby declare that the work presented in this thesis is my own, except where other sources are clearly and identifiably cited.

Megumi Fieldsend

One book chapter has, so far, resulted from this thesis:

Fieldsend, M. (2018). What is it like being involuntarily childless? Searching for ways of understanding from a psychological perspective. In N. Sappleton (Ed.), *Voluntary and involuntary childlessness: The joy of otherhood?* (Chapter 2). Bingley, UK: Emerald.

Abstract

Having children is a major transition in adult development, bringing new meanings into one's life. While there are people who are childless by choice, for those who are involuntarily childless, life without the fulfilment of parenthood can affect them in various ways. Although, much research on childlessness looks at infertility and treatment experiences, little is known about what it is actually like to be involuntarily childless living everyday life while contemporaries pursue their lives with children.

This thesis is composed of two empirical studies. Part I explores the experience of eleven white British women (aged between 45 and 54) who are involuntarily childless. Part II, as an extended study from Part I, investigates the experiences of four white British childless men (aged between 44 and 47) who wanted to be dads.

This research applies the participant-centred experiential approach of Interpretative Phenomenological Analysis to explore the lived experience of involuntary childlessness. The results from both studies reveal the following four higher-order patterns: 1) Intrapersonal – loss; 2) Interpersonal – loss; 3) Intrapersonal – gain; and 4) Interpersonal – gain; all of which underpin the experience of the participants striving to live their lives meaningfully.

The findings suggest that the emotional impact of childlessness may not appear as a symptom but trigger existential concerns. Difficulties in finding shared meaning with people with children have important implications on identity development. Ways of dealing with childlessness are unique to individuals, and finding ways of relational reconnections, where intrapersonal and interpersonal meaning integration takes place, are of vital importance for people facing the challenge of involuntary childlessness.

This thesis hopes to offer a holistic psychological understanding that has practical implications for counsellors and health professionals, and to raise awareness on this phenomenon in society. The need of further research is also addressed.

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Chapter 1

Introduction

1.1 How the study came to life

This thesis explores the experiences of women and men living with involuntary childlessness in midlife.

Involuntary childlessness has personal relevance for me, as I experienced miscarriage and failed fertility treatment, and my husband and I are now living without the children we hoped for. My strong desire to pursue a PhD on this topic grew out of that moment I *saw* our baby's heartbeat on the monitor at an ultrasound pregnancy exam. This was the moment that changed my life with the prospect of motherhood. However, the day I was supposed to know the expected due date, I found out that our baby's heartbeat had disappeared from the monitor. I miscarried in May 2008. After that, we underwent a number of infertility treatments, all of which ended unsuccessfully.

My own devastating experiences, however, shone a new light into my life. I became very curious about how other involuntarily childless people experience the absence of children in their lives, and the psychological impact that childlessness has on them. I was working for an international airline at the time, but I went back into an academic environment to study psychology, and gained BSc. (Hons) degree from University of Derby in 2013. My dissertation for that was on childlessness and identity, and this was the time when I first learned the value of Interpretative Phenomenological Analysis (IPA: Smith, Flower, & Larkin, 2009), and also discovered the lack of research on involuntary childlessness. This provided me with a strong motivational force to go even further and deeper. My loss turned into a powerful journey of exploration.

I was so excited when I was given this opportunity to continue my exploration as a member of the IPA research group and felt that my motivation to give voice to people living with involuntary childlessness was growing stronger. Considering that my research topic has personal relevance, some examples of my reflective accounts were presented in this thesis. As my study progressed, I became more confident in my

abilities as a researcher and felt empowered by the participants' enthusiasm towards my research.

This thesis is, therefore, born out of my curiosity towards the nature of human development, my own experiences, and in collaboration with people who willingly participated in my research.

1.2 The Chapters

My initial focus was to explore women's perspectives on involuntary childlessness. However, my interest grew to also investigate men's experiences, because I wanted to understand the relational impact that involuntary childlessness has on men, as well as men's perspectives on life without fatherhood.

This thesis, therefore, is composed of two empirical studies: Part I (from Chapter 2 to Chapter 8) is on women's experiences; and Part II (from Chapter 9 to Chapter 11) on men's experiences.

Chapter 2 begins by presenting a literature review in relation to involuntary childlessness. Given that there are diverse perspectives associated with childlessness, the review here focuses on the following three areas: 1) midlife development; 2) the meaning of meaning; and 3) midlife and involuntarily childless women. The findings together point out the lack of psychological understanding of involuntarily childless women in midlife, and the necessity of meaning-centred qualitative research to gain a deeper understanding of the phenomenon under investigation.

Chapter 3 outlines methodological considerations for my research, and introduces my ontological and epistemological positions that resonate through my chosen method of IPA. This chapter also provides the philosophical and practical underpinnings of IPA that shape my research process.

Chapter 4 describes the research design, including recruitment, data collection, interviews, and then moves on to a detailed step-by-step analytical process of IPA.

Chapter 5 to Chapter 8 explore four themes that emerged from the analysis: 1) The intrapersonal consequences of loss; 2) Encountering relational losses; 3) Confronting internal pain; and 4) Reconstructing the self through relational reconnections. Each theme is presented in turn followed by a discussion at the end of each chapter.

Chapter 9 introduces the men's study on involuntary childlessness. In this chapter, an overview of the existing literature relating to men's childlessness is presented, followed by the method used. Since IPA is again the chosen method employed for Part II, only information relevant to the men's study is provided.

Chapter 10 presents the men's results, by looking at each of the themes individually. The themes are, 1) The personal impact of loss: 2) Losing interpersonal connections: 3) Turning the loss into inner strength: and 3) Reforming identity through nurturing relationships.

Chapter 11 discusses the men's results. The four themes explored in Chapter 10 are looked at in turn. Given the emergence of similar patterns with those of the women's findings, the discussion refers back to the women's findings and offers comparative viewpoints.

Chapter 12 represents a holistic view of the thesis. It begins with a summary of the findings from the women's perspectives on involuntary childlessness, and then goes on to that of men's. The overarching, but interrelated patterns that connect the women's findings and the men's are discussed. This chapter further considers quality and validity in qualitative methods, and evaluates the thesis. The chapter concludes with my final thoughts on possible suggestions for future research, implications for counsellors and life coaches, and beyond.

Part I

Living with involuntary childlessness: Women's perspectives

Chapter 2

Literature review

2.1 Introduction

Midlife is often considered a period of crisis, coping, and of positive psychological development (Rothrauff & Cooney, 2008), or a time when a person may need to face a major adjustment or re-evaluation of their role in life (Lachman, 2004). Normatively, people will have had their children by midlife and so be involved in parenting as well as being engaged in diverse social roles (Moen & Wethington, 1999; Staudinger & Bluck, 2001). Midlife is, therefore, dynamically transitional and experiential.

Many people find personal meaning through parental roles (Marcia, 2002; Newton & Stewart, 2010) such as developing and establishing care and responsibilities for one's own children (Erikson, 1959/1980; McAdams, 2001). While there are women who choose not to have children, for those who are involuntarily childless, the absence of children can impact on meaning making in one's everyday life, and the meaning of life itself comes under question. Understanding the 'meaning of meaning' for people living without the "heartfelt wish" (Warnock, 2002, p. 27) of motherhood is, therefore, vital in understanding and researching their midlife development.

In this chapter, taking the diverse perspectives associated with childlessness into account, I will focus on literature that relates to midlife, meaning, and involuntarily childless women. The first section explores how midlife is conceptualised in general and presents an overview of theoretical frameworks that have been developed and used in the study of midlife development. The second section focuses on meaning and examines how concepts of meaning have been applied in psychologically-oriented research by looking at four broadly divided areas: cognitive and social perspectives on meaning; positive and humanistic perspectives on meaning; phenomenological (micro) perspectives on meaning; and existential (macro) perspectives on meaning. These areas provide conceptual foundations for psychological research concerning meaning. The final section of this chapter focuses on research that looks into women in midlife who are involuntarily childless and offers a summary and critique of current research

trends. The findings in each section come together as parameters for identifying the limitations in knowledge currently available, and to highlight the need for deeper psychological understanding of the lived experience of women's involuntary childlessness.

2.2 Midlife development

2.2.1 Contextualising midlife in human developmental research

Until the 1960s, biological concepts of growth and maturation were the main areas of focus within developmental studies, especially in the United States, as well as the main interests of those studying concepts such as child development (Baltes, Lindenberger, & Staudinger, 2006). In the first half of the twentieth century, psychologists widely believed that development stopped at adolescence, and so studies tended to be conducted mainly on the developmental period up to this time (Berk, 2009).

In the late 1960s and 1970s, studies on adult development and gerontology emerged in developmental psychology based on the viewpoint of ontogenesis – that is, studying individual development “across the entire life course” (Baltes et al., 2006, p. 569). This led to the field of human developmental study being separated into two divisions: developmental psychology, and adult development and aging (Baltes et al., 2006). The former investigated child development, and latter focused on studies related to gerontology. Therefore, the period of middle adulthood was still neglected (Whitbourne & Connolly, 1999). The first handbook on midlife development, edited by Lachman, was published in 2001, indicating that midlife is a fairly new field within human developmental studies (Baltes et al., 2006; Lachman, 2001).

There has been a gradual interest in studying adult development, and theories and approaches have been developed investigating the complex nature of midlife (e.g., Moshman, 2003; Kramer, 2003; Baltes, Lindenberger, & Staudinger, 2006). However, studies on midlife tend to view this phase in different time spans, for example, ages 43 to 54 (Whitbourne, Sneed, & Sayer, 2009), 30 to 75 (see e.g., Lachman, 2001), or 40 to 65 (Levinson, Darrow, Klein, Levinson, & McKee, 1978). Even though the years 40

to 60 tend to be conceptualised as a general period of midlife (Lachman, 2004; Anstey, Sargent-Cox, Garde, Cherbuin, & Butterworth, 2014), the period's boundaries "are open to interpretation" (Staudinger, & Bluck, 2001, p. 5). In order to be consistent when framing midlife, and taking previous studies into account, the ages between 35 and 65 years will be considered as parameters in this study. In addition, and as a point of note here to avoid any confusion, the terms *midlife* and *middle adulthood* will be used interchangeably. Further, in this regard, it is useful to make a clear distinction between the term *midlife* and the normative notion of *middle-aged*, which is often stereotypically associated with negative images of becoming older, or that of problems associated with age-based prejudice (Streib, 1968; Sugarman, 2001).

2.2.1.1 Objective and subjective midlife

Midlife is often seen as the main period for developing career, having a family, and parenting or caring for others (Antonucci, Akiyama, Merline, 2001; Levinson, 1986, Moen & Wethington, 1999; Standing & Bluck, 2001; Sterns & Huyck, 2001). Normative events such as these are associated with *age-status systems*, "in which duties, rights, and rewards are differentially distributed to age groups which themselves have been socially defined" (Neugarten & Moore, 1968, p.5). For example, it could be said that how people in the same age group behave (age norms), and how they are expected to act around others (age-expected behaviour) are determinants of objective midlife (Neugarten, Moore, & Lowe, 1968).

Since many people aged between 40 and 50 are actively engaged in family roles, any person in this age range is normatively expected to do the same. Similarly, if an age group, for example 40 to 60, has been statistically (e.g., by a national survey) defined as the years for *middle-age*, any person in this age range in a given society is seen as middle-aged. The relatedness between chronological age and a socially constructed age group underlie the concept for objective midlife. Objective midlife is, therefore, defined by normative conceptions of age, and is situated upon socially defined "age-appropriate" (Neugarten, Moore, & Lowe, 1968, p. 23) conceptions.

Subjective midlife, in contrast, deviates from the concept of objective midlife. How individuals feel about their own age may differ from their socially defined age

(Goldsimth & Heiens, 1992; Toothman & Barrett, 2011). Although career, family and social roles are determinant factors for midlife, they may be characterised in non-normative ways. Subjective midlife can be understood based on inner reflections of one's own values, goals, and interests (Levinson, 1986), and is, therefore, personally structured.

2.2.2 Midlife from life-span perspectives

Importantly, midlife bridges the years between young adulthood and later adulthood, and “covers a large portion of an individual's lifespan” (Lachman, 2004, p.307). Placing the period as a phase in a person's life-span can provide an insight into the nature of individuals' experiences and patterns (qualitative differences) of development as a *dynamic continuity* (Atchely, 1989).

2.2.2.1 Seven key concepts

Baltes, Reese, and Lipsitt (1980) introduced a life-span perspective into the field of developmental psychology based on the assumption that human development “extends across the entire life course and lifelong adaptive processes” (Baltes, Lindenberger, & Staudinger, 2006, p. 569). Their ontogenetic point of view means that developmental study focuses not only on childhood, but also includes older adulthood, and so highlights the importance of studying midlife development.

Baltes (1987) proposed seven key concepts underlying a life-span theory. First, development is a life-long process. Second, development has multidirectionality, meaning that changes may occur in various directions, for example, “during the same developmental periods, some system of behavior show increase, whereas others evince decreases in level of functioning” (p. 613). Development also has multidimensionality, meaning that different domains, such as cognitive, social, physical, and personal development interplay (Sugarman, 2001). Third, development entails both gains and losses. Fourth, development has the capacity of plasticity, meaning it has both resilience and growth in terms of bodily, neuronal, behavioural and social plasticity. Fifth, development is culturally and historically influenced. Sixth, development is the

outcome of interactions between biological and environmental factors. Finally, development involves multidisciplinary fields (such as anthropology, sociology, and biology).

“As a theoretical perspective, the life-span view coordinates a number of substantive, theoretical, and methodological principles about the nature of behavioral development” (Baltes, 1987), and so could provide a basic foundation, particularly useful in studying midlife development.

2.2.3 Nonstructural (function-centred) and structural (person-centred) theories of development

The scope of research on midlife development is diverse. However, it can be framed roughly within one of two theoretical positions: nonstructural perspectives, or structural perspectives (Levinson, 1986).

Nonstructural theories of development, or *function-centred* approaches (Baltes, Lindenberger, & Staudinger, 2006) view human development as a “continuous, incremental process” (Levinson, 1986, p. 9), and tend to examine a single functional domain to try to find underlying age-linked operational changes (Levinson, 1986). For example, the function of memory in the cognitive domain can be examined by memory recall tasks, and an information processing function can be measured by the speed of a visual search task (Richards et al., 2014). Nonstructural theories focus on a specific area of human development and try to measure developmental outcomes to generate a universal process specific to that area. Therefore, the approaches are usually quantitative in nature.

In contrast, structural theories, or *person-centred (holistic)* approaches (Baltes, et al., 2006) posit human development as “a series of qualitatively (structurally) different stages rather than continuous, quantitative changes” (Levinson, 1986, p. 9). The approaches are used to try to describe and connect the experiences of individuals and “age periods or stages of development in one overall, sequential pattern” (Baltes, et al., 2006, p.571) of a person’s development, rather than on a single function, as with

nonstructural theories. The underlying methods for structural approaches tend to be qualitative in nature.

Given these two theoretical perspectives, I will now focus on the latter, the person-centred perspective, as my topic falls under the structural framework. Research on psychosocial development as a relevant area will be discussed next.

2.2.3.1 Psychosocial development: research from structural frameworks

a) Psychosocial stages: generativity versus stagnation

Erikson (1959/1980) proposed a psychosocial stage model of human development. Erikson extended Freud's psychosexual stage theory with philosophical influences he gained from, for example, Kierkegaard (Friedman, 1999), and emphasised the importance of both social and personal factors associated with one's life-span (Miller, 2011). Erikson theorised that human development can be manifested through the life cycle by progressing through eight stages: infancy, early childhood, play age, school age, adolescence, young adulthood, adulthood/middle adulthood and mature age/late adulthood. Erikson also conceptualised different dialectic or "psychosocial ego conflicts" (Newman & Newman, 1999, p. 36) to capture the tasks that individuals face at each stage. These tasks involve self-perception development, as well as "physical, cognitive, social, and emotional development" (Newman & Newman, 1999, p. 39).

The first five stages Erikson conceptualised are the periods from infancy to adolescence. The tasks that infants or children can face and resolve during these periods are the polarities or 'crises' of *trust versus mistrust*, *autonomy versus shame and doubt*, *initiative versus guilt*, *industry versus inferiority*, and *identity versus identity diffusion*. Once an infant has established "a sense of trustworthiness" (Erikson, 1959/1980, p. 57) through experience with caregivers at the first stage, children then face a challenge in developing autonomy at the next stage of early childhood. At the third stage, the play age (about four to five years of age), the task is to develop a sense of initiative through interaction with others. The following stage of school age is when children start learning new things and skills through various interactions and with the use of technology; in order for children to be industrious, they need to achieve a sense

of competence and mastery. The fifth stage of adolescence is when children establish their first identity. They need to consider a sense of belonging with others in their social world as well as trying to connect what they have learnt and experienced during their earlier years. This stage also involves rapid physical change. If resolution of the task for this stage fails, “uncertainty about who one is and what one is to become” (Sugarman, 2001, p.95) remains.

The last three stages are defined as the stages of adulthood. The sixth stage – *intimacy and solidarity versus isolation* – is when the young adult begins to have intimate relationships with others. Through these relationships, young adults also start establishing a sense of commitment. If intimate relationships are not accomplished, this leads to isolation – relationships with others become formal rather than personally involved. The seventh stage stems from successfully intimate relationships and further relates to parenthood: the stage of (middle) adulthood – *generativity versus stagnation*. Generativity, a term coined by Erikson (1959/1980), refers to “the interest in establishing and guiding the next generation” (p. 103) through parenting or other methods that “may absorb their kind of parental responsibility” (p. 103). If a person lacks generativity, they tend to become more self-centred, which can lead to stagnation. Finally, the eighth stage is the mature age (late adulthood) – *integrity versus despair*. People start becoming aware that what they have achieved and built over the years is the outcome of the life they are living. If a person accepts that a sense of being in society is generated from “the fact that one’s life is one’s own responsibility” (Erikson, 1959/1980, p. 104), then the person develops a sense of integrity. If this is difficult to achieve, it leads to despair. In this last stage, successful integration of the polarity will lead to a sense of wisdom.

Of the last three stages described above, the most relevant area to midlife development is the seventh stage: *generativity versus stagnation*. During this stage, instead of being self-centred, individuals who are considered to be generative find meaning in caring for others. On the other hand, stagnant individuals are seen as being unable to find personal meanings in their involvement with others and in caregiver roles (Marcia, 2002). Erikson considered that parenthood itself does not account for generativity, but that it can still be seen as the salient generative expression in midlife (McAdams, 2001). Erikson’s (1959/1980) view on *generativity versus stagnation* suggests that if a

person can integrate a balance between the opposing dimensions, then that person can successfully develop a psychosocial identity in midlife. People will gain the strength of caring for others at this stage (Dunkel & Sefcek, 2009).

The concept of generativity has been applied extensively with the aim of understanding, in particular, personality and identity development in midlife (e.g., Beaumont & Pratt, 2011; Newton & Stewart, 2010; Van Hiel, Mervielde, & De Fruyt, 2006). Nevertheless, Erikson's model is often criticised for lacking a clear age linkage to each stage (Sugarman, 2001). Whitbourne and Connolly (1999) also argue that even though Erikson's task-based theory is useful when addressing adult developmental issues, it is only "descriptive rather than explanatory" (p. 28).

Several theories and models have been developed to overcome issues around validity and the descriptive nature of Erikson's concept. Marcia (1966) developed *the identity statuses* approach by extending the concept of Erikson's fifth stage - *identity versus identity diffusion*. He was initially interested in finding ways in which identity constructions of adolescents could be empirically studied and validated (Kroger & Marcia, 2011). Marcia points out that the underlying concepts of Erikson's model, such as integration or resolution of psychosocial ego conflicts, are associated with individuals' inner drives and social demands, and that both are not observable behaviours; he aimed to try to define and measure the identity construct.

Marcia's (1966, 2001) approach uses the Ego Identity Incomplete Sentences Blank (EI-ISB) measure and the Identity Status Interview (ISI) with the scoring manual he developed. The EI-ISB measures an overall ego identity – if a person has constructed an identity – by examining scores yielded on, for example, 'self-reflection', and 'a realistic sense of the future'. Participants must express their true feelings to complete the missing elements of unfinished sentences. The descriptions of participants' accounts are then coded based on the scoring guideline. The measure tests two criteria, *exploration* and *commitment*, and so sets the identity statuses. Exploration is thought of as a process that determines "the nature of the identity that was being formed" (Marcia, 2001, p. 59), and is concerned with time needed to explore various ways of thinking and roles. Commitment is thought of as an "underlying sense of identity or of

an identity structure” (p. 59) and is concerned with commitment to one’s own beliefs or behaviour (Kroger & Maria, 2011). Both can influence identity construction.

The ISI uses standardised, semi-structural interviews with coded analyses to assess “the depth and breadth of exploration and the extent of commitment in the areas of occupation and ideology (religion plus politics)” (Kroger & Marcia, 2011, p. 34). Marcia believes that this enables Erikson’s descriptive notion of identity construction to be more objective. Interview data are coded into patterns that are compatible with the description on the scoring manual. Coding divides individuals to one of four identity statuses: *identity achievement* (exploration and commitment); *foreclosure* (commitment without exploration); *moratorium* (exploration but no commitment); and *identity diffusion* (no exploration and no commitment). For example, a person who is in the *identity achievement* status is able to explore finding a job and “can both establish a reciprocal relationship with his [or her] society and maintain a feeling of continuity within himself [or herself]” (Marcia, 1966, p. 551). Even though Marcia’s model initially focuses on adolescent development, it is important to note that “an identity issue aris[es] at every life cycle stage subsequent to adolescence” (Marcia, 2001, p. 61).

Taking up Marcia’s identity statuses model for adolescents, Bradley (1997) focused on the stage of adulthood, which is concerned with experiences of work, family, community, and personal issues, and proposed the status model of generativity known as Generativity Status Measure (GSM). Based on the seventh stage of Erikson’s model, Bradley looked at resolution between the “care and reactivity aspects of generativity” (p. 279). Adopting the same interview and scoring procedures Marcia used, Bradley introduced two new criteria in relation to the self and others: *involvement* and *inclusivity*. Involvement looks at “active concern for the growth of oneself and others”, “a sense of responsibility for sharing”, and “the ability to follow through with commitments” (p. 279). Inclusivity is concerned with “the scope of one’s caregiving activity”, and “the quality of action” (p. 279). Based on both criteria, five generativity statuses are produced as underlying resolving styles specific for the task involved with midlife. These statuses are *generative*, *agentic*, *communal*, *conventional*, and *stagnant* (Bradley, 1997; Bradley & Marcia, 1998), and can be measured using the scoring manual based on interview data. For example, a person who is high in both

involvement and inclusivity is categorised in the *generative status* in GSM, which indicates a positive psychosocial identity development. A person in the *agentic status* tends to be involved with the self, but not with others. A person in the *communal status*, in contrast, is less involved with the self, but with others more. A person in the *conventional status* shows high involvement, but low inclusivity. A person in the *stagnant status* is low in both criteria and indicates the lowest psychosocial identity development.

Bradley and Marcia (1998) looked at how people in middle adulthood manifested their *resolving styles* for the task of generativity versus stagnation, using GSM and other self-rating scale measures, such as the Loyal Generativity Scale (LGS) to assess success in achieving generativity, and the NEO Personality Inventory (NEO-PI) to measure interpersonal traits and other personality-related task behaviours. The authors recruited 100 participants (50 men and 50 women), aged between 42 and 64 (mean age: 49.22). Of 100 participants, 47% were married, 93% were employed, and 85% had children. Participants were divided into gender groups, and were interviewed individually about their work, community, family, and personal concerns. Questions included, ‘How important is it [your work] in relation to other areas of your life?’, ‘Are you involved in community or volunteer work?’, ‘How would you describe your relationship with your children?’ or ‘How do you feel about not having any children?’, and ‘How is your health generally?’. Interview data were analysed using the scoring manual. Additionally, each participant completed self-report measures after the interview.

The main findings showed that 19% of the participants were categorised as generative, 16% as agentic, 18% as communal, 33% as conventional, and 14% as stagnant (Bradley & Marcia, 1998). The higher percentage of conventional statuses implies that even though these people seem to be generative, the quality of caregiving activity may have issues. In terms of gender difference, a higher number of male participants were categorised in the agentic status, and a higher number of female participants were found in the communal status. This suggests that both genders in midlife consider their generative involvement and caregiving activity; however, men tend to be self-centred, whereas women tend to self-sacrifice.

Midlife development differs from earlier stage of the life-span as it involves many more complex forms of decision making, responsibilities, and commitments with regard to the self and others in one's social world. Marcia and Josselson (2013) emphasise that these factors cannot be understood by examining only whether a person is either high or low in generativity, and that being generative needs to balance the polarities. The authors discuss the importance of Erikson's concepts of psychosocial stage model from a clinical point of view and suggest that the stages are especially useful for locating issues that were previously unsolved. They also suggest status approaches, such as the status model of generativity (Generative Status Measure; GSM) (Bradley, 1997; Bradley & Marcia, 1998) can provide "experience-near" (p. 619) aspects of individuals' resolving styles for *generativity*.

Marcia and Josselson (2013) discuss the usefulness of the status approach in psychotherapy in three clinical cases. All cases deal with depression. Of the three, one case summarised a man's accounts from 15 years of treatment. The therapy started when the man was 35 years of age. Over the fifteen years, the therapist found possible sources underlying the client's depression, which were tasks he could not resolve in his previous stages. The most important issue was that his job choice was not his own, but his father's. This influenced his search for identity at an earlier stage. Some identity issues remained, such as difficulty in finding a sense of self in his social world. This seemed to further isolate him from intimate relationships. At the age of 50 – when *generativity* is the most important task – the man could now reflect on those issues. This meant he was able to care for others more, be less self-centred, and be more able to consider his job meaningfully. This reflective attitude helped him find ways to balance 'care and reactivity', enabling him to restructure his life.

The authors conclude that while the status approach is not a clinical intervention, applying a psychosocial developmental viewpoint in psychotherapy practices can provide variable implications to help people in the adult stages who have clinical issues. This is because this framework provides therapists with an opportunity to examine a current issue, such as depression, by exploring a person's earlier experiences and meanings associated with their resolving styles to the task they are facing. This then allows a therapist to establish a status for the person and to help them

form a new “dialectic synthesis” (Bradley & Marcia, 1998, p. 41) towards being generative.

McAdams and de St. Aubin (1992) focus on generativity and its multidimensional connections with “cultural demand”, “inner desire”, “concern”, “belief”, “commitment”, “action” and “narration” (p.1005). Based on these seven features, they have developed several instruments, including the Loyal Generativity Scale (LGS: see Foley Center, 2014 for instruments) to assess generativity. Additionally, the life story interview questionnaire (McAdams, 2001) has been developed to examine whether themes of generativity, such as *creating* and *next generation*, appear in narrative forms. The authors examined the relationship between gender and parental status (having children or not) over generativity. They recruited a total of 149 adult participants (66 men and 83 women, mean age of 32.7 years), who were asked to complete the LGS. The result showed a positive association between generativity and gender/parental status, suggesting that parenting is a factor for being generative, especially among men.

Rothrauff and Cooney (2008) looked at midlife development, with a focus on parental status. They investigated the association between generativity and psychological well-being in the context of parental status and gender. Their study used the LGS and other scales, such as the psychological well-being scale. Participants were aged between 35 and 74, and were divided into two groups. Group one consisted of 289 childless individuals (168 males; 121 females), and group two consisted of 1,218 parents (129 males; 1,089 females). Their correlational study found generativity and psychological well-being were positively associated. However, no differences in the association over parental status or gender difference were found. This suggests that parenthood itself does not count as the most important generative expression.

b) The life structure

Levinson, Darrow, Klein, Levinson, and McKee (1978) postulated the concept of the *life structure* as the main characteristic of the human life cycle, studying human development from a qualitative point of view. Their study used biographical interviews with 40 men (aged 35-45) from one of four different work backgrounds –

business executives, biologists, novelists, and factory workers – who were interviewed five to ten times over a period of two or three months. An additional follow-up interview, if it was possible, was conducted two years after the first interview. Levinson and Levinson (1996) conducted a similar study with women, and 45 women's accounts (15 homemakers, 15 in corporate-financial business, and 15 in academic careers, aged 35-45) were explored. The prime focus of both these studies was to construct a perspective on male, and later on female, adult development. The research was qualitative, and so therefore allowed the researchers to explore individuals' lives in detail. The studies revealed an underlying sequential developmental pattern across the data collected from the participants in each study.

The pattern of the life structure is constituted of four overarching eras – or *seasons* in Levinson's metaphorical term – each of which has a distinctive feature. These eras are described as: pre-adulthood (about age 0-22); early adulthood (about age 17-45); middle adulthood (about age 40-65); and late adulthood (about age 60+). There are overlapping periods of five years between each era, which are phases in which individuals transition from one phase to the next. Within each era, both men and women seem to go through the same sequence of developmental periods (Levinson & Levinson, 1996). For example, individuals in the era of middle adulthood go through several developmental periods – *the midlife transition* at about age 40-45 (a cross-era transition), *the entry life structure* for middle adulthood at about age 45-50 (building and maintaining), *the age 50 transition* at about age 50-55 (evaluation, reappraising and modifying), *the culminating life structure* at about age 55 to 60, and *the late adult transition* at about age 60-65.

However, there is a flaw with this theory (Levinson, 1986; Levinson et al., 1978), in that the authors conceptualised the life structure based on participants who were, at the initial interview, aged between 35 and 45. Although their studies uncovered rich data to conceptualise the periods of *the midlife transition* and *the entry life structure*, the validity of the data to conceptualise the rest of the phases is under question.

Nonetheless, their attempt to understand the qualitative aspects of human development, and the inclusions of the structure-changing and the structure-building periods in the era of midlife are especially important to note.

The authors conceptualised the life structure as “the basic pattern or design of a person’s life at a given time [which] gives us a way of looking at the engagement of the individual in society” (Levinson et al., 1978, p. 41). They address the importance of the involvement of both the self and the social world in human development. The self or *personality structure* is concerned with internal aspects of human development, such as aims and values (Levinson, 1986). Levinson’s life structure theory postulates a mediation of those internal aspects and the social world (external aspects) to “examine the nature and patterning of an adult’s relationships with all significant others and the evolution of these relationships over the years” (p. 6).

According to Levinson (1986), a developmental period of the midlife transition is to evaluate, reappraise, and modify the existing life structure and to shift it towards the entry life structure period. Midlife transition is also defined as a structure-changing period. This may involve making crucial choices, and changes may be needed for both internal (personal) and external (social) aspects of development. Changes in this transitional period are associated with termination and initiation, and individuation is thought of as being a mediator between them (Levinson et al. 1978, Levinson & Levinson, 1996).

Individuation is a term coined by Jung (Humbert, 1984) to describe a way in which a person develops to become “more uniquely individual” (Levinson et al, 1978, p.33). *Midlife individuation* constitutes four tasks: young – old, destruction – creation, masculine – feminine, and attachment – separateness. Each polarity “has sources within the self and in society” (Levinson et al., 1978, p. 209), and how individuals integrate each of these polarities can be examined as a key transitional development. In order to resolve the first of the four tasks, a person needs to recognise that a sense of ‘young and old’ coexist in the self. During the midlife transition period, a person may feel like sticking to youthfulness, physically and psychologically, but too much effort spent trying to be ‘young’ will result in an imbalance of the polarity. A person may need to terminate the level of youthfulness to achieve balance. People in midlife often experience suffering, grieving and confusion in relation to the self and others, such as lost opportunities or loss of significant others. An important resolution for the second task is therefore to “accept the burdens and the pleasure of responsibility” (Levinson et al., 1978, p. 228). For the third task to be resolved, one needs to understand that each

gender holds both masculine and feminine qualities in the self. For example, a full-time career woman may feel the need to devote more time to her child during the transitional period and so may reduce or terminate her work in order to integrate the polarity. This could also happen for a full-time career man, because in order to integrate the polarity, a man may take a less hegemonic masculine role and be more affectionally engaged with his child. The successful integration for the last task needs a person to be less attached to the external world, but at the same time less involved with the inner world. This means one needs “to separate himself [or herself] from the striving ego and the external pressure, so that he [or she] can better hear the voices from within” (Levinson et al., 1978, p. 241).

Towards the end of the midlife transitional period, Levinson (1986) suggests that if individuals perceive a sense of being able “to come more to terms with the self” (p. 7), then people are able to take responsibility for the choices they make in their lives, and will pursue their values and goals in the entry life structure, which is a structure-building period. The view of making choices through individuation is compatible with the theory that Atchley (1989) introduced, known as *a dynamic view of continuity*. His theory further emphasises that the changes individuals make are a result of adaptive choices. For individuals in the eras of middle and late adulthood, those adaptive choices are based on past experiences. Therefore, a change forms a sequential “part of continuity” (p. 183).

Levinson et al. (1978) pointed out the vital role that ambition can play in the development of men, and the authors used the term “the Dream” (p.91) to emphasise this. In their study, addressed earlier, men’s dream of success in work was found to be a useful resource for a structure-changing period. However, the importance of *the Dream* on women’s development is less articulated in Levinson’s theory of the life structure (Levinson et al., 1978; Levinson & Levinson, 1996), and the lack of women’s accounts in the theory has often been questioned (Gilligan, 1982; Minter & Samuels, 1998).

Among the small number of studies consider the concept of *the Dream* on women, Roberts and Newton’s (1987) review paper on Levinsonian studies of women’s adult development examined four doctoral theses that used in-depth biographical interviews.

Their findings, drawn from 39 women in total (age range 28 to 53), reported success in both marriage and in work, with the emphasis on success in marriage as the Dream for women. The authors indicate the complexity of ambitions women might have, and the impact that the Dream can have during the midlife transition, where it may be a different influence from the one it is on men.

A study by Minter and Samuels (1998) used a questionnaire based on Levinson's theory, and looked at the midlife transition on 300 women (age 40-50; mean age of 45). Their study examined the association between the *early Dream* participants had (or did not have) when they were aged between 16 and 24, and its influence on modification and psychological well-being during the midlife transition (age between 40 and 45). The results showed that the most commonly held early Dream was associated with marriage/family, and those who had their early Dream fulfilled showed the highest positive psychological well-being. In contrast, those women who had given up on the Dream showed the least psychological well-being and a "more turbulent transition" (p. 41) than the women who "were still in pursuit" (p. 37) of their early ambitions. The authors further pointed out that the Dream seemed to have shifted more towards inner personal fulfilment "in preparation for entry into middle adulthood" (p.40), and that this can psychologically impact on ways of moving into the next life structure period (building and maintaining) at the age of 45-50.

Lachman and Bertrand (2001) agree that Levinson's life structure theory is important because it is one of the few that focuses on midlife development and takes a life-span perspective. However, they also point out methodological limitations of Levinson's studies. Firstly, the findings are from a small number of participants (e.g. one study on 40 men, and another study on 45 women), lack universality and are difficult to generalise. Secondly, the authors say, data are collected using interviews, and not statistically analysed, so therefore lack objectivity. Finally, studies use a one-point-in-time design for individuals from one cohort in each study, and are descriptive. Lachman and Bertrand (2001) state, as a result, that it is "difficult to make statements regarding change in behavior across stages or to generalize from one cohort to another" (p. 289).

It could be argued, however, that the limitations addressed above ignore qualitative aspects of midlife development. In order to understand the self in its engagement with the world, exploration of one's meaning making is needed. This cannot be investigated deeply with a large number of participants, and with an aim of trying to generate a universal law, since meaning cannot be quantified and cannot be isolated from what matters to a person. Midlife has diverse life events, but the main components are "those that have the greatest significance for the self and for the evolving life course" (Levinson et al., 1978, p. 44). Therefore, exploring the experiences of an individual and their engagement with society may well provide further insights into midlife development.

In summary, research on adult development from theoretically structural points of view has shown that the role of generativity is a key concept in understanding midlife development, and several approaches have been proposed. Erikson (1959/1980) looks for quality of developmental changes from a life-span perspective. He proposed the task-based eight-stages theory and conceptualised that people would need to resolve or balance identity crises specific to each stage. His model includes three adulthood stages, namely young adulthood, middle adulthood and late adulthood. The task for middle adulthood is *generativity versus stagnation*. His stage approach has been widely recognised and applied as a general framework, especially to research on adult development. Marcia's (1966) approach is drawn from Erikson's concept and focuses on the fifth stage – *identity versus identity diffusion* – where he introduced an identity status model. His approach is useful in conceptualising identity development. However, the model focuses on adolescence. The method used for the model is quantitatively oriented, hence deductive. Bradely (1997) focused on the stage of middle adulthood. She adopted Marcia's approach, but took it further by developing the status model of generativity. This is one of the few approaches to focus on midlife; however, like Marcia's model, the method is quantitative.

McAdams and de St. Aubin (1992) also looked at generativity, and developed several instruments to assess generativity, including the Loyal Generativity Scale. Their approach is questionnaire or scale based and is, therefore, again quantitative. Levinson (1978, 1996) focuses on adult development and introduces the concept of the life structure. Marcia, Bradley, and McAdams tend to look at midlife as the generative

stage and have developed approaches to measure generativity outcomes. Levinson also considers the concept of generativity. However, his approach differs from Marcia, Bradley, and McAdams, in that Levinson divides the stage of midlife further into sequential periods of: transition, building and maintaining, and evaluation. He then looks into patterns of individuals constructing their life structure. He uses biographical interviews to try to capture individuals' lives.

2.2.4 Summary

This section has looked at ways in which midlife development is conceptualised. First, research on midlife development as an emergent area in psychological studies was addressed. The concepts of objective and subjective midlife in relation to subjective age and chronological age, and the time of entry and exit of midlife were briefly addressed.

Second, as a prior theoretical position to studying midlife, seven key concepts associated with life-span developmental research in psychology were outlined. The features addressed were a life-long process, multidirectionality and multidimensionality, gains and losses, plasticity, cultural and historical influences, biological and environmental interaction, and multidisciplinary involvement. The dynamics of midlife development, therefore, can be conceptualised in a life-span perspective.

Finally, the theoretical underpinnings of midlife developmental research were focused on by looking into two different perspectives: nonstructural and structural. The former focused on functions (quantitative in nature) and the latter focused on patterns (qualitative in nature). Here, the latter view was looked at, and generativity in psychosocial stage theories and the concept of the life structure were highlighted with associated studies. Methodologically, even though studies employed structural perspectives, the majority of research use questionnaires and combines the data into a scale system. Thus it can be said that developmental studies have been developed, conducted, and conceptualised, mainly under mainstream paradigms.

Given the diversity existing in conceptualisations of midlife development, it is useful to explore the complex nature of midlife development from life-span perspectives. At the same time, integrating the life structure as a basic framework, focusing on *the midlife transition period*, and looking into more idiographic accounts associated with generativity and individuation will help to gain a deeper understanding of midlife development.

2.3 The meaning of meaning

2.3.1 Introduction

Ogden and Richards (1945) postulate that meaning is “the connotation of a word” which “determines its denotation, which in turn determines its comprehension” (p. 188). People use language as a means of communication. Language is also thought to be a way to express mental representations that embody propositional attitudes, such as beliefs, hopes, and desires (Fodor, 1981; Rakova, 2006). While meaning associated with language and its relationships to the mind have been discussed and studied, particularly in philosophy and in the cognitive sciences, for centuries (Bechtel & Herschbach, 2010; Smith, 1997), meaning as a central topic in psychology has gained interest in more recent years (see, e.g., Baumeister, 1991; Bruner, 1990; Markman, Proulx, & Lindberg, 2013; Wong, 2012; Wong & Fry, 1998), in such fields as clinical and ageing psychology (e.g., Johnson Vickberg et al., 2001; Krause, 2012; Klinger, E, 2012), and life span developmental perspectives (e.g., Josselson, 2003). However, ways of conceptualising and applying meaning to research are diverse in their orientations, degrees, and dimensions.

Vos (2018) identified five types of meanings from a systematic literature review conducted on 108 empirical studies (total sample $N = 45,710$), which look into sources of meaning people “experience as meaningful, valuable or important in life” (p. 64). The five meanings are referred to as “the meaning quintet” (p. 65), and are categorised into ‘materialistic-hedonic domain of meaning’, ‘self-oriented types of meaning’, ‘social types of meaning’, ‘larger types of meaning’, and ‘existential-philosophical meanings’. Each type of meaning has four to seven sub-types and the fundamental

values to each of the five categories is also addressed. The underlying values of, for example, the ‘larger types of meaning’ is “something bigger than their materialistic-hedonic experiences, themselves and other human beings” (p. 68), and the five sub-types are purposes, personal growth, temporality, justice and ethics, and spirituality and religion. The meaning quintet is a valuable “evidence-based categorisation of different types of meaning in life” (p. 67), and can be a useful foundation to apply meaning into practice.

Similarly, Smith (2018), drawing on experiential research, introduces a typology of five levels of meaning, which are: ‘literal’, ‘pragmatic/textual (puzzle)’, ‘experiential (significance)’, ‘existential (significance)’, and ‘existential (purpose)’. The first of the five levels, ‘literal’, is the most basic sense of meaning; the second level is the pragmatic sense of meaning based on what text or language a person uses “*actually* mean[s]” (p. 2); the third level refers to experiential meanings of something significant happening in a person’s life; the fourth level is existential meanings associated with identity, where personal experience brings about a particular meaning “for who I am” (p. 3); and the fifth level of existential meaning is in reference to “the meaning of life itself” (p. 3).

Both Vos (see 2018) and Smith (see 2018) revealed comprehensive typologies of meaning and valuable illustrations in understanding meaning in more succinct, visible ways. There are, however, differences in their degrees that need to be noted. For example, while Smith’s typology covers the five key levels of meaning and elucidates meaning from a broader perspective, Vos’s meaning quintet is concerned more with a detailed portrayal of components of meaning that appear to be associated with Smith’s higher levels, the fourth (existential-significance) and fifth (existential-purpose) of meaning.

With these wider aspects of meaning in mind, this section will look at meaning from another dimension, which is how meaning in psychologically oriented research has been conceptualised and developed by focusing on cognitive and social, positive and humanistic, phenomenological (micro), and existential (macro) perspectives on meaning.

2.3.2 Cognitive and social perspectives on meaning: language and beyond

In connection to Smith's (2018) illustration of the first and the second levels of meaning (literal and pragmatic/textual), one way of referring to meaning is in its relation to language, as commonly people express their ideas, thoughts and feelings through language when making sense of the world around them. Words symbolise one's thoughts to the referent (what a person refers to) (Ogden & Richards, 1945), and hence represent meaning. Some studies of meaning in language refer to the associations between individuals' psychological responses to words (Szalay & Deese, 1978).

Osgood (1952) developed an empirical measurement of meaning known as the Semantic Differential (SD). Using this, meaning was measured through "people's reactions to stimulus words and concepts in terms of ratings on bipolar scales defined with contrasting adjectives at each end" (Heise, 1970, p. 235). According to an example given by Osgood (1964), individuals rated a series of given concepts (such as 'my mother', 'modern art' and so on) against a 7-point scale with contrasting words, for example, good – bad (evaluative component), strong – weak (strength/potency component), and fast – slow (activity component). Scores were then obtained and used in various ways to generate the correlation between variables (that is, across participants or across concepts). Evaluating the associations between a word judged by a person and its referred concept, therefore, can examine the subjective meanings of words. Meaning in this sense is semantically expressed through cognitive systems that have "layers of representations and processes" (Nelson, 1985, p.9) as a form of language.

Research on language-based meaning constructions has also been widely conducted in the field of psycholinguistics with the notion that "a central question within psycholinguistics is where sentences get their meaning" (Johnson & Goldberg, 2013, p. 1439). Under this discipline, the complex associations between linguistics, learning (behavioural) and information processes (cognitive) tend to be analysed by looking at language comprehension and production mechanisms (Garnham, Garrod, & Sanford, 2006). The focus here has been on, for example, phrasal constructions and meanings (Johnson & Goldberg, 2013), counterfactual dual meaning (Kulakova & Nieuwland,

2016), and ellipsis in sentences and recovery of meaning (Phillips & Parker, 2014). However, psycholinguistics has gradually changed, conceptualising language constructions in a *dialogical* viewpoint that aims to consider its “inherently interactive and contextualized” (Garnham et al., 2006, p.9) association with meaning, rather than in *monologue*, which examines “the structure of isolated, decontextualized sentences that are used in texts or speeches” (p. 9).

In addition to extensive studies on meaning in relation to language constructions, more and more psychological studies have been conducted which look at the connections between mental activities and the outside world. Research employing cognitive disciplines typically examines individuals’ appraisal or adjustment processes which associate with meaning constructions.

As an example, Park and Folkman (1997) introduced a meaning-making model which looks at three main factors: appraisal of meaning, searching for meaning, and the end results of meaning making (meaning made). Based on this model, Park and Blumberg (2002) assessed reappraisal processing as an underlying cognitive process of meaning making. Reappraisal is understood as an important process in adjusting “the relationships of intrusion and avoidance” or in resolving “discrepancies between people’s previously held beliefs and current situations that they appraise as violating those beliefs” (p. 600). The authors employed a series of measurements, including a four-day writing task, where a traumatic encounter was examined as a part of reappraisal processing. Fifty-seven undergraduate students (mean age 19.5) completed all the tasks given. The overall results showed that during the four days of writing, increased levels of understanding and accepting events in given narratives were found. It also showed that perception of an appraised traumatic experience became less stressful, less threatening, and less central over time. A decreased level of cognitive processing was also demonstrated, which suggests an association in promoting health outcomes. Meaning embedded within traumatic experience, therefore, can possibly be reconstructed positively through writing or disclosure.

In terms of cognitive processing, meaning-making processes have been examined extensively (Park, 2010) by assessing specific cognitive functions. These include selective attention (Chajut & Algom, 2003), problem sensing composed of “noticing,

interpreting, and incorporating stimuli” (Kiesler & Sproull, 1982, p. 550), and perceived self-efficacy that is “a judgment of capability to execute given types of performances” (Bandura, 2006, p. 309). Under such cognitive disciplines, the role of meaning appears to be assessed as reflected outcomes of cognitive performances.

Meaning needs cognitive systems (Dietrich & Markman, 2003) in order to manifest interpretation and expression of beliefs, desires, and purposes, which further have an influence on one’s relational actions towards others and the social world. In a stressful situation that one might encounter in society, for example, one may need to examine cognitive consistency or dissonance (Festinger, Riecken, & Schachter, 1956/2009; Gawronski, 2012) as to find a way of coping (Thoits, 2011). This suggests an influential linkage between self-value, or to refer to the meaning quintet (Vos, 2018), the self-oriented types of meaning (e.g., self-efficacy and self-acceptance), and the social types of meaning that have underlying value of, for example, “being connected with others”, and “belonging to a specific community” (p. 68).

In terms of the development of studies into meaning, Bruner (1990) said that ways of “construct[ing] a mental science around the concept of meaning and the processes by which meanings are created and negotiated within a community” (p. 11) is important. Correspondingly, an understanding of the role of meaning in various social contexts, including social identity constructions (Beaumont, 2009; Schoklitsch & Baumann, 2012) and the meaning of life has gained growing attention in the field of psychology of meaning (see Markman et al., 2013; Wong, 2012).

Baumeister (1991) emphasises that “meaning has to be imposed on life” (p.4) and talks about the four needs for meaning – purpose, value, efficacy and self-worth – suggesting that meaning can be manifested through them, and that these are the four basic needs for a person to make satisfactory sense of their life.

Schnell and Becker (2006) similarly point to sources of meanings and identified 26 sources in four dimensions, such as ‘social commitment’ and ‘generativity’ in *self-transcendence*, ‘achievement’ and ‘creativity’ in *self-actualisation*, ‘reason’ and ‘morality’ in *order*, and ‘harmony’ and ‘fun’ in *well-being and community*. They then developed the Sources of Meaning and Meaningfulness Questionnaire (SoMe). Their

study shows an association between personality and sources of meanings. Although the need for further clarification of SoMe was addressed, their study demonstrated a predictability of which individuals who have strong dimensional associations with self-transcendence are inclined to ‘experience their lives as meaningful’ (p.117).

More recently, Schnell, Hoge and Pollet (2013) examined the association between meaning and work. They looked at ‘coherence’ (e.g., of a person’s self-concept and the role assigned at work), ‘direction’ (e.g., directions and orientation provided by ‘values and norms’), ‘significance’ (e.g., the perceived efficacy/belief of one’s actions, both as a general expectation and a context-related perception), and ‘belonging’ (e.g., a sense of connectedness) as four key perceptual components that can be associated with “a sense of meaningfulness” (p.546) in work. They applied a series of different scales, including an adapted version of SoMe, and analysed subjective “appraisals of different work contexts” (p.550). Their study found the common notion that meaning in one’s work is highly personal and multifaceted. Nevertheless, the results revealed an important association between self-efficacy and work-role, in that a compatibility between the work one does and the personally perceived belief (desire) towards work experiences has a positive meaning. Additionally, through assessments of individuals appraising their perceptions towards their social environments, self-efficacy is found to be a predictor of meaning in work. The study demonstrates an aspect of meaning that is a manifestation of personal beliefs and personal experiences in a social context.

Belief (cognition) and meaning are importantly interrelated, and they also have an influence on the ways in which internal and external worlds are connected, since “every action that we take is grounded in an elaborate web of beliefs and goals” (Tullett et al., 2013, p. 401). In this sense, people take actions based on what they believe to be important, having a sense of purpose that has “emergent properties of long-term social interactions” (Peterson, 1999, p. 75). Conversely, when one’s beliefs become shattered or violated, this can affect intrapersonal as well as interpersonal relationships.

Interestingly, Baumeister (1991) expresses the point that purposes can be divided into conceptually different features: goals (extrinsic purposes), and fulfilments (intrinsic purposes). The former refers to “desired, possible future circumstances” and the latter

to “desired, possible future subjective states” (p. 34), meaning positive feelings. As with Baumeister’s four needs for meaning, purpose and belief (efficacy) are suggested to be necessary for a person to find meaning. Meaning therefore has internal and external features that coexist in making sense of the self in the world.

Both cognitive and social aspects of meaning show the dynamic functions and structures that meaning is manifested in and by. Meaning has both processes and qualities that importantly interweave in one’s sense making in the world. Socially-oriented psychological research that looks at meaning beyond specific cognitive processes has tended to use approaches that have been developed under social cognition paradigms (Taylor, 1983).

2.3.3 Positive and humanistic perspectives

A positive psychological viewpoint considers that having both a positive sense of self and positive subjective experiences are ways of “flourishing” in everyday life (Gable & Haidt, 2005, p. 103). Much of the importance of meaning has been conceptualised as having positive qualitative features which influence “what makes life worth living” (Seligman & Csikszentmihalyi, 2000, p. 5). The association between the role of meaning and subjective well-being have been a focus of research (Pilgrim, 2009; Wong, 2012).

Seligman, Steen, Park and Peterson (2005) state that positive psychology tries to understand “the peaks, the valleys, and everything in between” of individuals’ experiences, with the aim of developing interventions “that both relieve suffering and increase happiness” (p.410). They identified six virtues: wisdom and knowledge, humanity, transcendence, courage, temperance, and justice. These virtues play an important role in making people flourish. The authors investigated how a meaningful life can be manifested by a person feeling happy (positive affect), meaning that life is good and the person has good mental health. This concept of happiness is described as ‘positive emotion’, ‘the engaged life’, and ‘the meaningful life’. The authors expressed their interest in researching “the causal efficacy of happiness” (p. 414). Participants were recruited on the Internet via a link created by the authors and asked to respond to

emotion-related assessments, including the Beck Depression Inventory, and the Steen Happiness index. Following these self-report measures of happiness and depression, each participant was given instructions for an exercise using a random-assignment, placebo-controlled design, which comprised five positive affect exercises (interventions), and one placebo control exercise. Participants were randomly assigned into one of the exercise groups, which included identifying a personal strength, or ‘building gratitude’ by asking participants to write a letter of thanks and deliver it to an addressed person within a week. After the completion of the week’s exercises, levels of happiness and depression were measured individually using the same questionnaires applied at the pre-assessment. The results from the 411 participants who completed all exercises showed that after the completion of a week’s positive affect exercises, regardless of the conditions of the tasks, all participants showed a reduced level of depression. This suggests that happiness is a factor that has an influence on making meaning, which consequently promotes subjective well-being. The authors describe happiness as a psychological intervention for a depressive person to make meaning to gain a sense of living a good life.

Diener (1984, 2012) emphasises the importance of happiness on Subjective Well-Being (SWB), referring to the influence an individual’s beliefs and feelings has on their values in life and SWB. Lucas and Diener (2008) suggest that studies on SWB could “capture what it means to have a subjective sense that one’s life is good”, with the emphasis on “subjective element[s] and assess[ing] individuals’ thoughts and feelings about their lives” (p. 471). In general, studies on SWB examine individuals’ own judgements about three elements: the presence of positive affect, the absence of negative affect, and positive evaluations of life satisfaction with regard to, for example, health, self and environmental domains (Diener, Suh, Lucan, & Smith, 1999).

While research on SWB aims to focus on individuals’ sense-making towards happiness and its role in meaningful life, there has been an ongoing debate with regard to the use of the term ‘happiness’ in psychological studies. One argument often highlighted is on the distinctive notion between the philosophically routed terms ‘hedonic’ and ‘eudaimonic’. These terms are associated with the Aristotelian concept of ultimate

function or the ultimate life for humanity, referring to “what is the best way for a man[kind] to live” (Bostock, 2000, p. 7).

Ryff and Singer (2008) refer to this point and emphasise that Aristotle’s term *eudaimonia*, which he defines in his *Nicomachean Ethics* as “the highest of all goods achievable by human action” (p. 14), has been translated misleadingly into the term *happiness* or *hedonic pleasure*. A hedonic view is usually conceptualised as looking at “maximizing human happiness” (Ryan & Deci, 2001, p. 144), and research on SWB has been generally conceptualised as the taking on of hedonic principles.

Deci and Ryan (2008) similarly argue that the ultimate life draws on more than hedonic (pleasure) principles, and further point out that rather than looking at well-being as an outcome of feeling happy, a eudaimonic approach needs to be taken more into account. The authors developed self-determination theory (SDT; see Ryan & Deci, 2000), which is concerned with what ultimate life means to a person and how a person achieves it, pointing to the notion that the association between self-motivation and positive societal experiences do in turn yield well-being. Here, meaning seems to be conceptualised as a motivational force that underlies one’s thoughts, feelings and actions to generate values in life.

Humanistic psychological perspectives also overlap a basic concept where human beings have positive motivation in nature (inherent motivation). However, humanistic views are more concerned with individuals’ personal growth and human potential. In other words, they emphasise self-fulfilment and self-actualisation (Maslow, 1971; Yalom, 1980).

Maslow (1998) conceptualised self-actualisation as a person who is: “seeking and fulfilling of the self *and* also an achieving of the selflessness [which] is the ultimate expression of *real self*” [emphasis in the original] (p. 9). General understanding of the humanistic aspect of meaning can be said to be imposed on ways in which people are motivated to move towards meaningful goals; and so the ultimate goal is to achieve self-actualisation. Self-actualising people are also thought of as being fully-functional, and as living in their present lives to fulfil their potential (Ivtzan, Chan, Gardner, & Prashar, 2013). Several models have been developed under this discipline, including

‘Personal Orientation Inventory’ (POI; Shostrom, 1973), the ‘Brief Index of Self-Actualization’ (Sumerline & Bundrick, 1996), and more recently, a neuro-semantic model ‘the Self-Actualization Scale for Needs Assessment’ (SASNA; Hall & Goodenough, 2013)

Cohen and Cairns (2012) examined the effects of self-actualisation, achievement motives and self-efficacy on the relationship between meaning in life (searching for, and the presence of, meaning) and subjective well-being. Equal numbers of Australian males and females, comprising 500 in total and ranging in age from in their 20s to over 60, completed questionnaires, and data were analysed statistically. Self-actualisation was measured using the Short Index of Self Actualisation (SISA), based on Maslow’s concept that people are motivated to move towards meaningful goals through “the desire for growth” (p. 316); this is how they reach self-actualisation. The participants were asked to rate 15 questions, such as “I do not feel responsible to help anybody” on a four-point scale. A higher score indicated higher levels of self-actualisation.

In the same study (Cohen & Cairns, 2012), the Achievement Motives Scales (AMS) were used to examine individuals’ achievement situations. Their motivational statuses were assessed to determine, for example, whether individuals are motivated due to hope of success, or due to fear/avoidance of failure. Self-efficacy in dealing with daily stressful situations was also measured using the General Self Efficacy Scale (GSE), which consists of 10 questions, such as ‘It is easy for me to stick to many aims and accomplish my goals’. A high score indicated high self-efficacy. The study showed a positive association between the search for meaning in life and a high level of presence of meaning and self-actualisation (Cohen & Cairns, 2012). The authors concluded that people who are looking for meaning in life can be “protected from the negative outcomes of process by holding high levels of presence of meaning in life and self-actualisation” (p. 313). This implies that meaningfulness can be yielded through motivation towards actualising one’s potential.

Overall, positive and humanistic perspectives are concerned with qualitative understandings and the associations between the self and meaning. The difference, however, seems to be their underlying focus on meaning. In the positive psychological perspective, happiness (positives) is the main feature for individuals to make meaning

in life. This is an operational function. In the humanistic perspective, the focus is on the search for meaning (that is, the process of meaning) as a way for an individual to become a self-actualised person.

2.3.4 Phenomenological (micro) perspectives

Meaning is importantly associated with linguistic terms, so it also dynamically evolves through individually unique experiences in different contexts. Conceptually, phenomenological understanding of meaning can be described as, “people’s perceptions of the world in which they live and what this means to them” (Langdrige, 2007, p. 4). I use the term *micro* here to highlight the phenomenological focus of meaning on personal lived experience. More specifically, “the articulation of meaning as being of a particular thing, for a particular person, within a particular context” (Smith, 2018, p. 4).

Given that human developmental processes are involved with all the biological, cognitive, emotional, and social aspects in one’s life cycle, people find explicit meaning when they are aware of being “in an interpersonal setting” (Kenyon, 2000, p. 18); therefore, “development issues certainly have an effect on meaning making” (Lopez, 2012, p. xii). People are a part of the world they are living in, which might be described as being *thrown* into it (Heidegger, 1927/1962). Cohn (2002) says: “we may not have chosen to enter it in the first place, but we are free to choose to respond to it in one way or another. By being part of this context, we also co-create it” (p. 104). Meaning, therefore, manifests itself in people’s experiences in the way people are *being-in-the-world* (Heidegger, 1927/1962), rather than being imposed on life (Baumeister, 1991). Experiential meaning connects the self and the world, which is always “contextualised and embodied” (Vos, 2018, p. 38). Essentially, phenomenologically oriented research tries to look into “how the world appears to people” (Langdrige, 2007, p. 5). Acknowledging that there is no single way of understanding a personal lived experience, research that has particular emphasis on meaning is exemplified in Smith and Rhodes (2015) study.

The authors explored the experiences of seven individuals (four males, three females; mean age 44) who were suffering from depression, and investigated idiographic accounts of meaning making on their experiences. Their qualitative study employed Interpretative Phenomenological Analysis (IPA; Smith, Flower, & Larkin, 2009). The data were collected via semi-structured interviews and analysed. Looking at both individual cases and across those cases, and considering the patterns of both divergence and convergence, integrated themes were developed. The themes identified were *perceptions of the precipitating loss, major depletion, and being shaken*. Findings revealed lived experiences of what depression is like, and the main features are *emptiness, aloneness, and loss of life*. And these findings are found to be associated with existential concerns. The important point here is that this approach is inductive rather than theory driven. Although the study looked at the experiences of a small number of participants, the main aim was to try to understand what the experience of depression meant to the individuals, and the findings were grounded in participants' real, everyday world. This validates the findings and has added to our qualitative understanding of experiential meaning of depression to the existing psychological knowledge on depression. (More on phenomenological perspectives will be discussed in Chapter 3.)

2.3.5 Existential (macro) perspectives

The Smith and Rhodes' (2015) study noted above, from a micro level exploration of meaning, also showed an association between phenomenological and existential perspectives on meaning. In order to address meaning from existential perspectives, the term *macro* is used. Here, meanings associated with macro perspectives refer to, such things as purposes in life, order, and reason for existence (Reker & Chamberlain, 2000). These also connect to the fifth level of "existential (purpose)" in Smith's (2018, p. 3) typology of meaning, and "more abstract" (Vos, 2018, p. 68) types of meaning.

Philosophically, existentialists tend to be interested in 'human freedom' and 'freedom of choice' (Warnock, 1970, p.1). Existential meaning in psychological research generally focuses on qualitative aspects of human meaning "that makes the human being human" (Yalom, 1980, p.18). In particular, the focus tends to be on ultimate

existential concerns, such as death, freedom, isolation, choice, and meaninglessness (Reynolds, 2006; Yalom, 1980). These are also viewed from life span developmental aspects of human beings (Reker & Chamberlain, 2000), and a life from birth to death (Heidegger, 1927/1962).

One of the main features underlying existential concepts is that human beings exist in a given world, at a given time, within certain limitations (Frankl, 1946/2004; Yalom, 1980). Existential meaning evolves particularly when one's beliefs are in a confrontation with the meaning making of one's given existence (Yalom, 1980). And because life has finitude and there are things that we cannot change, "our task is to make something of what we have been given" (van Deurzen and Adams, 2011, p. 20).

From this perspective, a renowned existential view is that of Frankl (1946/2004), who postulates the concept of "will to meaning," meaning "the striving to find a concrete meaning in personal existence" (p. 106). He points to the notion that awareness of and choice made in adversity leads a person to accept that adversity, and that having responsibility for their choice enables the person to live their own life meaningfully. This is further captured by Frankl (1946/2004) when he refers to Nietzsche's quote: "he [or she] who has a *why* to live for can bear with almost any *how*" (p. 84).

Psychological research considering existential perspectives appears to tackle an understanding of how violations of meanings are restored, and have an impact on, for example, psychological well-being (Shmotkin & Shrira, 2012), in contrast to subjective well-being. Ryff (1989) postulated a model of psychological well-being drawn on an eudemonic perspective to understand positive human functioning. It has been developed as the Psychological Well-Being Scale (PWB: Ryff & Singer, 2008; Ryff, 2014), and looks into six dimensions: self-acceptance, positive relations, personal growth, purpose in life, mastery and autonomy.

Scrignaro et al. (2015) used a cross-sectional design to examine meaning associated with the adverse experiences of 266 cancer patients. Questionnaire based self-report measures and items were used to examine personal meaning restorations, while eudaimonic well-being was assessed by using the PWB. Participants were asked to rate on a 6-point Likert scale (completely disagree = 1, to completely agree = 6), with a

high score indicating the person to be “healthy, well, and fully functioning” (Ryff & Singer, 2008, p. 19). The main results showed poor eudaimonic well-being, and anxiousness and hopelessness were found in the participants who gained high scores for the search for meaning. The authors point out the importance of success in meaning making (resulting in psychological adjustment) for individuals suffering from adversity. Although PWB has been developed to examine different dimensions that are importantly associated with personal meaning making in a given situation or environment, they seem to lack a definition, for example, of the meaning cancer patients make of their adversity, and how individuals perceive a sense of self in finding (or not finding) meaning in their lives.

While a number of questionnaires that have been used and developed in meaning oriented research are identified (see Vos, 2018, p. 112), the meaning of meaning for people who are questioning life itself or facing challenges of existential concern can be better researched by also taking the value of qualitative experiential perspectives into account. Given this, a macro level investigation of meaning highlights the importance of understanding ways of coping when one’s search for meaning in a given world needs to be redirected.

2.3.6 Summary

This section has examined different perspectives on meaning and meaning research by looking at four broadly divided aspects. Firstly, cognitive and social perspectives on meaning were discussed. Within cognitive perspectives, the subjective meaning of words through semantic concepts was looked at, followed by focus on appraisal and adjustment processes with regard to meaning making. From social psychological perspectives, acknowledging the need of cognitive systems, which facilitate interpretation and expression of meaning, concepts that emphasise the importance of contextual associations to personal meaning making were highlighted. Cognition, such as belief, was also referred to as a conceptual foundation towards intrapersonally and interpersonally related meaning making constructions. Social psychological approaches to meaning research seem to be oriented by social cognition.

Secondly, positive and humanistic perspectives on meaning were examined. Generally, research underpins these perspectives by looking at meaning beyond cognitive processing, and so is concerned with meaning and its association with the self. The main conceptual differences seem to be that the former conceptualises happiness (positives) as a key feature in making meaningful life, since the research shows its interest in the role of meaning on subjective well-being, while the latter emphasises self-fulfilment and self-actualisation, as it looks into meaning as a motivational force towards actualising one's potential. Meaning has tended to be measured through questionnaire-based surveys, and therefore, approaches are mainly carried out and studied under mainstream traditions.

Thirdly, at a micro level exploration of meaning, phenomenologically oriented concepts and research were introduced. Here, the importance of understanding the experiential meaning a person perceives was discussed from the view that people are being-in-the world. As an example, a meaning-centred phenomenological study was introduced, linking meanings and personal lived experience. More will be discussed on phenomenological perspectives in Chapter 3 of this thesis.

Finally, at a macro level investigation, existential perspectives on meaning were discussed. Macro here means to refer to bigger meanings that could be, for example, purposes in life and connectedness with the world, with existential emphasis on experiential meanings in givens. Existential meaning, therefore, evolves when an individual faces a confrontation with the self and their given world, and tends to be involved with the quest for meaning in life. Given the complex nature of psychological research on meaning, there seems to be the need to develop approaches that investigate both the personal and interpersonal aspects underlying meaning in life from both qualitatively and quantitatively oriented perspectives.

2.4 Midlife and involuntary childlessness: What is known about women who are involuntarily childless?

In order to view what is known about the experiences of women in midlife living without the children they hoped for in current research from psychological

perspectives, a literature search was conducted covering publications after 1990. Five databases were used with the following search terms:

- Broader terms: midlife, involuntary childlessness, and women;
- Narrower terms: mid*stage, mid*phase, mid*adulthood, unintentional, permanent, undesired, female; and
- Associated terms: years after, post-reproductive age, infertile, failed IVF.

The following results were obtained from each database: 62 in PsychInfo/ PsycARTICLES (EBISCO); 30 in Science Citation Index (Web of science which includes Medline); 46 in Scopus (Elsever); 19 in ScienceDirect (Elsever); and six in JSTOR. Google Scholar and Discover were also used to locate an additional nine papers during the search.

This initial search yielded 172 articles, excluding duplicated papers, which were further filtered down by looking at age range and childless status. The number of citations was also considered as a parameter in identifying research trends and relevance. Further, two articles published in the 1980s (Burns, 1987; Matthews & Matthews, 1986) were also included, because they were highly cited peer review papers and discussed key issues for understanding research on midlife and childlessness. Although titles of papers and abstracts may have seemed at first to be related to the topic, close readings revealed divergences in participants' age range and characteristics. Considering these aspects, the most relevant 40 papers were selected (see Table 2.1 for the summary).

The main finding from each study reviewed was constellated, through an inductive process rather than by predefined categories, around their emergent themes. These included depression and distress, social expectations, long-term impact of the absence of children, and ways of coping. The themes were further clustered under the four broadly divided key psychological perspectives: (a) psychological distress: medical consequences of infertility, (b) childlessness: life-span perspectives, (c) involuntary childlessness: psychosocial perspectives, and (d) coping: ways of building resilience. Each of these will now be discussed.

Table 2.1

A summary of the 40 papers included in the review

	Authors (year) / Country	Participant characteristics Number, gender, mean age, inclusion of both participants with and without children	Method Quantitative (Quant), Qualitative (Qual), Comparison group	Main features/findings
2.4.1 Psychological distress: medical consequences of infertility				
1	Gameiro et al. (2012) /	21,453 individuals (studies of women and couples)	Review	Emotional distress high during the course of treatment and psychological burden as a reason of stopping
2	Sundby et al. (2007) / NOR	66 women (10yrs post IVF), 43yrs (35-50yrs), both	Quant-questionnaire	Distress caused by IVF; the experience as a temporal life event
3	Greil (1997)	161 papers on the social psychological impact of infertility	Review	Argues against the dominant usage of standardised measures (questionnaires and scale measures) - quantitative methods
4	Demyttenaere et al. (1991) / BEL	40 IVF women, 32.4yrs (SD=4.1)	Quant-questionnaire, general population	Levels of depression and anxiety high in infertile women
5	Connolly et al. (1992) / GBR	116 infertile couples, 28yrs-women, 30yrs-men	Quant-questionnaire	Mental distress; women more distressed than men

Table 2.1 (continued)

6	Schwerdtfeger & Shreffler (2009) / USA	2,894 women, 25-45yrs, both	National survey-Quant Mothers: w/wo pregnancy loss; InvC women: w/wo pregnant loss	Traumatic consequences that loss and infertility have on involuntary childlessness; childless women (both groups) show lowest level of happiness
7	van Balen & Trimbos-Kemper (1995) / NLD	108 infertile couples, 34.9yrs-women, 38.0yrs-men, both	Quant-questionnaire	Prolonged desire high in women; impact on happiness and motivation
8	Koropeckyj-Cox (2002) / USA	2,073 women & 1,259 men, 50-84yrs, both	National survey-Quant Childless-Parents	Psychological distress higher in childless women
9	Jeffries & Konnert (2002) / CAN	72 women, 45-83yrs, younger ages (mean 47.9yrs) & older ages (mean 63.8yrs), both	Quant-questionnaire, InvC-VolC-Mothers	Regret due to 'absence of children' higher in InvC than VolC; grouping childless individuals into InvC or VolC by researchers
10	Greil et al. (2010)	169 papers on the social psychological impact of infertility (published between 1997-2009)	Review	Points out methodological improvements but still quantitative methods dominate on infertility studies; still 'clinical emphases' on research
2.4.2 Childlessness: life-span perspectives				
11	Cousineau & Domar (2007)/ -	79 papers on psychological impact of infertility	Overview	Infertility as 'stressful situation', 'societal repercussions', and 'personal suffering'
12	McQuillan et al. (2003) USA	580 women, 25-50yrs, both	Quant-questionnaire	Psychological distress sig. greater in infertile women w/involuntary childless

Table 2.1 (continued)

13	Kirkman (2003) / AUS	31 self-identified infertile women, 28-74yrs , both	Qual/Auto-biographical narrative	‘Complexity of the work of revision’; infertile women experience profound grief
14	Johansson & Berg (2005) / SWE	8 childless women, 34 - 41yrs w/unsuccesful IVF (2yrs post-failed treatment)	Qual/Phen – Giorgi’s descriptive	‘Life-grief’ as the core structure of involuntary childlessness
15	Daniluk (1996) / CAN	37 biologically childless women, 36yrs (25-44yrs) w/unsuccesful IVF (more than 4.5 years post-failed treatment)	Qual/Phen – Colaizzi’s seven-step descriptive	Research question: ‘How do infertile women come to terms with and make sense of their experience of biological childlessness?; transition as ‘a long-term adaptation process’
16	McCarthy (2008) / USA	22 women w/primary infertility (ave.3.9yrs post-failed treatment), 39.9yrs (33-48yrs), both	Qual/Phen – hermeneutic-phen method	‘Paradox’: the core structure of infertility (e.g., ‘loss-opportunity’, ‘emptiness-gratitude’)
17	Ferland & Caron (2013) / USA	12 childless postmenopausal women (15-25yrs post-failed-treatment), 54yrs (46-59yrs)	Qual/ “established method of qualitative inquiry”	Long-term medical impact of infertility; themes identified are ‘finding out’, ‘living with it’ and ‘coming to terms’
18	Mynarska et al. (2015) / ITA & POL	471 Italian & 449 Polish childless women, 37-46yrs	National survey-Quant Sequence analysis	A dynamic process of childlessness “influenced by the continuously changing context” (p.35)

Table 2.1 (continued)

19	Burns (1987)	44 papers cited discussing infertility, stress and family relationships	Theoretical perspective	“Infertility is involuntary childlessness” (p. 359) which can be a ‘physically absent’ and ‘psychologically present’ phenomenon; conceptual link with ‘boundary ambiguity’ and/or ‘attachment theory’
2.4.3 Involuntary childlessness: psychosocial perspectives				
20	Matthews & Matthews (1986) / -	64 papers cited discussing the nonparenthood transition for InvC couples	Theoretical framework	Influence on self, identity & social roles; involuntary childless as ‘psychologically painful transition to nonparenthood’
21	Letherby (2002) / GBR	See study by Letherby (1999)	Feminist sociological study	See Letherby (1999)
22	Letherby (1999) / GBR	65 self-identified infertile InvC women, age 20s to early70s, both	Qual/Grounded Theory (GT)	All women seem to have a shared sense of being ‘others’, ‘strangers’, and stigmatised self in society
23	Todorova & Kotzeva (2006) / BGR	9 (8 primary & 1 secondary) infertile women who all experienced IVF, 22-41yrs, both	Qual/Interpretative Phenomenological Analysis (IPA)	Women highlight their “separate, autonomous and agentic” experiences of infertility
24	Klaus & Schnettler (2016) / DEU	5,782 men & women (incl. 655 childless individuals), aged 40+, both	German ageing survey-Quant	Childless individuals receive more support from friends & collateral kin than parents

Table 2.1 (continued)

25	Albertini & Mencarini (2014) / ITA	33,759 men & women, 53.7yrs (30s-70s), parents & childless individuals, both	Italian gender & generation survey-Quant	Similar to Klaus et al. (2016)'s findings but here fewer personal relationships shown in older childless adults (50s+)
26	Dykstra & Hagestad (2007a)	68 papers cited discussing non/parenthood from survey based findings	Review	"Childless people face support deficits only toward the end of life" (p. 1518)
27	Dykstra & Hagestad (2007b)	197 papers cited discussing older people without children	Perspectives on parenthood/family	"The topic of childlessness is conspicuously absent in major publications on families of later life" (p. 1282)
28	Wenger et al. (2000) / GBR	Ageing in Liverpool project 1989-1991: 5,222 parents & childless men & women (incl.1,003 childless), aged 65+, both	Based on an epidemiological survey-Quant	Childless women need more care in old age; analysed data pertaining to social support
29	Malik & Coulson (2013) / GBR	Permanent InvC women: 224 online messages (from 49 names identified)	Qual/Thematic Analysis (TA)	Main themes identified: 'outsider', 'lifetime loss', 'coming to terms', and 'isolation'
30	Newton & Stewart (2013) / USA	Women, mean age 45, comparison between 32 without and 158 with children	Quant-questionnaire, personality traits on roles in midlife, Q-sort method, non-/normative gender roles	Childless women show e.g., lower level of 'feminine style and manner' & 'nurturant feelings in others', and higher level of value on 'own independency and autonomy' & 'condescending behaviour in relations with others'

Table 2.1 (continued)

31	Riessman (2000) / IND	31 infertile women, 22-57yrs	Qual/GT	Facing and negotiating ways of coping; impact on beliefs, values and social expectations; emphasis on 'social influences'
32	Loftus & Andriot (2012) / USA	40 infertile women, mean age 33.8 (25-46yrs)	Qual/using data analysis software, on "a failed life course transition"	Women experience failure to meet a social expectation; unable to share gendered status due to being childless; 'doing gender' vs. 'not doing gender'; 'parenthood' appears as a key juncture

2.4.4 Coping: ways of building resilience

33	Mälkki (2012) / FIN	4 InvC women, 20-40yrs	Interview, a life line method	"Reconstruction of meaning in negotiating the loss" (p. 211); 'crisis' as 'transformative learning'; women experience incompatibilities with social norms
34	Peters et al. (2011) / AUS	5 married childless couples who went through treatments (diagnosed infertile): 3 couples (age 45-55), 1 couple (age 35-45), & 1 couple (age 25-35)	Qual/Narrative Analysis (NA)	Important role of the couples' "dyadic" relationships
35	Sydsjo et al. (2011) / SWE	206 couples underwent IVF more than 20 years ago, 47yrs-women, 49yrs-men, both (couples w/wo children post-treatment)	Quant-self-reported questionnaire; ENRICH marital inventory on relationships	Reports couples' enduring relationships; shows higher level of consolation in couples who remain childless than those with children (after IVF)

Table 2.1 (continued)

36	Lechner et al. (2007) / NLD	116 InvC individuals (87 women, 24 men), mean age 39 (SD=6)	Quant-scale based questionnaire	One item 'escaping in fantasies' as passive coping; women more likely use passive coping and show complicated grief; need for support
37	Bergart (2000) / USA	10 married infertile women (32-45yrs) with failed fertility treatment experiences	Qual/GT Structural account of how the participants 'viewed' their experiences; coping	The need for support from social workers and medical profession; the participants' accounts indicate sense of ambiguity
38	Chochovski et al. (2013) / AUS	184 childless women (21-29yrs=19%, 30-39yrs=64%, 40-49yrs=17%) w/unsuccesful IVF	Quant-self-reported questionnaire	The need of having a sense of 'secure attachment' with partner/husband in helping cognitive appraisal/coping processes
39	Kotter-Grühn et al. (2009) / DEU	168 middle-aged (33-53yrs, mean 45.2) childless women (main findings drawn from 102 InvC women)	Quasi-experimental questionnaire	Concept 'Life-longing' – difficult to let go one's desire – points to a way of coping: "Loss based compensatory strategy" (p.635)
40	Nouel (2007) / USA	4 mothers – who lost their children through tragedies: 2 mothers (age: in 40s) 1 mother (age: in 50s) 1 mother (age: in 60s)	Qual/Interview: through existential and phenomenological lenses	Concept 'Empathic activism' – helping others by transforming one's own unable to let go of the loss – can be a way of a loss-based compassionate and transformative coping strategy

2.4.1 Psychological distress: medical consequences of infertility

Infertility “has been defined variably as failure to conceive after frequent unprotected sexual intercourse for one or two years” (NICE, 2013, p. 76). For infertile women, the development of assisted reproductive technologies (ARTs), since the first baby conceived by in vitro fertilization (IVF) was born in 1978 (Warnock, 2002), has given them hope and alternative possible ways towards motherhood. However, the emotional distress accompanied with fertility treatments has been found to be a strong reason for infertile couples to take the decision to cease trying to conceive (Gamerio, Bolvin, Peronace, & Verhaak, 2012). Further, medical solutions provide no guarantee of success. In fact, success rates reported in the UK show a significant decrease from the age of 40 to 43 (13.6%) to 43 to 44 (5%), and for women over 44, only 1.9% (see NHS UK choices, 2016, IVF).

Sundby, Schmidt, Heldaas, Bugge, and Tanbo (2007) conducted a follow-up survey on 66 women in Norway who had had IVF treatment 10 years prior to the study. The mean age of the participants at the time they underwent IVF was age 33 (age range: 25–40). The majority of these women had children (through IVF, spontaneous pregnancy, or adoption,) but 11 remained childless. The results from a questionnaire revealed that some degree of distress still existed, such as difficulty in talking about IVF experiences. However, most of the participants were found to be getting on with their everyday lives. The study indicates that infertility is a temporal life event rather than negatively affecting one’s life for a long time. The paper makes a contribution to understanding the consequences of IVF experience years afterwards. However, this study can be criticised as the quantified results are based on 82% (N=55) of the women who succeeded in having children. This finding may undervalue the voices of women who experienced IVF and continue to live their lives without hoped-for children.

2.4.1.1 Depression and distress

Much previous research on infertility has tended to focus on issues around depression, anxiety, and self-esteem. Questionnaires and scale measures have been used widely to measure these issues (Greil, 1997). The impact of infertility is, therefore, commonly evaluated with standardised measures.

For example, Demyttenaere, Nijs, Evers-Kiebooms, and Koninckx's (1991) study found higher levels of depression in infertile women than normative levels found in the general population. A study by Connolly, Edelman, Cooke, and Robson (1992) on infertile couples reported higher mental distress in women than men. Both studies used state-trait anxiety inventory, depression inventory, and health-related scales to measure distress levels.

A more recent study by Schwerdtfeger and Shreffler (2009) looked at mothers and involuntarily childless women (2,894 in total) who were of "childbearing age (25–45)" (p. 215) to examine the psychological impact of their reproductive experiences. Data were drawn from the National Survey of Fertility Barriers conducted in the United States. This study compared four sub-groups – mothers without fertility issues (46%); mothers who had experienced pregnancy loss (42%); childless women who had experienced pregnancy loss (4%); and childless women who were infertile/not yet conceived (8%). At the time of the study, the childless women in both sub-groups had been trying to have children for seven years, and nine years had already passed for mothers since they had experienced a pregnancy loss. Depression levels across the groups were examined using a 10-item (e.g., 'I felt depressed', 'I was happy') self-report depression scale, and fertility-related distress was calculated by the participants' response rates (yes =1, no =0) to a series of questions given. Statistical analyses showed that regardless of motherhood status, a higher level of depression was found in women who experienced a pregnancy loss and/or infertility. In particular, women in both childless groups showed the lowest happiness levels compared with those in mothers' groups, and women in the childless-infertile group scored the highest on the item 'could not get going' (to indicate a depressive attitude) on the depression scales. This paper reports the traumatic consequences that loss and infertility have on women who are involuntarily childless. It should be noted, however, that these findings are drawn from preselected items with scale measures, and outcomes of infertility are represented within these limitations.

2.4.1.2 Desire and regret

The experience of infertility clearly indicates the need for research looking into its psychological implications, particularly for women whose desire to have biological children was disrupted. Van Balen and Trimbos-Kemper (1995) looked at desire and motives to have children and examined 108 couples with an average of 8.6 years of infertility. The authors used ‘the Parenthood-Motivation List’, which consists of six categorised motives (well-being, happiness, identity, control, parenthood, and continuity), and measured levels of desire using a 6-point Likert-scale. Women showed a greater and more enduring desire than men to have their own children, with anticipated happiness as a motive. Similar results were found by Koropeckyj-Cox (2002), who used data from the National Survey (U.S.) of Families and Households. The authors looked at parental status and attitude towards children to examine their influences on psychological well-being. The participants were 2,073 women and 1,259 men (age range: 50–84). The paper reports that childless women with the attitude of ‘better to have a child’ are more predisposed to psychological distress (such as depression and loneliness) than childless people with the attitude of ‘OK to be childless’ as well as parents, irrespective of whether or not they had ‘excellent relationships’ with their children. Bearing in mind the participants’ age range, we can see that the prolonged desire to have children remains among childless women who have ongoing self-discrepancies.

Regret also may induce distress. Jeffries and Konnert (2002) examined ‘a child-related regret’ among involuntarily childless women, voluntarily childless women, and mothers. The authors interviewed 72 women (age range: 45–83) using a series of questions and self-rated measures. A question about ‘reasons for having or not having children’ was used to identify parental status, and how women evaluated themselves in terms of their status and their child-related perception were examined. Half of the involuntarily childless women showed child-related regrets over the ‘general absence of children,’ in comparison to 30% of the voluntarily childless women. More than half of the mothers felt regret over their attitude towards and time spending with their children, but no regret for having children. Younger women (aged between 45–54) showed more regret than older women (age range: 55–83). The findings demonstrated that both involuntarily childless women and mothers have distress over their child-

related regrets. There is an issue, however, in the division among childlessness women, in that instead of self-identified childless statuses, women were categorised as either involuntary or voluntary by the authors depending on their responses to the question on reasons given during the interviews. Although the authors acknowledge this point, women's personal perceptions towards childlessness in this regard may have been underestimated.

Greil, Slauson-Blevins, and McQuillan's (2010) review paper points out concerns about the dominant use of quantitative methods as well as "clinical emphases" (p. 140) in infertility research. The authors argue for the need for more quantitative and qualitative integrations in research methods, while also acknowledging methodological progressions.

2.4.2 Childlessness: life-span perspectives

Existing literature has also reported prolonged mental health issues, such as persistence of anxiety, depression and stress (Cousineau & Domar, 2007; McQuillan, Greil, White, & Jacob, 2003), and profound grief (Kirkman, 2003) for involuntarily childless women. Infertility, therefore, may challenge women emotionally and psychologically over the course of their lives. More qualitatively-oriented studies have looked at infertility or involuntary childlessness as part of life-span perspectives.

2.4.2.1 Long-term impact of the absence of children

Johansson and Berg (2005) looked at the *life-world* of eight childless women (aged between 34 and 41) who stopped their IVF treatment two years prior to the study. All participants had experienced difficulties in conceiving over a period of more than seven years. Of the eight women, one had a foster child and was in the process of adopting another child at the time of interview. Data were gathered through interviews and analysed using Giorgi's descriptive phenomenological method. Five descriptive features were presented: 'childlessness is a central part of life', 'IVF is a positive and important part of life', 'contact with other people is not important', 'hope of achieving a pregnancy still exists', and 'attempts to find other central values in life'. The paper describes "life-grief" (p. 60) as the core structure of involuntary childlessness.

Daniluk (1996) interviewed 37 infertile women (aged between 25 and 44, mean age = 36) who had sought medical intervention. The duration of attempting to conceive was between two and 15 years (average 6.4 years), but the women had “recently abandoned their efforts to bear a child” (p. 81). Data were analysed using Colaizzi’s seven-step descriptive phenomenological method to examine lived experience of biological childlessness. Nine themes emerged that express “the essence” (p. 84) of this transitional process, such as ‘sense of futility in continuing to pursue solutions to their infertility’, ‘profound sense of loss and grief’, ‘need for acceptance and support from significant others’, and ‘sense of relief at taking back their lives’. The findings suggest that infertility is not only a single event in life but instead is a long-term adaptation process. The paper presents cognitive involvement of “reevaluation of their [participants’] beliefs, needs, and priorities” (p. 95) as well as emotional preparation and social support to initiate identity and meaning reconstructions.

Another phenomenologically-oriented paper, by McCarthy (2008), examined lived experience of 22 women aged between 33 and 48 (mean age = 39.9) with an average of 3.9 years post-failed-treatment. The mean number of years for the women who had undergone treatments was 4.1. Participants described the experience of their treatment in interviews. One thing of note here is that half the participants who had adopted or had step-children identified themselves as infertile, and took part in talking about their fertility treatment experiences. Analysis revealed the women’s contradictory feelings about infertility, referring to their experiences as ‘loss and opportunity’, ‘emptiness and gratitude’, and infertility as a ‘present absence’. The core structure of these experiences was illustrated as “living an existential paradox” (p. 321). The paper highlights temporal and qualitative experiences of infertility and suggests the need to understand the influences these have on women’s life.

Ferland and Caron (2013) emphasise a lack of research that considers the long-term influence infertility has on childless women who experienced failed fertility treatment. The authors interviewed 12 women aged between 46 and 59 (mean age = 54) who were postmenopausal. The duration participants pursued medical interventions was between two and 11 years (mean six years), indicating the long-term medical impact of infertility. The three main themes that emerged were presented into stages: ‘finding out’, ‘living with it’, and ‘coming to terms’. For participants, life was an ongoing

grieving process. They referred to infertility as “the death of child they never had” (p. 187). The women recount feelings of an unjustifiable sense of loss of hope, shame and guilt 15–25 years after the treatments, illustrating the long-term impact of being involuntarily childless. The study also suggests the positive implication that caring for other children seems to help the women in living with the lost meaning attached to the hope of becoming mothers. While it is difficult to see the exact process of analysis in this study, since the authors refer to it with the general term “established methods of qualitative inquiry” (p. 183), unlike survey studies, this paper shows insightful features of how the women are dealing with their childlessness.

Women living without the children they had a heartfelt wish for describe a passage towards non-motherhood. Infertility could become involuntary childlessness as life progresses through the childbearing phase into midlife and beyond. As Mynarska, Matysiak, Rybińska, Tocchioni, and Vignoli (2015) state, involuntary childlessness is a dynamic process “influenced by the continuously changing context” (p. 35). Burns (1987) also points to the notion that “infertility is involuntary childlessness” (p. 359), because although the children women hoped for are not physically present, they may be “psychologically present” (p. 359) in the family oriented social system.

2.4.3 Involuntary childlessness: psychosocial perspectives

Matthews and Matthews’s (1986) paper is one of the earliest theoretical papers arguing the need for academic study on infertility and involuntary childlessness similar to that conducted on parenthood. They contend that the development of ARTs led researchers to investigate fertility treatment and infertility, or medical causes of infertility. However, little attention or investigation has been paid to the social as well as the psychological consequences of involuntary childlessness. The authors draw on symbolic interactionism and emphasise the importance of understanding the passages infertile couples go through, the process that interplays between self, identity and social roles, and “the often psychologically painful transition to non-parenthood” (p. 642).

2.4.3.1 Self and identity

Letherby (2002) concurs with Matthews and Matthews's (1986) notion and highlights an awareness of differences but overlapping consequences of "the biological condition of 'infertility' and the social experience of 'involuntary childlessness'" (p. 277). The author points out that "as the life course continues, 'infertility' and 'involuntary' childlessness may take on a different significance" (p. 285), and when medical or biological solutions are not achieved, the evaluation of experiences will become "the social experience" (p. 282) of involuntary childlessness.

This notion was captured in Letherby's (1999) exploratory study of 65 self-identified infertile and/or involuntarily childless women, which shows a complex perceived sense of self and identity. The women who participated in the study include 12 biological mothers (either secondly infertile or children with ARTs) and eight social mothers (who had children through adoption, fostering or with step-children), as well as 45 women without children (those who had had failed medical attempts or unexplained infertility). Of the 65 women, data on 24 were gathered through interviews, and 41 by correspondence. A grounded theory (GT) oriented analysis was conducted. All women (age range from early 20s to early 70s) – both mothers and non-mothers – shared a sense of being 'others' and strangers in society. The paper reports on the influence that the dominant social discourse of motherhood has on expected motherhood and the participants' highly-stigmatised sense of self.

The perception of infertility shifts in various social and relational contexts. Todorova and Kotzeva (2006) used interview data of nine (eight primary and one secondary infertile, aged 22–41) women, and investigated their two to 12 years of infertility and treatment experiences. The study employed IPA (Smith, Flower, & Larkin, 2009). Four emergent themes referred to complex identity constructions, drawing on both medical and social contexts. For example, the experience of fertility treatments exhibits an incomplete sense of self with emptiness that needs to be fulfilled, and a self-governed identity is found as a determinant during the treatment. Therefore, the childless situation brings a sense of self being separated from society, which further influences relational connections between the self and other, and with a partner or husband. Although the participants in this study still hoped for children, the paper

highlights socially influential identity processes that derive from “separate, autonomous and agentic” (p. 136) experiences of infertility.

2.4.3.2 Relationships

Relationships with others and society are highlighted in existing literature typically by making comparisons between parents and childless individuals. Klaus and Schnettler (2016) used a longitudinal survey to examine social support and social networks among 5,782 individuals in Germany, of which 655 (11%) were childless. The authors were interested in looking at both men and women aged 40 and over in order to investigate the social relationships happening in their mid and later lives. This comparative study revealed positive outcomes of childless adults, in that these individuals tended to have greater stability among their “friends and collateral kin” (p. 102) than those who were parents. Further, childless individuals tended to receive more effective support from their friends and collateral kin compared to the support that parents received from their own children. The paper reports evidence that life without children does not always have negative social relationships or social isolation.

Albertini and Mencarini (2014) used the data of 33,759 individuals from the 2003 Italian Gender and Generation survey. The age range shown in the study was from 30s to 70s and beyond, with a mean age of 53.7. This was also a comparative study between childless individuals and parents (of both genders), investigating support given and received in their lives. The results agreed with the positive finding of Klaus and Schnetter (2016) noted above. However, data further pointed to the notion that childless individuals, particularly those in their 50s and 60s, showed a tendency to have fewer personal relationships with others. Although this was not identified as a factor leading to social isolation, the paper suggested the need for organisational or health professionals’ involvement in supporting them in their later lives.

Although similar findings have been addressed in other studies, these seem to be drawn from sociological and demographic data with a focus on aging and gerontological concerns (e.g., Dykstra & Hagestad, 2007a, 2007b; Wenger, Scott, & Patterson, 2000), neglecting the qualitative differences between voluntary and involuntary childlessness.

Social relationships often develop through online communities. Malik and Coulson (2013) specifically focused on women living with permanent involuntary childlessness and examined messages posted in one of the biggest and most active online support communities. A total of 224 online messages (with 49 identified using unique names) were analysed, using thematic analysis. This qualitative study revealed the importance of online communities as a safe platform for social connections. The analysis showed deeper levels of shared concerns as well as positive feelings accompanied with the feelings of belonging within this online community. The themes presented were 'feeling like an outsider', 'a whole lifetime of loss', 'coming to terms with childlessness', and 'finding a safe haven online'. The paper illustrates women's tendency to isolation in their everyday social contexts. However, a shortcoming of this, may be that online-message-based data collection lacks participant homogeneity. As the author pointed out, it is difficult to obtain further information on individuals due to their anonymity. In addition, and intuitively, there may be an online community discourse specific to this support group. If this is the case, there may be women who share involuntary childlessness, but find difficulties in sharing their positions in the discourse, therefore idiographic accounts for such women are potentially difficult to capture.

2.4.3.3 Social expectations

Women living in their midlife without children are often viewed as career-oriented, non-normative people rather than family-oriented, normative people (Newton & Stewart, 2013). Riessman (2000) conducted fieldwork in Kerala, southern India on infertility. The social interactions of 31 married infertile women (aged 22 to 57) were examined using a GT (Charmaz, 1990) approach. The infertile women were found to be facing and negotiating ways of dealing with normatively constructed beliefs and values, as well as social expectations. Reflecting on her research, Riessman refers to the point that investigations of life without children needs to take into account the importance of social influences on women rather than looking at their lives as a consequence of infertility or a medically-influenced life course.

Loftus and Andriot (2012) investigated psychosocial influences and the impact that "a failed life course transition" (p. 241) had on women who were infertile. The authors

interviewed 40 women aged between 25 and 46 (mean age = 33.8), and the data were examined using qualitative data analysis software. The emergent features the paper reports on include: 'retreating to men', 'rejection', 'failure', and 'exclusion'. Unable to have their own children, these women equate a sense of failure with that of failing to meet a social expectation. The impact of the loss of expected discourses with mothers were also reported. An inability to share this gendered status of womanhood was found to be a significant issue on social interactions, particularly resulting in difficulties with keeping positive relationships with other women with children.

2.4.4 Coping: ways of building resilience

For childless women, being with mothers could be a constant reminder of what they could not have and their hardships. Everydayness in itself, therefore, could become a "second-wave trigger of reflection" (Mälkki, 2012, p. 207).

2.4.4.1 Influences of partner/husband

Accounts of women as well as men embedded within everyday situations were captured by Peters, Jackson, and Rudge (2011). The authors conducted a narrative analysis of five heterosexual married couples who remained childless. Their desires to have children were lost when their fertility treatments ended unsuccessfully. The participants' struggles, especially women, over incompatibilities with social norms were evidenced through their life story narratives, such as 'on the edge of society' or 'sitting on a different side of the world'. The paper illustrated neatly the important role the couples' dyadic relationships played in everyday social and individual resilience.

Similarly, extended literature that looks at relationships among couples has evidenced the effect that close relationships has on successful coping to adverse situations. For example, in Sydsjö, Svanberg, Lampic, and Joblonowska's (2011) study, data were collected from the 206 couples (women with a mean age of 47, men with a mean age of 49) who had undergone the process of IVF more than 20 years ago. In order to measure individuals' evaluations of their marital relationships, the authors used the self-reported questionnaire ENRICH. The inventory covers different dimensions, such

as ‘conflict resolution’, ‘family and friends’, and ‘conception of life’. Although the majority of couples had had more than one child (biological or adopted) since their last IVF attempt, the overall findings suggest the effectiveness of couples’ enduring relationships on their lives. In particular, the level of consolation with feelings of emotional sharing in the couples’ relationships was found to be higher in childless couples than in those with children.

2.4.4.2 Coping and social connections

The construction of relational connections is complex and diverse, and could impact on individuals’ coping styles. A cross-sectional study by Lechner, Bolman and van Dalen (2007) examined the association between satisfaction of psychosocial support received, coping styles (active or passive) and distress among 116 involuntarily childless individuals (87 women, 24 men) with a mean age of 39 (SD=6.0). A series of scale-based questionnaires were used for data collection. The results show that there is a tendency among women to use passive coping styles, such as ‘withdrawing your[one]self completely from others’. With this characteristic, high levels of distress, such as depression and complicated grief, were found in women who felt a lack of support. The paper reports the necessity of continuous support, with the suggestion that sufferers take active coping strategies. A criticism of using these questionnaires, however, is that one item shown in the passive coping styles assessment was ‘escaping in fantasies’. This could be seen as a passive attitude. However, such a passive coping style could also, for some people, be of help in dealing with everyday life. This point will be addressed briefly in the following section.

Bergart (2000) presents the accounts of ten married women (age range: 32–45) investigating how they “viewed their lives” (p. 49) after failed fertility treatment. Interview data were analysed using GT. The paper highlights the women’s physical and emotional struggles during the process of having treatments, and the extended influences this had on their lives. The women showed a sense of ‘loss of control’, having their lives in ‘limbo’, ‘being seduced into false hope’ and doctors’ influences on their ‘decision[s] to stop’. This paper persuasively highlights a need for a better relationship establishment with social workers and medical professionals during and after treatments, which would further assist women to develop ways of coping. The

author illustrates structural accounts of the women's lives by describing the ways in which women view, rather than experience, the relational deficits in their lives.

2.4.4.3 Theoretical perspectives on coping

Several papers discuss theoretical perspectives on ways of coping. The following are brief overviews of three key papers that help in the understanding different aspects in coping styles.

a) Psychosocial influences on cognitive coping strategies

Folkman and Lazarus (1980) defined coping as “the cognitive and behavioral efforts made to master, tolerate, or reduce external and internal demands and conflicts among them” (p. 223). Making efforts can be influenced by an individual's appraisal to a stressful event encounter. According to the authors, a stressful situation can be evaluated in three forms, which are the feelings of being: “harmed, threatened, or challenged” (p. 223). Based on this, a person makes an effort to manage or alter the stressor itself (problem-focused coping), and/or regulate emotion (emotion-focused coping). This forms the transactional model of stress and coping (Lazarus & Folkman, 1984).

For women going through fertility treatment the problem is that of conceiving. Under this circumstance, although emotion-focused coping may also be involved, a woman may make an effort to manage the situation by trying a different type of fertility treatment as a way of problem-focused coping. For permanently involuntarily childless people, coping resources for managing their childless situations may be limited. Chochovski, Moss, and Charman (2013) emphasise the importance psychosocial influences have on coping strategies in such situations. The authors were interested in the impact of resilience, and the quality of relationships that a partner or husband has on women's cognitive coping strategies. Data were collected from 184 childless women (age range: 21–29 = 19%, 30–39 = 64%, and 40–49 = 17%) who all “had unsuccessfully completed IVF treatment” (p. 123). More than 70% of the participants ended their last IVF within the past six months. The study used self-reported scale-based questionnaires examining resilience, relationship quality, and depression (level

of stress). The results demonstrated that women who showed a high level of resilience reappraised their feelings positively and regulated their emotions. However, the effect this had on coping tended to be temporary, whereas relationship quality with partner or husband seemed to provide a secure attachment as the time following IVF progressed. This helped with developing a positive coping attitude to the situation. The paper suggests the necessities of looking at psychosocial factors that can help in reducing emotional demands and facilitate positive coping.

b) Life longings: a self-regulatory strategy

An underpinning of self-regulation involves conscious control to change the self, and “the capacity to self-regulate in order to manage complex social relationships [that] constitutes an essential skill that holds families, groups, and even whole societies together” (Forgas, Baumeister, & Tice, 2009, p. 3). Broadly, there seem to be five features in self-regulating processes: ‘controlling one’s thoughts’, ‘controlling emotions and moods’, ‘confining impulses (automatic responses) by behavioural changes’, ‘regulating motivation’, and ‘regulating performances’ (Forgas et al., 2009).

Kotter-Grühn, Scheibe, Blanchard-Fields, and Baltes (2009) introduced the concept of “life longings” (p. 634) that have six underlying characteristics: ‘feelings of incompleteness’, ‘dealing with utopian conceptions of life that are not fully attainable’, temporal or ‘tritime focus – from the past and anticipated meaningful experiences in the present and future’, ‘reflection and evaluation – comparing actual situations with ideal ones’, ‘ambivalent emotions’, and ‘symbolically rich in emotional and mental meaning – for the object of longing’. The authors applied a quasi-experimental questionnaire design to examine whether childless women regard having children as a goal or a life longing, and how the experience of life longing has been an influence on their lives. Data were collected from 168 middle-aged (age range: 33–53, mean age = 45.2) childless women, of which the main findings were drawn from 102 involuntarily childless women.

The hope to have one’s own children for involuntarily childless women was found to be an unaccomplished goal that resulted in a considerable loss in their lives. Since the

intensity of the wish was strong, it appeared to be difficult to let go of the desire. The findings refer to this point as:

When a goal was unsuccessfully pursued over a long time, women might finally disengage from active goal pursuit (i.e., they withdraw effort) but continue pursuing it at the level of imagination (i.e., they remain cognitively and emotionally committed) (Kotter-Grühn et al., 2009, p. 641).

This indicates that having children is not merely a failed goal, but also influences tritime (temporal continuity), as well as self-regulation. The experience of life longing provided participants who were still unable to adjust the goal with a way of dealing with loss by replacing it with “meaningful fantasies that persons can engage in to feel more complete” (p. 635). This was accompanied by having control over the life longing situation. The results suggest a potential functionality over the experience of life longing as “a loss-based compensatory strategy” (p. 635) - another way that self-regulation operates.

c) Empathic activism

Nouel (2007) presented the concept of “empathic activism” (p. 236), a compassionate and transformative coping strategy.

It requires that a person move toward grasping others’ experiences and be moved to act on their behalf, as well as to address the conditions from which these situations may arise (Nouel, 2007, p. 239).

The author goes on to explain that this process takes a “Buddhist conception” (p. 239) and “a way of bridging a duality common in [our] Western thinking of action and relationship” (p. 240).

Employing this as a conceptual framework, the author interviewed four mothers who lost their children through tragedies. Although these circumstances are different from the invisible losses of involuntary childlessness, there is a potential link through the concept of understanding ways of dealing with the physically absent but the

psychologically present childless situation (Boss, 2006; Burns, 1987). Data were examined through existential and phenomenological lenses. The women's shared accounts were illustrated as a form of narrative. The processes emerging were reactions to what happened with emotional struggles, recollective accounts that speak of their hidden sense of loss, and a sense of isolation from the world around. However, the mothers appear to find connections with other women who had similar experiences and are able to share or support each other. Through these new connections, the women seem to regain their sense of usefulness by making use of their own experience.

Helping others also helps her in return by giving her a sense that she is making a difference. She becomes aware that the knowledge and compassion gained from her experience can make a difference for others (Nouel, 2007, p. 243).

The author emphasizes that dealing with a loss “does not necessarily require letting go” (p. 254) of the sadness but instead transforming it, by actively and empathically engaging in helping others. In other words, empathic activism could facilitate the transformation of relationships from symbolic features of loss into a gradual, and psychologically and socially involved coping strategy.

2.4.5 Summary

The first theme of involuntary childlessness was discussed from clinical viewpoints. Issues around infertility and the experiences of having ARTs were the main concerns. The studies report that the impact of infertility could be temporary. However, they also show the great psychological distress among infertile women, particularly that of depression and anxiety.

The second theme described a continuous sense of loss and grief that further seemed to entail a passage towards non-motherhood. The prolonged desire to have children, and regrets over children not being present appear as the sources underpinning such distress. When women stop their fertility treatments, the medical consequences of

infertility can become tritime experiences, and the influences of childlessness over one's life course were discussed.

The third theme pointed to the psychosocial experiences of involuntary childlessness. The studies around self and identity, relationships with others and society, and social expectations have shown the relational impact these have on women. It appears that the complexities of gendered discourse and stigmatised women's accounts highlight the legitimacy of biologically childless women and the challenges they face in their everyday lives.

The final theme elucidated involuntarily childless women's ways of dealing with life. The influences of the partner or husband on coping have been evidenced in several studies. Three studies that capture coping strategies were also discussed looking at different aspects of coping styles.

This section has shown the disparate issues existing among involuntarily childless women, and papers reviewed here have revealed the intricate nature of the psychological impact that childlessness has on women and their lives. While many studies have focused on infertility and issues around fertility treatments, little is known about what it is actually like to be involuntarily childless, living without the children one hoped for. In addition, women who are involuntarily childless, but have not experienced medical interventions, have not featured in the research.

Methodologically, much existing literature has tended to employ questionnaires and standardised measures. The dominance of quantitative approaches is noticeable, particularly in studies looking at infertility from medical viewpoints. Quantitative research is useful to examine, for example, the levels of depression childless women might have when compared nomothetically with other women with children. However, such research can undervalue a personal account or feeling associated with depression caused by the absence of children.

In contrast, more qualitatively-oriented methods have appeared to be used in investigating involuntary childlessness from life-span perspectives. These often accompany psychosocial inquiries. It has also been noticed that extant literature

examining qualitative aspects of life without children appears to emphasise socially constructed viewpoints, and intrapersonal features of involuntary childlessness appears to be less focused on. The diverse themes that emerged from the literature reviewed tells us that experiences of childlessness cannot be quantified under a one-dimensional focus. Both intrapersonal and interpersonal processes can be considered qualitatively in order to gain rich data.

Increasing numbers of phenomenologically-oriented studies have also been identified with their focus on experiences. However, they try to investigate core structures of experiences, rather than looking into the process of what individuals are experiencing as they live. Furthermore, those studies have looked at infertility experiences several years post-failed-fertility treatments. It is vital, therefore, to investigate the experience of childless people living beyond this point in their lives.

Considering these points, I would argue for a need for approaches that take participant-centred experiential perspectives, and with a particular focus on idiographic features. Childlessness is increasing. Midlife develops dynamically. Research that can raise social awareness of involuntary childlessness, as well as a deeper psychological understanding of women living with involuntary childlessness, is clearly needed.

Chapter 3

Methodology

3.1 Introduction

Having identified the dominance of quantitative approaches, the lack of understanding of involuntary childlessness in midlife, and the need for the development of meaning-centred approaches in the previous chapter, I will now discuss methodological considerations for tackling these limitations.

In the following sections, after presenting a summary of the development of qualitative approaches, I will introduce Interpretative Phenomenological Analysis (IPA: Smith, Flowers, & Larkin, 2009) as my chosen method. I will then give an overview of the philosophical underpinnings of IPA: (a) phenomenology, featuring four key thinkers – Husserl, Heidegger, Merleau-Ponty, and Sartre – who have influenced philosophical stances into psychology, and (b) hermeneutics, a branch of philosophy that also plays an important part in IPA. Following this, the ways in which IPA draws on these philosophical stances and takes idiography into practice, as well as the value that IPA plays in my research process will be discussed. My rationale for using IPA will be remarked upon in the conclusion.

3.2 Development of qualitative approaches

Approaches in psychological research have been widely developed under mainstream paradigms with a positivist position focusing on objective reality (Willig, 2008), in that such research tries to find universal laws for the psychological inquiries under study. Within these perspectives, psychology has been approached as a natural science (van Manen, 1990) and its study examines, for example, human behaviour with the fundamental assumptions of “prediction, control and measurement” (Osborne, 1994).

However, it has often been argued that approaches employing this tradition eschew the subjective meanings associated with the experiences of individuals, in which uniquely different contexts, such as culture and society (Bruner, 1990) are embedded, as well as the totality of one's experiences (Adolffsson, 2010).

Since the early 1980s, psychological investigations have started to shift their focus more towards qualitative understandings of individuals' experiences (Osborne, 1994). In other words, a growing number of qualitative approaches in psychology have developed with an emphasis on *meaning*, and have tended to investigate experience through language as "the symbolic system in which that sense-making occurs" (Smith & Dunworth, 2003, p. 603). In contrast to "natural science", studies involved in these disciplines have been termed "human science" research (van Manen, 1990, p. 3). Phenomenology that explores persons' lived experiences is one such experiential approach in psychology (Smith & Dunworth, 2003).

3.3 Interpretative Phenomenological Analysis (IPA)

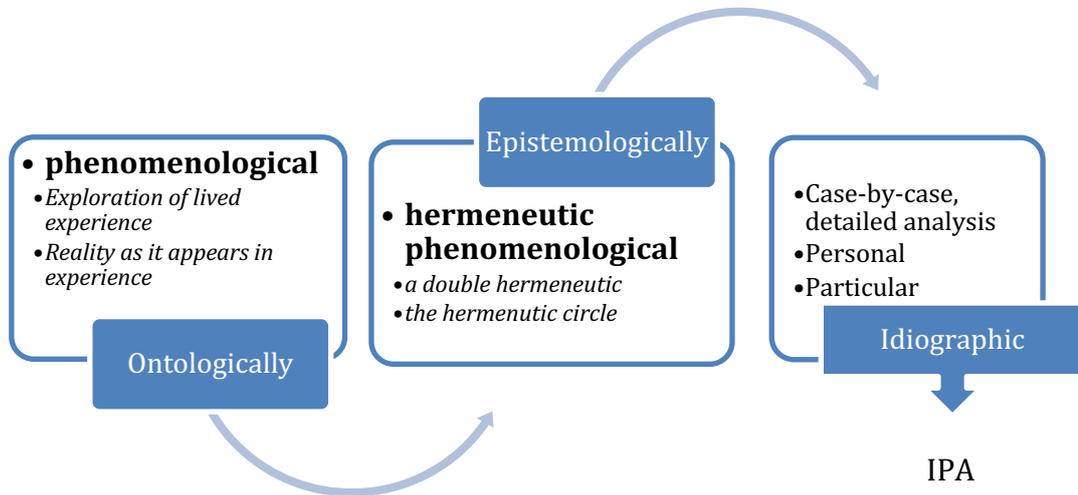
Among the growing body of research using qualitative methods, a particular approach that is participant centred and focused on gaining rich and detailed accounts of lived experience is IPA (Smith, 2011a, b). This method, which has been articulated and developed by Jonathan A. Smith, is characterised as phenomenological, hermeneutic, and idiographic (Smith, 1991, 1994, 1996, 2007, 2011a).

Both the research question and a researcher's ontological and epistemological stance towards research topics are key in informing the research process. Ontology is concerned with the nature of reality and being; epistemology is that branch of philosophy concerned with knowledge, aiming to find ways of establishing episteme to the topic being investigated.

This thesis aims to explore the lived experience of involuntary childlessness. Since my position is ontologically phenomenological and epistemologically hermeneutic phenomenological, IPA has been chosen as the best approach to my research.

The philosophical and practical underpinnings of IPA, therefore, shape my research process (see Figure 3.1).

Figure 3.1 Philosophical and practical underpinnings of IPA



3.4 Philosophical underpinnings of IPA

3.4.1 Phenomenology

Phenomenology is often referred to as “the philosophical movement” (Moran, 2000, p. 287), with philosophers arguing against each other’s “critical and technical issues in the literature of phenomenology” (van Manen, 2014, p. 23). Phenomenological philosophers have disagreed over the study of “human experience and the way in which things are perceived as they appear to consciousness” (Langdridge, 2007, p. 10). There are many phenomenological thinkers who point out their different ways of examining and understanding lived experience. Among them, Husserl, who was a philosopher and a mathematician, is thought of as the founder of bringing phenomenological perspectives into psychology (Langdridge, 2007), and setting out scientific phenomenological foundations in psychological approaches (Ashworth, 2008).

Husserl (1927) emphasizes the importance of going “back to the things themselves” (Moran, 2000, p. 108), and rather than examining “causal explanation” (Moran, 2000, p. 7) instead describes essential features of phenomena that in turn manifest themselves as subjective experiences.

The key phenomenological concept for Husserl is intentionality; that is, the focus on the relational process between the things (or the objects) and their appearance to consciousness (Lewis & Staehler, 2010). Husserl (1927) describes this as follows:

This relatedness resides in the meaning of all expressions in the vernacular languages which relate to psychic experience – for instance, perception o[f] something, recalling of something, thinking of something, hoping [f]or something, fearing something, striving for something, deciding on something, and so on. If this realm of what we call “phenomena” proves to be the possible field for a pure psychological discipline related exclusively to phenomena, we can understand the designation of it as phenomenological psychology...the basic character of being as consciousness, as consciousness of something, is intentionality. (para. 2)

Intentionality, in this sense, points to *directedness* such that our consciousness is always consciousness *of* something, directed towards a given phenomenon (Lewis & Staehler, 2010). For Husserl, a return to the origin of intentionality, which is theoretically achieved by going beyond the natural attitude of the taken-for-granted everyday life (Smith et al., 2009), is the key concept in understanding the meaning structures that describe the essence of human existence (Moran & Cohen, 2012). Husserl’s interest lays in uncovering the *lifeworld* by examining the core of the consciousness (experiences) – that is, an instinctive, pre-reflective form of experience (Dowling, 2007) – by establishing a rigorous scientific phenomenological method. Husserl (1927) says:

the universal task presents itself: to investigate systematically the elementary intentionalities, and from out of these [unfold] the typical forms of intentional processes, their possible variants, their syntheses to new forms, their structural composition, and from this advance towards descriptive knowledge of the

totality of mental process, towards a comprehensive type of a life of the psyche.
(para. 2)

Husserl's method is involved with the process of phenomenological reduction. Reduction, here, means the phenomenological epoché, in which the aim is to bracket all the judgments, preconceptions, and assumptions, and to "turn experience into 'pure phenomena'" (Warnock, 1970, p. 28). This, Husserl believed, could offer ways of describing the totality of experience and how that experience comes about as a pure phenomenon (Langdrige, 2007). Husserl emphasises the necessity of moving away from the natural attitude and towards an investigation of the essence of a given phenomena (experience) as it appears through the phenomenological attitude (Lewis & Staehler, 2010). Husserl's introduction of the phenomenological attitude has greatly influenced qualitative psychology, adding an epistemological impact to scientific psychological inquiries on human experience.

Van Manen (2014) said, "lived experience means that phenomenology reflects on the prereflective or prepredicative life on human existence as living through it" (p. 26). While Husserl has been referred to as a key figure who brought the concept of lifeworld into psychological studies, other phenomenological thinkers, such as Heidegger, Merleau-Ponty, and Sartre, focused more on the lived experience van Manen refers to. These three thinkers are often referred to as existential phenomenologists.

Heidegger (1988/1999) who was Husserl's student, acknowledges Husserl's phenomenological concept of going back to the things themselves. However, he is also notably recognised for his divergence from Husserl's epistemological viewpoint, focusing more on ontological perspectives, or the "doctrine of being" (p. 1). Heidegger uses his term Dasein to refer to human beings, and states that Dasein is always "being-*there*-involved-in... [emphasis in original]" the world (p. 5). We are there where we are always thrown into an already existing world (Lewis & Staehler, 2010). Within this given world, Heidegger's (1927/1962) concept of phenomenology means "to let that which shows itself be seen from itself in the very way in which it shows itself from itself", thus "to the things themselves!" (p. 58).

Dasein is not an isolated individual being, but rather is an intersubjective being-in-the-world (Heidegger, 1988/1999). Heidegger considers that our experiences have relatedness with others and environments, as well as engagement in everydayness “in time, standing at the present moment, but aware both of past and future” (Warnock, 1970, p. 50). Wrathall (2005) points to the important notion Heidegger raised by taking an experience of looking at a painting as an example:

Heidegger grants that all our experiences of things in the world involve an understanding and a kind of interpretation. We understand the painting, after all, *as* [emphasis in original] a painting. But understanding and interpretation are not brain states, they are ways of acting in the world. (p. 41)

We see something as a physical manifestation, but in order to make sense of that something *as* something, our understanding of it manifests in meaningful responses to relational possibilities that are situated in a given world. Possibilities for understanding may be hidden in the world; for Heidegger, language is closely connected to understanding human existence. He believes that matters, signifiers, and concerns relating to that something will be shown in one’s utterance (saying). Therefore, instead of analysing “the logical structure of language” and trying to understand “mental states and attitudes”, Heidegger’s interest posits understanding language as “focus[ing] on our responsiveness to it, that is, the way that it shapes and guides our understanding of ourselves and the world around us” (Wrathall, 2005, p. 89).

There are complex modalities in phenomenological investigation of human experience. Heidegger places his focus on thrownness, intersubjectivity, temporality, and relationality to his key concept of Dasein (being-in-the-world) and his philosophical stance points to the importance that hermeneutics (theory of interpretation) play in understanding “how significance constitutes this worldly *being-there* [emphasis in original]” (Heidegger, 1988/1999, p. 74).

Merleau-Ponty (1962), another existential thinker, further develops his phenomenological stance by taking Husserl’s phenomenological reduction into consideration. However, he questions its application as a method, because he believes “a complete reduction of this world is impossible” (Lewis & Staehler, 2010, p. 163).

Merleau-Ponty (1962), similar to Heidegger's concept of being-in-the-world, emphasises a phenomenological inquiry of existence in its relatedness to the world. He says, "the world is not what I think, but what I live through", and "the world is what we perceive" (p. xviii). Merleau-Ponty, here, emphasises perception. Perception is referred to as the manifestation each individual finds in their own meaningful world (Matthews, 2006), and is "an experience of my body-in-the world" (Merleau-Ponty, 1962, p. 164). His work focuses on embodied features of our existence offering another dimension of lived experience: *lived body*. (Lewis & Stachler, 2010). Lived body connects "space" and "time" (Merleau-Ponty, 1962, p. 117), and so Merleau-Ponty stresses the importance of different modalities in one's lived experience referring to an embodied phenomenon as a "subject's total being" (p. 124). Warnock (1970) elucidates as follows:

Since a body is a particular spatial object occupying a certain position in space, all perception and all awareness is from a certain spatial point, and refers to other points in space. In the same way, perception is also necessarily perception at a particular time, and it refers to time past and time to come. Without the continuity of the body in time, the subject could not make any sense of the world he [or she] observed. (pp. 87-88)

From the perspective of "lived body", language is considered as a way of interfacing embodied actions. Merleau-Ponty's description suggests that speaking manifests itself with meaning "through gestures, physiognomy, and tone by which the words are uttered and expressed" (van Manen, 2014, p. 129). The concept of lived body is importantly associated with one's felt sense of human experience. His phenomenological stance on the-person-in-context and embodied-self in the world contribute a holistic dimension to understanding human existence.

Another key figure who brought existential ontology into phenomenological psychology is Sartre (Lewis & Staehler, 2010). Sartre's (1946/1948) existential perspectives point to the notion that human beings act upon their existential concerns, such as anguish and nothingness, "freedom and time" (Macann, 1993, p. 118). In his view, "man[kind] will only attain existence when he [or she] is what he [or she] purposes to be" (Sartre, 1946/1948, p. 28), and this is an "ongoing project" (Smith et

al., 2009, p. 19) one develops through the act of free choice over different possibilities in one's finite world (Lewis & Staehler, 2010). This is what Sartre (1946/1948) means when he says "existence comes before essence" (p. 26).

The process of becoming what one chooses to be involves one's responsibility to the act as well as meaning making where many possibilities and relatedness to others exist. One important aspect that Sartre posits is the influence of others in a social context on one's perception towards the world, the self and for others. Moran (2000) explains:

Sartre's most interesting discussions concern the manner by which we come to consciousness of ourselves in the light of how others see us. Not only do we give ourselves projects, we also have ourselves as we are viewed by others, our being-for-others (*etre-pour-autrui*). This is a 'third-person' perspective on ourselves. (p. 388)

Sartre's existential philosophy adds the necessity of understanding human experience in relation to the existence of others, because our experiences are "contingent upon the presence and absence of our relationships to other people" (Smith et al., 2009, p. 20).

3.4.2 Hermeneutics

The four main phenomenological thinkers briefly addressed above have each contributed their own philosophical stances to human science. These contributions show divergences but also have a shared concern with experiential meaning making. Phenomenology certainly has been a highly philosophically influential part of qualitatively oriented psychological research that looks at subjective experiences. Methodologically, while Husserl focused on ways of investigating the lifeworld through phenomenological reduction, Heidegger focused more on hermeneutics as a process for understanding the meaning of being-in-the-world (*Dasein*) or lived experiences.

Hermeneutics has its philosophical and historical origin as a method for interpreting the bible, and later developed methods for covering a “wider range of texts” (Smith, 2007, p. 3). It has also been referred to as a doctrine about interpretation (Heidegger, 1988/1999). In terms of hermeneutics in the context of human science, there appears to be a practical affinity, particularly with qualitative approaches. In experiential psychology, although there are epistemologically divergent ways for its application, language tends to be used as the prime source for analysis. Interview transcripts, for example, are used as data, which are interpreted in order to establish episteme for the topic under investigation. The main difference between interpreting the bible and other texts in qualitative inquiry in human science is, as Smith (2007) points out, that text for the latter is “explicitly about the person’s personal experience” (p. 4).

In order to understand human experience, approaches that go beyond text interpretation are needed, since while text can be interpreted by looking at its grammatical constructions, it is also an interactive activity between “the words used” and “the person who has said those words” (Smith, 2007, p. 5). Schleiermacher (1998) states that “understanding has a dual direction, towards the language and towards the thought” (p. 229) of the author. Therefore, understanding needs textual and psychological interpretations, as they are both essential in finding a unity of meaning (Palmer, 1969).

Gadamer (1975/2004) advances this further. He considers “language as the medium of hermeneutic experience” (p. 385) and focuses on the importance on conversation. He emphasises that interpretative works in conversation may “double[] the hermeneutical process” because “there is one conversation between the interpreter and the other, and a second between the interpreter and oneself” (p. 387). He goes on to say that “the text brings a subject matter into language, but that it does so in ultimately the achievement of the interpreter. Both have a share in it.” (p. 390). Gadamer also emphasises the historically and culturally embedded meaning constructions “between people and their tradition – the common understandings which emerge in a dialogue and which go beyond the intentions of the speaker” (Moran, 2000, p. 249). Hermeneutics, in this sense, can be described as a way of mediating linguistic and experiential interpretations between people who are in a shared particular context and time, and that also makes the mutual understanding appear.

Heidegger (1988/1999) captures this when he says that hermeneutics is “now no longer interpretation itself, but a doctrine about the conditions, the objects, the means, and the communication and practical application of interpretation” (p. 10).

Hermeneutics, therefore, play an important part in linking phenomenological philosophies and practical elements into human science, particularly qualitatively-oriented experiential psychological studies that aim “at the search for meaning” (Van Langenhove, 1995, p. 15)

3.5 Phenomenologies and idiography into practice – IPA

In the previous section, phenomenology and hermeneutics have been looked at from philosophical points of view. Theoretically, IPA draws on *phenomenologies*. Here, the ontological and epistemological underpinnings of IPA need to be considered. This means that IPA is ontologically phenomenological, and that IPA refers to reality as it “appear[s] to us in experience” (Smith & Eatough, 2006, p. 324). Reality is out there not as a single universal reality, but multiple realities that manifest themselves as lived experiences.

Epistemologically, IPA is *hermeneutic phenomenological*. Smith et al. (2009) emphasize this as a dual epistemological perspective, pointing to the notion that “Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen” (p. 37). A phenomenological stance also provides researchers with “a way of exploring lived-experience – the actuality of experience – from the inside rather than from the natural science perspective of observation and measurement” (Osborn, 1994, p. 170).

In order to understand and access personal experience as closely as possible, IPA considers the need of interpretation, and so draws on Heidegger’s hermeneutic phenomenology (Larkin, Watts, & Clifton, 2006). Although Heidegger’s hermeneutic phenomenology is ontological (Heidegger, 1988/1999), meaning that “humans are self-interpreting beings” (Martin & Sugarman, 2001, p. 196), and does not refer to hermeneutics as an “epistemological condition” (Dahlstrom, 2013, p. 93), it captures

the philosophical and practical merge that underpins an analytical characteristic of IPA (Smith et al., 2009).

Interpretation, in IPA, involves both engaging in a “hermeneutics of empathy”, which means to try to look at “the original experience in its own terms” (Smith et al., 2009, p. 36), and in a “hermeneutics of questioning” (Smith, 2004, p.46), which means to “stand alongside the participant” (Smith et al. 2009, p. 36) and engage critically as a researcher. Therefore, IPA practices a double hermeneutic: the researcher engages actively in interpreting the participant, who is attempting to interpret his/her own experiences (Smith et al., 2009). This allows the phenomenon that is already “appearing”, needs “peering” into, or is “hidden” to “come forth” fully (Smith, 2011c). Interpretative work for IPA is an explorative process towards “understanding” (Smith et al., 2009, p. 36) a personal experience both closely and psychologically.

Thus, IPA differs from “Husserlian phenomenology” (Lopez & Willis, 2004, p. 728), which is often referred to as Giorgi’s (1997) descriptive phenomenological psychology or approach. Giorgi (2010) argues that in order to employ phenomenology scientifically and “apply the phenomenological method correctly” (p. 19), bracketing or phenomenological reduction is essential, and “the description [must] be as precise and detailed as possible” (Giorgi, 1997, p. 243). The aim of descriptive phenomenology is to look for the essence of the phenomenon under investigation by searching for “the most invariant meaning for a context” (Giorgi, 1997, p. 244). Research questions tend to look at “what is the essential structure” of “x” (Lopez & Willis, 2009, p. 731). Giorgi (2011) takes Husserl’s phenomenological concepts into practice and his strong focus points to the definitive use of the phenomenological reduction, claiming this as the scientific phenomenological method.

While IPA is grounded in phenomenologies and has “the more modest ambition of attempting to capture particular experiences as experienced for particular people” (Smith et al. 2009 p. 16), it also considers cognition essential. However, unlike studies in cognitive psychology which apply, for example, information processing models to understand mental activities, IPA sees cognition “as a science of meaning and meaning-making” (Smith & Eatough, 2006, p. 325) in the experiential qualitative studies. IPA further points to the notion that cognition is not an isolated function, but is

a part of a diverse process of individuals making sense of what they are encountering in their lives (Smith et al., 2009). IPA is, therefore, recognised as an approach that can bridge cognition (e.g., thoughts), utterance (e.g. what a person says), and one's own experience (what a person is encountering) (Dickson, Knussen, & Flowers, 2008; Eatough & Smith, 2006b; Smith, 1996), and provide holistic psychological understandings of lived experience.

Van Manen (1990) is another researcher who considers lived experience from a hermeneutic phenomenological perspective. His work focuses on pedagogically related experiences, and emphasises particularly the need for phenomenological reflections in studying everyday experiences. He points out that “reflecting on experience must aim for discursive language and sensitive interpretive devices that make phenomenological analysis, explication, and description possible and intelligible” (van Manen, 2014, p. 26). He believes that “human science meaning can only be communicated textually by way of organized narrative or prose” (van Manen, 1990, p. 78), arguing the importance of describing the phenomenon through writing.

Van Manen's phenomenological inquiries in human sciences also refer to four existentials (lived relation, lived body, lived time, and lived space), suggesting these as “universal themes of life” (van Manen, 2014, p. 302) that can facilitate “exploring the meaning structures” of “our lifeworld” (p. 303).

These existentials are captured by Smith and Rhodes' (2015) study on the first episode of depression, which was discussed previously in relation to existential meaning. The findings, through the inductive systematic process of IPA, revealed these four existentials, and the authors referred to them as “the structural nexus” of what “makes life meaningful” (p. 10). Their study has added deeper understanding of the lived experience of depression by investigating their research question: “What is the first experience of depression like?” (p. 2). IPA offers an explorative consideration for such research questions.

Benner (1982, 1985) is a scholar who also considers the hermeneutical importance of understanding lived experience. While Van Manen places a practical emphasis on language and phenomenological writing, Benner is concerned with people in context

and concentrates on developing strategic guidelines in nursing practice. Their emphases and practical focuses, therefore, differ to that of IPA.

The processual emphasis of IPA is on the hermeneutic circle. Although this is not unique to IPA, the method actively engages in the hermeneutic circle, moving between part and whole (Smith, 2007). This can help with analysis on several levels. First, with personal accounts of experiences at the level of a “local hermeneutic circle” (Smith, 2011c, p. 15); second, with divergence and convergence among the participants in a study as a whole, and third, with possible findings that can make a contribution to, or link to, existing theories (Smith, 2011a). IPA therefore offers a systematic analytical procedure that can rigorously investigate both within a case and across cases.

Idiographic, in contrast to nomothetic, concerns the particular, or commitment to a detailed analysis of the subjective experience in its own right, and is an important and distinctive feature of IPA (Smith, Harré, & Van Langenhove, 1995). IPA tries to understand lived experience as unique to each individual and “not subordinated to a general theoretical position” (Smith et al., 1995, p. 62). However, it is important to note that “the very detail of the individual also brings us closer to significant aspects of a shared humanity, and the particular case can therefore be described as containing an ‘essence’” (Smith, 2004, p. 43).

3.6 Conclusion

This chapter explored the methodological considerations for my research. A researcher who is phenomenological and open to each case provides opportunities to explore the personal world as far as is possible. The hermeneutic and idiographic principles of IPA offer an experience-close understanding of a topic under investigation. The meaning and experience of childlessness cannot be quantified, and are part of a whole person who is also a cognitively influential being. In order to investigate involuntary childlessness without losing the value of the experience each person is encountering, and the meaning attached to each individual living an everyday life, IPA is the most relevant and appropriate approach for my research.

Chapter 4

Method

4.1 Research Question

The literature reviewed in Chapter 2 exemplifies the importance that generativity plays in meaning making and the importance it has to psychosocial adult development in midlife. Becoming generative can take diverse forms, and although the association between parenthood and generativity has been considered, there appears to be little understanding of how involuntarily childless people make sense of themselves as non-parents, what processes people go through to become generative, and how people live their everyday lives despite the loss of hope of having their own children. The review also highlights the centrality of studies examining infertility from clinical perspectives, which typically focuses on the period when women are still trying for a baby. Little attention has been paid to investigating the experiences of people who are involuntarily childless after the phase of trying to have a baby and when they no longer pursuing their dream of parenthood. The dominance of quantitatively oriented studies are also identified. Statistical findings often show high levels of distress or depression, as well as relational issues among people without children compared with that of people with children. These statistical findings are general indications of what childless people might have been experiencing in their lives. However, there are a small number of studies that have looked at the personal experiences and concerns of qualitative aspects of involuntary childlessness. The findings from the literature reviewed here confirm the lack of knowledge currently available and the gap in psychological understanding of the phenomena of involuntary childlessness.

Given this, this research set out to explore the experiences of women in midlife living without their hoped-for children. My research question was “What is it like for women to be involuntarily childless in midlife?”

I had three objectives in mind to achieve this aim of illuminating the lived experience of involuntary childlessness:

- To increase psychosocial understanding of the meaning making of generative expressions in midlife for women who are involuntarily childless.
- To add to psychological knowledge of how women are perceiving involuntary childlessness and living their everyday lives.
- To increase the awareness of the psychological impact that involuntary childlessness can have on women and to suggest its possible implications for psychological well-being.

With the purpose of understanding what involuntary childlessness means for women, an appropriate approach must be considered. As discussed in the previous chapter, I chose IPA as the best suited approach for exploring and capturing the experiential and idiographic accounts of the women under investigation. The following sections will describe the recruitment process, data collection, and the analysis procedures used to investigate my research question.

4.2 Recruitment and Participants

An essential part of IPA is to utilise a homogeneous and purposive sampling. This allows researchers to investigate detailed accounts of individuals who share a particular context that is significant to those people (Smith et al., 2009). This study looked at British women’s experiences of involuntary childlessness, and the following inclusion and exclusion criteria, shown in table 4.1, were applied.

Table 4.1
Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
Age: 45 and 55	A woman having therapy or counselling
A woman who is in a long-term heterosexual relationship and has identified herself as involuntarily childless	A woman under fertility treatment

A woman who wanted to have her own biological children and is no longer trying to have a child

A woman with adopted children, step-children or children of a partner from a previous marriage/relationship

A White British woman resident in the UK

- **Rationale for the age criterion: 45-55**

Even though the chance of getting pregnant after the age of 35 decreases, increasing numbers of women are having children into their early to mid 40s (Office for National Statistics, 2016). In order to explore the phenomena of involuntary childlessness and the years after this, the ages between 45 and 55 were focused on for this study.

- **Rationale for ethnicity: White British women**

Considering homogeneity of ethnic background, and wishing to respect cultural difference, this study focused on White British women living in the UK.

- **Rationale for not interviewing women in counselling or therapy**

In order to reduce the possibility of women becoming distressed during the research process and interview, and given the importance of the wellbeing of potential participants, women who were in counselling or therapy were not included in this study.

- **Other consideration: focus on a phase of adulthood**

In this study, whether or not potential participants had experienced fertility treatments in the past was not specified prior to recruitment as the main focus of this study was not the medical experiences associated with infertility. Rather the central focus of this research was meaning making around childlessness for women in mid-adulthood.

- **Sample size**

IPA studies usually use small participant samples in order to retain an idiographic commitment to the detailed account of a person's experience (Smith et al., 2009).

Although sample sizes vary depending on the topic or purpose of research, this study aimed to recruit around 10 women.

4.2.1 Recruitment

Having established personal contacts with three leading people in the UK who organise support groups or work for individuals with infertility or involuntary childlessness, I was able to advertise the invitation to participate in my research on their webpages.

The first source I used was an e-newsletter which supports childless women, written by Lesley Pyne. My second source was Gateway Women, an online community for childless people organized by Jody Day, who also allowed me to place posts on her private UK Facebook group. The third source I used came via Kate Brian, who is a journalist and the editor of the Journal of Fertility Counselling. My advert was put on her own home page, Fertility Matters. She further posted it on a web page of More to Life (an involuntary childless support group which is under the umbrella of the Infertility Network UK), where she acts as a London representative. In order to distribute the study information accurately and effectively, I prepared a recruitment information sheet (see Appendix 1A).

It was a slow process recruiting participants at the beginning. I needed to contact my three sources to re-post my advert a month after the first call. Within about four months, I was able to recruit 12 women across the UK who stated that they met all the criteria and were willing to participate in the study.

Of the 12, one woman was found to not meet the criteria and so was excluded from the study. A summary of the other 11 participants' characteristics is presented in table 4.2. Pseudonyms are used throughout to ensure confidentiality and protection of each participant's identity.

Table 4.2
Characteristics of the 11 female participants

Name Pseudonym	Age	Marital status	Recency * see Note	Fertility treatment / miscarriage experiences	Residency
Maggie	53	Married	10+	Yes / -	London
Penny	45	Co-habiting	4-5	No / Yes	Surrey
Alana	45	Co-habiting	4-5	Yes / -	North Yorkshire
Kelly	46	Married	1-2	Yes / Yes	South West England
Renee	54	Married	10+	Yes / -	Cheshire
Susie	52	Divorced / living with new partner	4-5	Yes / Yes	North West England
Heather	52	Married	1-2	Yes / -	Scotland
Emily	50	Co-habiting	8-9	No / No	London
Lucy	45	Divorced / re-married	1-2	Yes / -	East Sussex
Clare	54	Married	10+	No / No	West Midlands
Denise	50	Divorced / re-married	8-9	Yes / Yes	West Berkshire

Note. (*) Degree of recency = number of years since stopped trying for a baby
 10+ = more than 10 years.

(-) Indicates unknown/not being mentioned.

4.2.2 Ethical considerations

The study received ethical approval from the Department of Psychological Sciences Research Ethics Committee of Birkbeck, University of London (see Appendix 1B for the ethics form). No additional approval was required for this study.

It was important that all potential participants understood the nature of the study and all the information pertaining to it if they took part. When I received an inquiry about participation, I first briefly explained my study either by telephone or email. If that person then might be a potential participant or asked for more details, I sent an

information sheet (see Appendix 1C). This sheet explained the purpose of the study, criteria for participation, the data collection process, and gave information on confidentiality and how a participant's identity as well as the data collected would be protected. On this sheet, I showed my interests in hearing the experiences of women who are involuntarily childless in midlife. I further stated that the interview questions would involve reflection on past and current personal experiences, and their right to not answer any questions or stop the interview at any time if they felt the need to do so. By sending this sheet, a potential participant would be able to understand the nature of voluntary participation in my exploratory research on involuntary childlessness. The information sheet also explained that participants would have to sign a consent form (see Appendix 1D) before starting an interview, and explained participants' right to withdraw from the study up to two weeks after an interview had been conducted. In addition, I prepared a debriefing information sheet containing support resources and contact details for a counsellor where necessary (see Appendix 1E). I also gave participants an opportunity to voice further inquiries or concerns about the study before agreeing to be interviewed.

As a researcher needing to travel to unfamiliar places in the UK and visit potential participant's homes, I experienced a sense of cautiousness. Although I corresponded with participants prior to the date of interview, in order to ensure my own safety, I gave the address to a colleague every time I visited a participant's home for an interview. I also arranged with the colleague that I would send her a text message once each interview was concluded to let her know that I was safe.

Further, and importantly, although I was confident of my position as a researcher, I was also aware of the possibility of being affected emotionally through what I would encounter during the research process. This was discussed with my supervisor at an early stage of my PhD. I took the precaution of arranging potential support from counsellors in case any issues or concerns arose for my participants or for myself. In the event, there was no need to draw on this, since none of the participants, nor I myself, expressed issues that would need counselling.

4.3 Data collection

Qualitative research frequently employs interviewing as a form of data collection. Smith et al. (2009) explicate the importance of doing interviews by referring to the notion that a significant event one experiences “would be composed of a range of ‘parts of a life’”. The authors further point out:

The parts are separated in time but ‘linked with a common meaning’ and the aim of the interview would be to recall the parts and their connections and discover this common meaning. (p. 2)

In particular, semi-structured interviews are the most common method for generating detailed experiential data for many IPA studies (Smith et al., 2009; Smith & Osborn, 2008). Semi-structured interviews allow a researcher to be flexible in exploring areas that matter to the participant without being fixed to a particular order or overly controlled by prepared questions (Smith, 1995). This further allows the researcher to engage in the elements of which the person is trying to make sense, and provides rich data for what the participant is “expert on” (Smith, 1995, p. 12).

4.3.1 The interview schedule

When constructing the interview schedule, I initially gained some ideas from qualitative research papers that used interviews for data collection on childlessness (e.g., Riessman, 2000), identity and adult development (e.g., McAdams & de St. Aubin, 1992), meaning in life (e.g., Schnell, 2010), and IPA literature (e.g., Smith, 1995; Smith & Osborn, 2007; Timotijevic & Breakwell, 2000). These helped me to think of ways of developing interview questions. However, the questions specific to my research were constructed, from an IPA perspective, to get at the experiences of childlessness for the individuals taking part in my study.

This research was interested in exploring the experiences of individuals who shared the context of involuntary childlessness. In order to elicit participants’ perceptions towards their lives at the maximal level and be guided by each participant’s own interpretations

of their experiences, I intentionally did not include questions which asked directly about childlessness. The questions were neutral and open-ended (Smith, 1995), and possible prompts were prepared to offer participants a less “abstract” form of question (Smith et al., 2009, p. 61) should it be required.

It was also important to construct interview questions that make participants feel comfortable and secure enough to give voice to their own lived experiences of childlessness. Considering these points, the interview schedule was developed, starting with questions about general and practical activities in everyday life, moving on to current life and the future, and lastly questions focusing on the past.

I used this sequence, rather than the chronological past-present-future order, because it would be more comfortable for participants to start talking about things that are current in their lives, leading more naturally to investigate specific personal experiences and meanings attached to each participant’s everyday life and the future. It would also be easier for participants to talk about their past after building a good rapport and establishing trust with myself as the interviewer; talking about the past experiences would require a lot of thought and reflection. I developed my interview schedule in this way to explore personal accounts as far as is possible and gain rich experiential data.

To note, I also prepared one question to bring up the topic of children or childlessness if no reference to this was forthcoming. This was because, for some participants, it may possibly be easier to start talking about their experiences if they are asked about the topic directly. The last question in the schedule gave participants the opportunity to express additional thoughts and feelings should they wish.

Figure 4.1 Interview Schedule

<p><u>I. Life at the moment</u> (Practical things/activities in life now)</p> <p>1. Could you tell me a bit about yourself? Prompts: job, family, hobbies, interests</p> <p>2. What sort of things do you usually do on weekends or when you have free time? Prompts: How do you spend your free time? Do you go out often on weekends? If so, with whom?</p> <p>3. What things make you feel good about yourself? Prompts: In what sort of situation do you find yourself feeling fulfilled?</p> <p><u>II. Goals and Meaning of life</u></p> <p>4. How do you feel about being your age (e.g. 50)? Prompts: What is the best thing about being (e.g. 50)? How about the worst thing about being (e.g. 50)? Mentally/physically/emotionally/spiritually</p> <p>5. Do you think of yourself as having goals that you are working towards? If so, could you tell me about them? Prompts: Do you see yourself working towards something?</p> <p>6. When you think about your future, say in five years' time, what do you hope to be doing?</p> <p>7. Could you tell me who the important people are in your life? Prompts: Could you tell me why? In what ways? Personally? Socially? Family?</p> <p><u>III. The past</u></p> <p>8. Could you tell me about the best thing that has ever happened in your life? Prompts: Personally? Socially?</p> <p>9. Could you tell me about the biggest change that has ever happened in your life? Prompts: Personally? Socially? Could you tell me about the biggest decision you've ever made?</p> <p>10. Do you see yourself as being the same person as you were when you were 25? Prompts: In what ways are you similar or different?</p> <p><i>*** If there is no reference to children, then I will bring it in as the last question.</i></p> <p>11. You said that you wanted to have children. How do you feel about it now?</p> <p>12. Is there anything else that you feel we haven't covered, that you would like to tell me?</p>

4.3.2 Interviews

Each participant agreed to all the information given (see Appendix 1C), signed a consent form (see Appendix 1D) and was asked to fill in a demographic information sheet (see Appendix 1F) before starting an interview.

A place and time for the interview was arranged by phone or email. The participants were encouraged to choose a location and time that was preferable to them.

Five of the eleven interviews took place at Birkbeck, University of London where I pre-booked a room for each interview, and four at the participants' homes. The exceptions were Susie, who I interviewed in a private room at her office, which she arranged herself, and Heather, whose interview took place at a rented therapy/counselling room close to her home. Although this was Heather's preference, there was some concern over finding a room suitable for the interview, as I had little knowledge about the area I was visiting. Fortunately, she emailed me with some local information about rooms for hire, and through an exchange of emails and phone calls, we finally found a place suited to our needs. This email correspondence also provided us with a way of building trust.

Establishing rapport with participants – not just during the process of interviewing, but before the interview took place – was important. For this reason, one day before the scheduled interview, each participant was contacted by email for confirmation of the interview, with a greeting message and my contact number. Some participants expressed that they were a bit nervous, but I emphasised that my interests were in hearing about their experiences and expressed my gratitude for their participation.

On a practical level, a set of pre-interview and post-interview checklists were created and used as “a quality control indicator” (Smith, 1995, p. 25) for each interview. The following are examples of the lists:

Pre-interview checklist

Notes:

- Take a bottle of water (+ one extra for participant)

- Take tissues

Aim to concentrate on:

“How is this person making sense of X?”

- a. Focus on the participant’s accounts
- b. Do not compare the participant’s experiences with my own
- c. Participant’s responses – further questions will be based on participant’s responses, so try to dig deeper
- d. Try to explore, by focusing on what the participant says
- e. Acknowledge the participant’s responses sensitively
- f. Try to ask all the planned questions – if I can
- g. Allow the participant talk
- h. Speak slowly, and clearly

* Try to notice: significant words, repeated words, unusual terms, strong intonation

Post-interview checklist (adapted from Smith et al., 2009, p. 77)

1. The interview schedule worked basically as intended?
Yes / No
2. Gave the participant enough time to fully answer the question?
Yes / No
3. Tried to use the schedule in a flexible manner?
Yes / No
4. Listened to what the participant said and tried to follow it up?
Yes / No
5. Empathised with the participant in an appropriate manner?
Yes / No

* “Occasionally monitor the coverage of the scheduled topics” (Smith, 1995, p. 17)

At the beginning of each interview, participants were informed of when the audio recording started and were reassured of their right not to answer any questions and to stop the interview at any time should they wish to do so. To illustrate my interview style, the following example (see Figure 4.2) is a short extract from an interview with Clare, which is one of the interviews that took place at the participant’s own home.

Figure 4.2 A short extract from an interview: Clare

<p>Int: OK, first of all could you tell me a little bit about yourself, please?</p> <p>Clare: In general or to do with the childlessness...</p> <p>Int: Erm...whatever comes to your mind, like well, general...hobbies or work or family things or...</p> <p>Clare: Yeah. OK, OK. Yeah, OK. Well, I'm 54, married to my husband for 32 years, I work as an administrator in the NHS, erm I love travel, I love music, I love meeting new people, cinema, theatre. [cat meowed...] Shut up Frisco [pseudonym] ...[laughs] That's my cat, sorry [both laugh] Erm...and...generally just enjoy life...yeah that's it.</p> <p>Int: mm...what sort of hobbies do you have? or interests?</p> <p>Clare: er...I like to read, I like to walk, erm...as I said I love travel, I like cooking, going out with friends [Int: mm...] erm...I have a real interest in politics, very interested specially today the day of the election [laughs] ...er...that's it really. I don't have any talents, like singing or dancing, but I do like to have a go. I like Karaoke. [Int: Karaoke?] [laughs] Yes ah...</p> <p>Int: How about...could you tell me a little bit more about your job?</p> <p>Clare: My job? Yes. it's an administrative job. Erm...sitting at a desk far too long. I'm actually <i>really, really</i> bored with it. [Int: mm...] Yeah. Erm...and I think I'm probably under challenged. Erm...but there are reasons why I've stayed in that job, there are also reasons why at times the job was very, very stressful for me, because it's working with...new born la..ladies and pregnant mothers...[Int: Oh really?] Mmm. It's not a job I applied for. I was er seconded into it...and I've been doing it for 10 years. But the people are nice. It's very, very easy for me. It's not challenging at all...which is both good and bad. But ultimately I think it's helping...people...mums and...premature babies, so in that sense I do get some satisfaction...[Int: mm...] yeah.</p> <p>(Note. Int: = Interviewer, Megumi)</p>
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In response to my first question, Clare asked for clarification of what I wanted her to talk about, and in response to my answer “anything that comes to mind,” she mentioned her husband, her job, and things she loves to do, but nothing at this early stage about childlessness. As she had mentioned her work, I was curious as to whether

she included this as something she enjoys doing and so kept that topic in the back of my mind until an opportunity arose where I might ask about it. My third question was about her hobbies and interests – following this, I came back to the topic of her work. She began here to show a deeper and more complex side as her feelings in relation to her job started to appear. This extract was chosen to demonstrate how an interview would start, with general background, non-threatening questions, which would provide information on things that mattered to a particular interviewee.

Although the participants knew the purpose of my study through the information given before they agreed to take part, since I deliberately avoided asking questions that directly referred to the research topic, there was a possibility that they might have difficulties in starting to talk about their childlessness. However, all of the women who participated in the study raised the topic and started to talk about their experiences, typically as they were describing everyday situations (for example, going out with friends with/without children or doing things that are enjoyable, or relationships with their husband/partner/ex-husband). As a result of these experiences, after I had conducted a few interviews, I became more confident and assured that the interview schedule I had constructed was able to get at the personal experience of childlessness for the person being interviewed.

During the interviews, I often sensed participants' desire to talk about their experiences even though they became emotional. If this happened, as is a researcher's responsibility, I always asked if the participant was ok, and made to offer to stop the interview. In this study, all of the participants completed the interviews, all of which lasted between 52 and 95 minutes. At the end of each interview, if it was required, the participant received a debriefing information sheet (see Appendix 1E).

A reflexive and research diary was used after each interview, pinpointing my feelings, thoughts, and any issues that arose during the interviews. This is an example taken from that diary after interviewing Penny in a room I reserved at the university:

At one point during the interview, she was very emotional and started to cry...I felt emotional as well...I said I will stop recording but she said 'fine' so carried

on. I understand her pain, but at the same time, understand her feeling of wanting me to listen and hear her experience. She was really pleased that there was a person who would listen. She was pleased that I was doing research on involuntary childlessness. When the interview was over, we left the room together and I saw her off, then she hugged me without saying anything. This whole experience felt so precious to me. I became confident that I was able to engage with her – in her experience, but also maintain the distance from my own experience.

4.3.3 Transcription

The audio-recorded interviews were transcribed verbatim. It is important to recognise that transcription is not a mere process of transferring the spoken words into the written forms (Willig, 2008). In particular, IPA needs a thematic level of information in the transcription, rather than, for example, the prosodic level of detailed descriptions of non-verbal characteristic required in other types of data collection (Smith et al., 2009; Smith & Osborn 2008). Considering the notion that the “transcription is itself a form of interpretative activity” (Smith et al., 2009, p. 74) and this as an important feature of IPA, all of the interviews were transcribed by myself as part of an interactive engagement with the data.

This is a short comment I wrote in my research diary when I was transcribing Penny’s interview.

I feel like it is taking ages to finish this transcription. Am I getting too involved? It is ok to write down immediate thoughts or feelings but do not go deeper at this stage, because I am transcribing, not analysing yet. Keep concentration on finishing the transcription!

Given the importance of engaging with the data, this awareness became a strategy for me to carry on with the task of transcription.

As an aid in the process of transcription, the transcript software F5 for Mac was used. The functions such as controlling the speed of utterance and repeating unclear words were helpful in undertaking the process effectively, and the following transcription notations were used:

Editorial elision of unnecessary material	[]
Explanatory / Clarifying comments	[text]
Non-verbal utterances	[laughs] [sighs]
Short pauses	...
Speech emphasized	<i>italicised</i>

All transcriptions were reformatted into Microsoft Word (for Mac) with each line numbered, leaving spaces on both sides of the transcription for the next step of analysis. Each transcription was analysed separately in order to elicit idiographic commitment to the case before moving onto the next one. The analysis process was subjected to IPA (Smith et al., 2009). The following sections outline how this process was undertaken for this study.

4.4 Analysis

4.4.1 The entry – “Immersing oneself”

The first step involved immersing myself in the data by reading a transcript several times. Listening to the recorded interview while reading the transcript also guided me into a closer reading of, and re-engagement with, the world of the participant. The interviews were participant-led, and there was no chronological or set order to the participant expressing their experiences. Therefore, re-reading the entire transcript provided me with an entry point for capturing what seemed to be of importance to that person. This continued to the next step.

4.4.2 Initial noting

While reading the transcript line by line, words and phrases that seemed interesting, stood out, appeared unusual, or were enigmatic, were underlined. At the same time, any ideas and impressions that came to my mind were noted in the left margin of the transcript. This was developed as a form of descriptive comment that pointed to things that mattered to the participant. The close reading of the transcript also drew attention more to the use of language. Linguistic elements, such as metaphors, pronouns, tenses, repeated words, words associated with time, positive-negative words, and long pauses between words that seemed to convey a person's accounts were noted. The linguistic level appropriate to IPA involves looking at ways in which an individual's concerns manifest with meaning in a narrative form rather than what languages *do* in constructing a discourse (Eatough & Smith, 2006a). The linguistic notation helped me in linking the different meanings associated with descriptive comments made previously. This also provided conceptual connections towards the next level of notation. Linguistic comments were noted in orange.

Building on these exploratory comments, the focus shifted more towards an abstract form of sense making about what a person was experiencing. New questions often arose as a way of investigating the *overarching* meaning associated with the participant's experience. This level of reading became more conceptual and involved my personal reflection and psychological knowledge. Engaging in developing conceptual levels opened up different dimensions for understanding the things that mattered to the participant. However, in order to deliver a participant's unique account, emphasis was placed on the importance of the interpretation always being grounded in participant data. These conceptual comments were highlighted in blue.

As an example, a small part of Renee's transcript is presented below (see Figure 4.3). Earlier on in this interview, Renee had talked about tai-chi and yoga as being things that are positive for her.

Figure 4.3 Initial noting for Renee (original page 3, lines 7-27)

<p>Descriptive (free association) / linguistic / conceptual</p> <p>Loss of desire in her life. 'Self-discovery' was needed in order to find the meaning of her life.</p> <p>Doing Tai-chi is a way to stop 'all the thoughts' and give Renee some 'comfort'. → p.3. 36 focus 'here and now' How distressful 'all the thoughts' are for her?</p> <p>Tai-chi is a coping strategy for her that provides self-compassion.</p> <p>Tai-chi is 'Very very helpful' - here use of 'very very' emphasises her need to have help? The focus turns inward, towards herself. 'Certainly' confirms the impact of not being able to have children has in her life. I wonder how much she is suffering emotionally?? – the depth of emotional suffering...</p>	<p>Int: um...may I ask why you started doing this... [Renee: Why we travelled?] or doing this Tai-chi...?</p> <p>Renee: Oh, the...the Tai-chi...yeah...erm...I <u>was finding it difficult</u> to think...what I wanted in my life. Erm...and...<u>really looking for more meaning</u>...I think...and as part of that...I don't know if you call it a journey? It it...was something I wanted to do...to find out more about myself. Erm...so 'self-discovery' I suppose. And also sometimes I found it to be a comfort, because it stopped all the thoughts. So, in that respect, it was very good. Erm...so...I... read a lot of sort of <u>self-help books</u>, and erm...I like a lot of the books that sort of come from a Buddhist perspective...to do with mindfulness and focusing on...erm...sort of self-compassion those sorts of things. And I've found that <u>very, very helpful</u>. <u>Certainly after...we found out we couldn't have children</u>. Because that was quite <u>hard</u>. Erm so...yeah...it it definitely has been something that has...has made me...erm...I don't know just...<u>cope better with life</u>, I think. And I enjoy it...[laughs]...</p>
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In this initial noting, I was moving between part and whole. I had an overall intuitive picture of her, because I was already in Renee's world through re-reading the entire transcript. The focus of this stage, however, was to engage closely with the transcript and to explore *what is going on here*, in this (e.g., Figure 4.3) part of the whole transcript.

Here, I was interested in exploring Renee's meaning making to her tai-chi experience. I allowed myself to feel or think freely about her experience and wrote them down as descriptive comments. This process helped me to concentrate on this particular part of the transcript, and provided me with a way of paying close attention to what Renee actually said. This shifted to the linguistic level of analysis. As in the examples in Figure 4.3 shown in Orange above, the words such as 'self-discovery' and 'very very' were noted, because these signified the embodied content of her tai-chi experience.

Then, I noted her word ‘Certainly’ as this explicitly connected tai-chi and her experience of being involuntarily childless.

While linguistic notations are a very important part of qualitatively oriented methods in general, my analysis was not to try to examine the use of language by focusing on “talk and texts” (Potter & Hepburn, 2005, p. 283), for example, nor to examine Renee’s life story by considering how “narrative units [] match the temporal sequence” (Labov & Waletzky, 1997, p. 4) of her experience. Rather, my analytical work continued to develop into more psychologically focused interpretations at conceptual levels, such as distress, coping, and inwardness (shown in Blue). Renee’s account, when she said “Certainly after”, was, together with my sense of wonder noted as descriptive comments, conceptualised as the depth of her emotional suffering. In addition, when I felt that there might be connections with what she said here to other sections in the transcript data, I made notes with an arrow indicating the page and line number, keeping me in the hermeneutic circle.

4.4.3 Developing emergent themes

This stage aimed to produce “a concise and pithy statement of what was important in the various comments attached to a piece of transcript” (Smith et al., 2009, p. 92). Here, the interactive and dynamic processes of the researcher trying to make sense of the participant’s world while the participant is trying to make sense of her own experience becomes a form of a double hermeneutic (Smith et al., 2009).

Throughout these processes, initial notes pointing to a particular feature of the participant’s experience were condensed into a more comprehensive theme. Producing a theme, therefore, consisted not only of capturing the participant’s words or sense, but also my own interpretation of it. Developing emergent themes required concentration and time, and was quite challenging. However, creative works enhanced the process of the analysis; that is to say, the analysis progressed by considering how a potential reader would get to grips with dynamics or subtleties that were embedded within the themes. Through this process, each theme that emerged was noted in the right margin of the transcript (see Figure 4.4 for Renee’s transcript). In order to show the analytical

process for developing emergent themes, initial notes are also presented in the left margin alongside the transcript

Figure 4.4 Developing emergent themes for Renee (original page 3, lines 7-27)

Descriptive (free association) / linguistic / conceptual	Int: um...may I ask why you started doing this... [Renee: Why we travelled?] or doing this Tai-chi...?	Themes
<p>Loss of desire in her life. ‘Self-discovery’ was needed in order to find the meaning of her life.</p> <p>Doing Tai-chi is a way to stop ‘all the thoughts’ and give Renee some ‘comfort’. → p.3. 36 focus ‘here and now’ How distressful ‘all the thoughts’ are for her?</p> <p>Tai-chi is a coping strategy for her that provides self-compassion.</p> <p>Tai-chi is ‘Very very helpful’- here use of ‘very very’ emphasises her need to have help? The focus turns inward, towards herself. ‘Certainly’ confirms the impact of not being able to have children has in her life. I wonder how much she is suffering emotionally?? – the depth of emotional suffering...</p>	<p>Renee: Oh, the...the Tai-chi...yeah...erm...I was <u>finding it difficult</u> to think...what I wanted in my life. Erm...and...<u>really looking for more meaning</u>...I think...and as part of that...I don’t know if you call it a journey? It it...was something I wanted to do...to find out more about myself. Erm...so ‘self-discovery’ I suppose. And also sometimes I found it to be a comfort, because it stopped all the thoughts. So, in that respect, it was very good. Erm...so...I...read a lot of sort of <u>self-help books</u>, and erm...I like a lot of the books that sort of come from a Buddhist perspective...to do with mindfulness and focusing on...erm...sort of self-compassion those sorts of things. And I’ve found that <u>very, very helpful</u>. <u>Certainly after...we found out we couldn’t have children</u>. Because that was quite <u>hard</u>. Erm so...yeah...it it definitely has been something that has.. has made me...erm...I don’t know just...<u>cope better with life</u>, I think. And I enjoy it...[laughs]...</p>	<p>A journey of ‘self-discovery’ as searching for purpose and meaning in life</p> <p>Focusing on the self now inhibits overloading thinking</p> <p>Self-compassion as coping</p>

At the end of the process, all themes were transferred into Microsoft Word (for Mac), and the list of emergent themes was constructed. At this stage in the list, each theme was numbered chronologically as it appeared in the right margin in the transcript. This would help in identifying where each theme was originally located within the data.

4.4.4 Developing super-ordinate themes

This stage involved looking for connections across emergent themes and grouping themes that gravitate toward each other. This was then developed into a table of super-

ordinate themes. As an example, in the case of Rene, the first analysis I undertook, 115 themes emerged.

Themes were clustered in order to enrich the understanding of the psychological impact and the meaning of childlessness for the participant. The strategies employed here were to identify patterns between themes. Convergence and divergence, as well as contextual (temporal and relational), and positive and negative dimensions were considered. It was useful to go back to the original transcript to recheck whether the participant's accounts shown in the transcript were reflected in this patterning.

While some themes clustered fairly easily to form a new group, others did not appear to go anywhere and were discarded at this stage. This process continued until the best patterns that showed coherency between clusters and could be seen as an illustration of the participant's wholeness were found. As the analysis progressed to find "a common meaning" (Smith et al., 2009, p. 2), constant engagement in the process of the hermeneutic circle continued.

Through these processes, the original 115 emergent themes were condensed and clustered into 12 themes. Further analysis was conducted in looking for connections across those 12 themes. This resulted in the emergence of four higher order themes, which were named and became the super-ordinate themes. Each super-ordinate theme had shared properties within its theme group (sub-themes), but the four super-ordinate themes were also interrelated. At the final stage of the case analysis, a table was created to represent the emergence of the super-ordinate themes. This was backed up with sub-themes and illustrative extracts, and page and line numbers, referring to the relevant places in the original data transcript (see table 4.3, for Renee's case as an example).

Table 4.3
Table of super-ordinate themes and sub-themes for Renee

Super-ordinate themes Sub-themes	Illustrative extracts & (Page.lines)
1 Feeling the deficit	
Children as people go through a life stage [-realisation of the loss]	<i>now things like my nephews and nieces...I think at each stage, you...realise what you haven't got... (7.28-32)</i>
Childlessness leading to emotional insecurity [Anxiety? Depression?]	<i>because I had wanted them [] there's always regrets and the negatives that come in. (10.41-44)</i>
Endless search for positives on childlessness	<i>who do you know who's found a life... '...now they are having a great life'. I want that. [] <u>absolutely nothing.</u> (21.30-34)</i>
2 Being isolated	
Common everyday conversation triggers a sense of exclusion	<i>I can't talk about these things that all these other women have got in common (8.32-33)</i>
Childlessness remains taboo	<i>people <u>are</u> becoming more aware, but it's still almost a taboo subject (21.48-49)</i>
Shrinking circle rather than expanding	<i>it's difficult to make new friends...as I say more acutely, as we're losing people...shrinkage rather than expansion... (11.15-19)</i>
3 Working to change	
Self-compassion as coping	<i>sort of self-compassion...I've found that very, very helpful. Certainly after...we found out we couldn't have children. [] cope better with life (3.21-27)</i>
Restoring self in creativity	<i>this sort of real thing I want to do things, make things, create things... (5.14-15)</i>
Reframing self-belief as reconstructing life structure	<i>you have to kind of reframe everything, you have to kind of start again and you have to come to terms with that... (14.37-39)</i>
4 Finding connections	
Finding positives in doing something for others	<i>I could see myself doing something like... voluntary work...spend time,...with my nephews and nieces. (12.24-27)</i>

Bonding emerges through experience-close relation	<i>...who obviously have been more perhaps down the same route as myself...are people I can talk to about it... (9.14-16)</i>
Self-disclosure as a way of helping other childless people	<i>by taking part in this [] that will be helpful for <u>other people</u>. (21.5-6)</i>

Note. Speech emphasised is underlined in the above illustrative extracts.

This process of analysis was repeated for each of other 10 interviews, meaning that idiographic commitment was the focus of the analysis.

4.4.5 Looking for patterns across cases

This stage examined patterns across cases and constructed a master table of themes that illustrates shared accounts of the participants at a group level. It is important to emphasise that themes are supported with appropriate extracts based on the acceptable sampling criteria that Smith (2011a) addressed. For example, presenting extracts from a minimum of three participants for each theme is sufficient evidence if the total number of participants is between four and eight. If the number of participants is smaller, evidence for each theme needs to be presented for every participant. In contrast, if the number of participants is more than eight, either extracts from half of the participants, or from three or more participants with the measures of the theme occurrence for each participant should be presented. These criteria were used as a guideline for the analysis.

In this study, one characteristic among the 11 participants appeared to be differences in marital status. In order to investigate this relational dimension on the experiences of childlessness, the women were divided into three groups: group one with five married women; group two with three single/cohabiting women; and group three with three women who were divorced, but living with a partner or who had remarried. These three groups were then analysed separately. For example, the five participants in group one were analysed and a master table of themes for that group was produced. Each theme was supported by evidence presented from at least three participants. Finally, three master tables were produced.

After this process, all three master tables were examined by looking for convergences and divergences across the themes identified. At this point, similarities across the three groups were evidenced. However, no strong feature that differentiated between the groups was in evidence. This suggested that marital differences had less accountability on the experiences of childlessness among the women in this study.

Drawing on the findings, the analysis continued to develop higher order levels of themes that represented all of the 11 participants. Since the three master tables constructed previously were grounded in each participant’s account, the analysis was conducted using the same tables with a shift in focus searching for connections across all themes presented. Repeating the analysis systematically, the master table for 11 women was created (see table 4.4 for overview of the table).

Table 4.4

Overview of the master table for 11 women: the super-ordinate themes and sub-themes

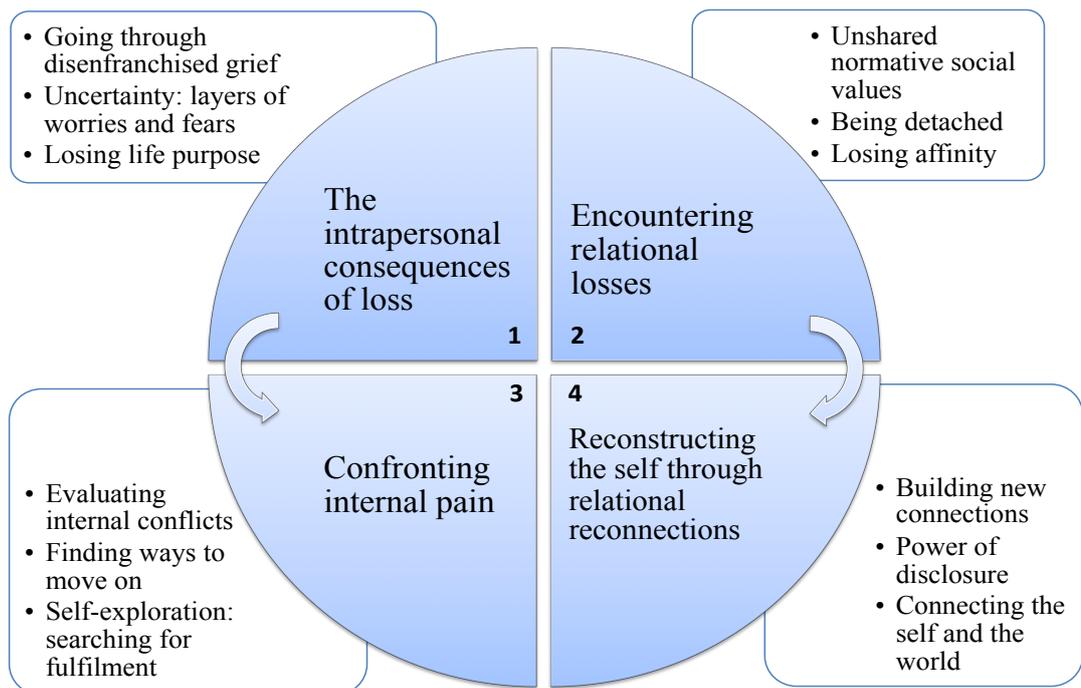
1. The intrapersonal consequences of loss	2. Encountering relational losses	3. Confronting internal pain	4. Reconstructing the self through relational reconnections
Going through disenfranchised grief	Unshared normative social values	Evaluating internal conflicts	Building new connections
Uncertainty: layers of worries and fears	Being detached	Finding ways to move on	Power of disclosure
Losing life purpose	Losing affinity	Self-exploration: searching for fulfilment	Connecting the self and the world

However, there was another characteristic feature that pointed to a temporal dimension that appeared during the analysis. This was the differences in time since the women stopped trying for a baby. Therefore, additional analysis on the degree of ‘recency’ was conducted. Within the higher-level themes (the super-ordinate themes) developed for the master table (for 11 women), the names of the participants in the tables were colour coded depending on the duration since they stopped trying for a baby: green = one to two years ago (recent); blue = four to five years ago (early middle); black = eight to nine years ago (later middle); and red = more than 10 years ago (distant).

Here, the focus was to look for any differences recency of ‘time since stopped’ made within each theme and across the themes. The systematic analysis was repeated here. In particular, active engagement in the hermeneutic circle was important to ensure participants’ accounts associated with recency were not missed. At the end of the analysis, no major differences were found on the degree of recency within and across themes.

These analysis processes added multiple perspectives to the experience of childlessness. The master table for the 11 women was finalised with four super-ordinate themes: The intrapersonal consequences of loss, Encountering relational losses, Confronting internal pain, and Reconstructing the self through relational reconnections (see Figure 4.5 for an illustration of the themes). The processes and the final master table for the 11 women were audited by my supervisor (see Appendix 1G for the full version of the master table of themes). Each super-ordinate theme will be explored separately in the following four chapters. In the next, Chapter 5, the first super-ordinate theme “The intrapersonal consequences of loss” will be discussed in detail.

Figure 4.5 Mapping women’s experience of involuntary childlessness



Chapter 5

The intrapersonal consequences of loss

All of the participants in this study show deep levels of deprivation as a result of not having children. This chapter explores the intrapersonal impact that involuntary childlessness has on women.

5.1 Going through disenfranchised grief

The loss of the hope to have children, for most of the participants, remains as a form of disenfranchised grief that stays deep inside them for years after trying for a baby.

During their infertility journey, nine out of the eleven participants experienced different types of medical interventions, including in-vitro fertilisation (IVF). Memories embedded in participants' experiences started to emerge during the interviews. The diminishing hope of having one's own children through the use of Assisted Reproductive Technology (ART) is devastating, because generally people have high expectations for success when using such methods to conceive. In particular, three participants (Heather, Kelly, & Lucy) who had stopped trying for a baby only one to two years before the time of the interviews showed a strong sense of loss. This may not be surprising as their experiences are quite recent. However, their accounts amplify the actual process of how failed IVF has impacted on them emotionally and mentally.

Heather, who went through IVF treatment using donor eggs, describes her experience as 'an absolute disaster'. The following reveals her emotional destruction:

that was a disaster. An absolute disaster. And in fact...you know...I'll, you know, I'll tell you...but I...I...I haven't told..., I didn't tell any of my friends really, [] erm...they...they all died, all the eggs died. [] they all died. And I think...I can't remember whether, because they'd all died, I think they'd...they [IVF clinic]

phoned me up and they said they'd all died. All the eggs had died so, it wasn't gonna be possible. (8.46/9.26)

Unsuccessful IVF for Heather possibly remains traumatic. For Heather, 'the eggs' are not medical or clinical terms for fertility. She saw them as personated lives. Thus, her perceived sense of loss appears vividly through repeated use of the words 'all died'. Sharing such feelings would be difficult unless the person talked to is aware of, or has experienced similar situations. As a result, she 'didn't tell any' of her friends. She also seems to avoid letting her friends know what a 'disaster' her experience was like. This indicates a sense of secretly kept shame.

Kelly, who experienced six cycles of failed IVF, including three cycles using donor eggs and three miscarriages, shows her profound feelings towards the deaths:

I think the second time no result...to...then the third time, I was pregnant but them, erm...when we went to have the scan, it was really sad, because that...erm...the little embryo, the fetus had died... (1.24-27)

At this stage, Kelly was using her own eggs when she conceived. While being interviewed, she talked in a controlled manner, not becoming emotional.

However, this extract shows her hidden sense of the loss that manifests itself with sensitive shifts through her words. Even though she says 'pregnant', she did not say 'miscarried' to express the state of the loss. Rather, she uses 'the little embryo', and then 'the fetus' and 'had died...'. Here her sense towards the personified 'little embryo' appears, and it is for Kelly a fragile *little person* or *little baby* who 'died'. This demonstrates the loss of the imagined child, who was felt and desired.

Lucy, who tried two cycles of IVF, emphasises the physical and emotional difficulties the treatment had on her, and speaks of its psychological impact:

directly after...erm...my second failed IVF...attempt. I just had a bit of counselling about that...um because it...it did really psychologically affect me...

[] erm...you know the fact that you try so hard at something and...and you fail at it and can't do anything about it, you know, that was such a big thing for me. (17.32-39)

Failed IVF experiences also impact psychologically as significant life events. In this extract, Lucy seems to feel powerless over the impossibility of having the chance to achieve what she desperately hoped for. Grief over the loss also encompasses psychological strain that, for Lucy, is perceived as 'a big thing'.

Feelings of sadness are one powerful reaction to grief. Penny, who went through recurrent miscarriages (three pregnancies that ended in miscarriage), speaks about this:

one of the things that throws me is it feels like the path that...that we're on, is entirely unpredictable. So I keep the grief pop...jumps out at me...at different times...[] I know it sounds kind of a bit crazy, but that's what behind me, thousands and thousands and thousands and thousands of successful human reproduction. []...and I suddenly thought and it stops with me. So, it was... so there's something about some sadness...not I that I feel I've got a great biology or genes I wanted to hand on...but actually sadness...[] I'm stopping the line. There's...there will be no more...and then [] what will be my legacy to the world. (13.13-35)

Penny finds herself in a world that she did not choose to be in. She has been thrown into the 'unpredictable' world of childlessness where recurrent sadness hits 'at different times'. Penny's sadness appears in different levels and dimensions. Sadness over her miscarriages appears as physically felt pain that 'pop...jumps out' at her. Her sense of loss due to childlessness is explicitly presented against the repeated use of 'thousands' of successes, directing us to feel her sense of sadness and guilt over the self who failed to be part of and contribute to this 'human reproduction'. In contrast, her expression 'some sadness' depicts her ambivalent sense towards her situation of childlessness. And there is a shift in bringing back her feelings of sadness as she says 'actually sadness'. What appears here seems to have two implications. First, it is evident that she is grieving the loss of not having her own children. Second, her sadness initially seems to refer to her factual inability to participate in human

reproduction. But she ‘suddenly thought’ about what actually ‘stops with me [her]’. Her realization seems to point to the end of her own existence, as ‘there will be no more...’ *me*. This corresponds with her sadness over the loss of her own ‘legacy’. In the above passage, Penny has shown her sense of losses embedded with the physical pain experienced through miscarriages and the emotional pain of sadness. But further, her accounts have exposed a powerful existential concern regarding her own death.

Penny’s grief continues:

I’m going through a, a grieving process [] When I saw a pregnant person, I fee...I wou...I used to feel like I’d actually physically been kicked in the stomach...it was so...pain...it was a such a physical awful gut wrenching pain of of complete...of complete jealousy and sadness and loss. (7.36-40)

The above extract illustrates an association between a grieving process and the loss of pregnant embodiment. She understands that she is ‘going through a grieving process’. However, everyday social interactions, particularly those where she ‘saw a pregnant person’, bring her back to all the memories and internalised physical sensations attached with her pregnancy. For Penny, this is the pain of ‘complete jealousy and sadness and loss’. This was captured through the use of a common phrase ‘being kicked in the stomach’ – but powerfully. Her use of the word stomach may point towards her own perception of the pregnant body that she once possessed, together with the growing hope and developmental journey of the hoped-for child inside her. And this was lost as a result of ‘being kicked’ involuntarily by unforeseen forces, or in a metaphorical sense, to use her words, by ‘a pregnant person’.

Complicated and ambiguous feelings towards the loss also appear as ‘gut wrenching pain’. This pain may possibly have connotations with *gut feelings*, where Penny’s intuitive feeling of anger turns into ‘jealousy’ towards pregnant women. The passage shows a strong embodied grief over the pain and sadness.

Clare is one of two women who has not tried assisted conception (such as IVF), nor has experience of miscarriage. In her case, her religious background seems to have an influence on her perception towards the loss:

When I first discovered that I, we couldn't have children...erm...I went through so many different emotions, but one of the emotions was, it's a punishment...I'd be a bad mother. That's why I can't have children. Because I was brought up a catholic and it's such a guilt culture. (3.11-15)

When Clare found out about her inability to have children, her suffering was accompanied by punishment. Internal pain and guilt over the loss also impacted her self-belief, meaning she appears to have a more complicated grieving process.

In general, grief is seen as a normal reaction to a loss one encounters, and tends to ease over time. However, Renee's grief is manifested through her sense of an ongoing, unspeakable process over what she 'hasn't got':

I still get upset...[tearful] There are times when...I really think it would've been great. Erm...but most of the time it's OK. yeah...I don't usually talk about it...[laughs] so...mm...I think part of it or me is that as I'm getting older, a lot of my contemporaries have got kids that are at university or...have even got grandchildren now...and it's very hard to...kind of...get away from it all the time...but a lot of the time it seems to be almost cyclical...[] Erm...and I think at each stage, you...realise what you haven't got...and that's tough... (7.12-32)

Similarly, Emily talks about how being with children triggers pain:

there's always a moment when...I...I may have spent whole evening or the whole day joining in and played with the kids...and...you know, I've just been part of the...of the...erm...goings on. And then, at some point there is a moment when I realise or whether or when it sort of hits me, and then it's hard. (7.16-21)

Everyday life for these participants is being with unavoidable triggers for pain and sadness, which seems to be ineffable. Sadness over the unspeakable loss of not having children would stay internally for a long time. Maggie describes:

for many years, especially after...er I, I think we often wear a like a shield

[Int: Yes...] Erm and I was wearing that for many years. Ermm keeping my life, my situa...my childlessness inside that shield and not telling people about it.
(16.4-7)

Maggie was emotionally struggling with her life without children. She tried to protect her vulnerability by ‘not telling people’. The word ‘shield’ clearly expresses this. One cannot penetrate a shield, which is protective; Maggie needed this shield ‘for many years’.

The loss of the hope to have one’s own children for these participants is experienced as a painful and deeply-seated loss which is difficult to express openly. Participants also portray the loss as personified; an embodied manifestation of loss. Grief over childlessness seems to remain silent as people go through different stages in their lives.

5.2 Uncertainty: layers of worries and fears

Participants all identified as involuntarily childless. This unintentionality of not having one’s own children, for most of the participants, leads the self into a world of uncertainty.

Penny, who is living with her partner, demonstrates the concerns that her childless situation has brought. She talks about new worries she never used to have. For example, worries about her partner, who ‘could technically go and find a younger woman who is still fertile’:

[] it...it’s like...[tearful] it feels like an onion...and every time I...think...I’ve worked out one set of fears, I then just discover a whole another set of fears.
(15.43-49)

Here, the metaphor ‘like an onion’ illustrates the layers of fear Penny is experiencing. It also captures her fear over her endless worries. In addition, an uncontrollable, powerless sense of self underlying the fear appears.

Uncertainty emerges because the outcome of childlessness impacts so negatively on the self. Renee, who has been married for more than 27 years, stated during the interview that having children was such ‘a foregone conclusion’ (6.21) that she never thought about not having a family. She, with emphasis on the emotive ‘because I had wanted’, speaks about her feelings:

because I had wanted them, it's...much harder [tearful] ...to keep looking at the positives...I think there's always regrets and the negatives that come in.

(10.41-44)

Renee's perception of her loss encompasses a sense of emotional insecurity. Absence of children in her life is the negation of meaning. For Renee, it seems that finding positives are still difficult at present, and uncertainty therefore ‘always’ stays internally.

Susie, who is divorced from her previous husband and now living with a new partner, similarly talks about her unresolved emotional struggles:

I say things have changed and I can cope. There are times, there's always times when you feel a bit low. And it could be that you're feeling low about something totally different, but it affects you if somebody starts talking about babies or...or fertility treatments. (22.1-5)

Susie recognises that dealing with childlessness is possible, which is illustrated as a positive sense of self – ‘I can cope’. However, she also speaks about a negative sense of self that appears to ‘always’ be there. Important to note here are the times and the situations when she feels ‘low’. When the topics of ‘babies or fertility treatments’ are brought up by others, this intensifies her existing sense of uncertainty. Other people become intruders who ‘affect’ her positive sense of self. Everyday life for Susie is, therefore, living with internal conflicts.

Having a sense of ambiguity attached to the emotional struggles also provokes concerns for the future. Heather reveals her uncertain feelings towards the future:

it's...it's always on my mind to be honest. You know, you...you...you know you're gonna die, never having experienced having a baby, or feeling what it's like, looks [like]...and what it feels like to have a baby...erm...that is not gonna happen to you...ever...that's it. You get your one life. (12.15-20)

What strikes me here is Heather's sense of her own death. She clearly feels no more hope can be expected, as she acknowledges the need to terminate her dream – 'that's it'. At the same time, the fear of uncertainty also appears with a sense of mortality. There is a sense of reduced life here, since having a child gives an extension to one's own life. So for Heather, death without experiencing and creating a new life results in her own life being incomplete. This is captured in the final sentence, 'you get your one life' – life ends with Heather without her having generated her second life. An unimaginable sense of fear is 'always on my [her] mind' triggering existential concerns.

Uncertainty also arises from a loss of self-belief. Penny recounts:

I, I suppose...I suppose...er...I don't know how I get...ended up...here...at this table having this conversation...with you...because it wasn't what I...it wasn't what I envisaged and it wasn't what I wanted. (1.18-22)

A lot of negative feelings appear in her beliefs. Childlessness for Penny is a disruption that 'ended up...here' in an unwanted world. Because this is not the life she chose to have, doubt remains unresolved. Her belief underpinning her assumptive world of 'what I [she] wanted' is being brought into question, and leaving her life with uncertainty.

Alana describes her doubt over her beliefs:

I...I had thought that by now I would be fine...[laughs] so I feel disappointed that I'm not. I feel erm...concerned about the future...I don't want to carry this with me...for the rest of my life. (11.18-21)

Alana's disappointment illuminates her sense of uncertainty in that she finds difficulties in understanding her inability to manage the emotional burden associated with childlessness. For Alana, this seems to be continuing as a threat towards the future.

Several women talk explicitly about the long-term effects of their suffering. Denise, who tried for adoption after unsuccessful attempts of IVF reflects back on her experience:

I was suffering from anxiety and depression. And I was on antidepressants and stuff. I thought I'm not really that stable...[little laugh]...not that I would...do something to...but, I just thought I don't really want them to go through all this thing and say...and say that I'm not suitable cos I'm suffering from depression which...was really...is a consequence of everything that I went through.
(9.20-27)

Here, Denise's struggles are evidenced through her alternation of thoughts. In order to alleviate emotional suffering from failed IVF, she tried to adopt with a hope of finding fulfilment. However, because the emotional impact was enormous, she could not go through all the processes necessary to adopt. The representation of her thoughts here appears to be somewhat unclear. The utterance, mixed as it is with the past and present tenses, suggests that her mind floats back and forth between the past and the present, showing her state of uncertainty, and the long-term effects of suffering.

Clare, who did not have fertility treatment, but like Denise, experienced an unsuccessful adoption recalls her emotional journey, says:

when I was 34, I decided we, I wanted children. [] For me, it's been a...a huge...grief journey, [] Erm...so probably from 34, I was thinking 'that's it', 36 I was getting worried, 38 I was desperate, I thought it's never gonna happen. 40 I had an early menopause, so I knew it was never gonna happen...erm...so...it was probably from 34 to 44, it was 10 years of...angst... (9.33-45)

The lost opportunity to have children brings emotional struggles in different ways. The ‘angst’ accompanied with hidden anxiety, and also aligns with a long grief journey.

5.3 Losing life purpose

Chronic worry and fear induce anxiety. In a similar way, the uncertainty most participants have appears to remain inside them without finding a way out. This generates complex emotional reactions at a deeper level.

For some participants, living a life without children is shown strongly as having a sense of loss of meaning. This is evidenced in Penny’s account of her loss:

sometimes when I’m down, I do think... ‘Oh my life is meaningless...I’m not looking after...a baby...I’m not directly bringing up a child...so what is my worth and value’. (26.12-15)

The absence of children affects Penny’s entire life. Her contemplation on this is reflected in the following expressions: ‘I’m not looking after’ and ‘meaningless’. These expressions signify ‘directly bringing up’, suggesting that ‘care’ for her own desired children would have given her life greater meaning. Penny has not got this. She lost her ‘worth and value’ in life. This loss is depicted in ‘when I’m down’, which further suggests a possibility of a prolonged depressive state.

Maggie, who previously talked about her hidden sadness over a life without children reflects:

I worked in procurement, then, we...er, went to...then after that I went to work for a charity. And just five years ago I decided I’d had enough, and I erm...and I gave up. I was struggling, really. I was lost. I didn’t really know what I wanted to do. What to do with my life. (2.28-29)

Maggie’s reflection suggests that she was trying to find something ‘to do’ with her life; one possibility was through her work. However, the emotional impact of childlessness seems to prohibit the finding of fulfilment in her life. She ‘was lost’ and

meaninglessness took over her life. It is worth noting that the sense of loss she had manifested itself ‘just five years ago’, suggesting a long period of struggling to find meanings in her life.

For Heather, a self-employed physical therapist, work seems to be the centre of her life. However, in the passage below, Heather’s account of possible meaninglessness appears differently in her response to my question:

Int: Do you think of yourself as having goals that you are working towards?

Heather: Having goals...now...Goals...I don't know, erm, not really, no... Because, actually, that's the other thing you know, this, this age, erm...it's horrible, because, it...it really is hard, cos you, you, you erm, I've been in my clinic for 23 years, so I was twenty, I was...er was I thirty, no...thir...thir, was I 32 when I started...And then, you suddenly realised my God, you've done all those years and now you're nearer to retiring...[little laugh]. It's so weird, so weird and yet you still feel like, you know, that little girl at school or whatever... erm...so do you know...I don't know...goals...no, not really. No, I don't really have any goals. (19.33-34)

Heather does not have a goal. This raises the question of *why*. The answer seems to emerge together with her account of grief and uncertainty expressed in previous sections. For Heather, the absence of children seems to impact greatly on her self-esteem, meaning she has lost her motivational force or ‘goal’. There also appears to be a sense of loss over time as she ‘suddenly realised’ she is ‘nearer to retiring’. This passage perhaps illustrates Heather’s feelings towards her childless life that has no particular meaning. Her life at the moment appears to be going with the flow, without any clear purpose or direction.

Understanding the inconsistencies between beliefs and outcomes needs higher levels of cognitive activities. Penny, who ‘veer[s]’ between cognition and affect, talks about her struggle:

So it's like I...I veer between my logical understanding of the situation and my emotional response. And it's almost like I get upset and my logical side says, 'Penny we don't need more humans', you know. 'You did your bit for the environment by not having children...' (13.45-46)

Alana also finds struggles in freeing her tangled emotions.

it's funny how...you know when you break it down and think about what if...and er what the scenario would actually be... So, there're a lot of very, very mixed and complicated feelings that I'm constantly trying to unravel. (14.36-38)

Both extracts show the emotional and cognitive incongruity Penny and Alana experience. Their sense of helplessness appears as they confront their childlessness.

A lack of evidence for positive outcomes of being involuntarily childless often results in a sense of hopelessness. Renee expresses devastating feelings of not finding a childless role model:

Who do you...you know...who's found a life...from that...that you can actually put there and say, 'OK, they've been through this, they've struggled with it, but now they are having a great life'. I want that. And there seem to be absolutely nothing. (21.30-34)

As with all the other participants, Renee feels the absence of her own children in her life is an unwanted outcome. Having a life with children for Renee was envisioned as having 'a great life', and that was lost. Here Renee demonstrates her sense of an endless search for positives on childlessness. She 'still' desperately 'want(s)' to find positives that a childless life can bring. However, in the expression 'absolutely nothing,' her strong sense of hopelessness appears.

Hopelessness is, as a general term, a feature underlying depression. Clare, who has been in 'deep, deep depression' talks about her experience:

for me the fact that I couldn't have children for me made me feel really helpless, powerless, and I went to this deep, deep depression. So, I thought I can't do anything about this, I can't change it...and...I probably stayed there for about a year...It was a terrible, terrible place to be. (6.17-22)

Clare has lost her confidence, and a sense of powerlessness over her inability to change or control the childless situation further impacts on her mentally. Repeated use of 'I' and 'for me' referring to herself also suggests her sense of self-blame. This illustrates her state of depression of being trapped in 'a terrible, terrible place'.

Kelly, who has experienced both failed IVF and miscarriages, talks about her life here in response to a question about the biggest change that has happened to her:

I think it would be...well it's weird, isn't it? Because, at the start of trying for children, I didn't have children, and the end of trying for children I don't have children, but that has still been the biggest change...and I think the change has been the change in expectation of how I thought my...so the change's been how I thought my life would...be...and I think that also it's a...[long pause] a...it... makes you realise all the...erm...assumptions in society, and that you never really knew existed...erm...and having to... kind of find your own path...and what is important to you...so that...I think before I was happy to follow the path that you know, er...get a, you know have an education, get a job, erm get married, have children, and...so...I think that's been the biggest change. (14.26-36)

Kelly summarises her experiences, in a way trying to understand her life objectively and logically. A lot of thinking - 'I think' - is happening here. It is interesting to note that Kelly points out three different times in her life: 'at the start of trying', 'the end of trying' and now, 'I don't have children'. When change happens, it usually opens up many different possibilities in life, but her life has not been changed. Change for Kelly would have been made by establishing a new role through motherhood as a part of 'the path' to follow. Disabling this could have initiated hopelessness in finding meaning in life. This extract captures her sense of stasis in an unchanging childless situation, and possibly her sadness over the wasted years.

5.4 Discussion

All of the participants reported their profound feelings and many different emotions over their lives without hoped for children. Consistent with most of the existing literature which discusses mental issues regarding infertility (Connolly et al., 1992; Demyttenaere et al., 1991; Schwerdtfeger & Shreffler, 2009), depression and anxiety were the most salient features that the women in this study expressed.

This was found not only in women who experienced failed fertility treatment, but also two women, Clare and Emily who did not pursue ARTs, either because of religious or partner's medical reasons. Clare's sense of hopelessness over her inability to change her childless situation led her to a '*deep, deep depression*'. Emily found that being in a situation with children in itself triggered for pain and sadness, and brought a sense of unpredictable and ineffable loss in everyday life. Everyday life in itself becomes one's own reflection of what one has not got (Mälkki, 2012).

Among the women who had failed IVF and/or miscarriages, the childless situation was perceived beyond the outcome of failed medical interventions or clinical issues. Rather, it was perceived of as the personified experiences of the death of a heartfelt little person. One participant, Heather, felt a hidden sense of '*disaster*' that appeared as to point to the death of '*all the eggs*', and another, Kelly, said '*the little embryo, the fetus had died...*'.

Persistence of sadness and embodied pain were chronically experienced and developed silently as prolonged grief (Cousineau & Domar, 2007; McQuillan et al., 2003; Kirkman, 2003). Infertility becomes a long-term and emotionally insecure experience. These findings agree with Johansson and Berg (2005) illustrating 'life-grief', and Daniluk's (1996) paper, suggesting a long-term adaptation process rather than the temporal life event found in Sundby et al. (2007). However, in addition to these papers, many others tended to be solely based on the experiences of women who had failed fertility treatments (McCarthy, 2008; van Balen & Trimbos-Kemper, 1995). Although the number of participants were small in this study, the inclusion of women who had not experienced medical interventions offers an opportunity to explore the

experiences of involuntary childlessness beyond the boundary of medical consequence on which much of the existing literature has tended to focus.

The current exploration revealed the women's deeper sense of ambiguity. A coexisting sense of the loss of an imagined child and having a prolonged desire for children resulted in an uncertainty developing in their lives. Penny's sense of unresolved childlessness brought her an endless sense of fear about the future that appeared as '*an onion*'. In contrast, Kelly showed a sense of sadness and regret over the years that passed without having any changes towards her desired life.

Renee also showed a sense of '*regrets and the negatives that come in*' her childless life, because her strong desire for the '*wanted*' child is still in her present life. She attempted to search for a symbolic role model, hoping to gain positive meaning. However, she ended up with '*absolutely nothing*'. She could not find a positive solution to her childlessness, leaving her in a state of uncertainty.

Most of the women in this study showed a certain degree of angst with difficulties in "making sense out of what they are experiencing" (Boss, 2006, p74). Boss (1999) introduced the concept of "ambiguous loss" – "loss without closure" (p. 35). She explains this as an "unclear", "traumatic", and "uncanny loss" (Boss, 2010, p.138). According to this concept, there are two features of ambiguous loss that people may experience. One is "physical absence with psychological presence", and the other is "physical presence with psychological absence" (Boss, 2006, p.7). The hidden emotional struggles the participants uncovered in this study suggest that involuntarily childless women may suffer from physically absent, but psychologically present, ambiguous losses (Burns, 1987).

Living with both unresolved and uncertain emotional struggles in the present, some women talked explicitly of their existential concerns. Penny's ambivalent sense towards her life further refers to her own existence. She is concerned with what her '*legacy to the world*' would be. Heather talked about her equivocal sense of her own death without '*having experienced having a baby*'. For Heather, the loss of not having a life with her hoped for children in itself seemed to be perceived as a traumatic experience that became a source of existential angst. This appeared also when she

talked about not '*really hav[ing] any goals*', suggesting her state of meaninglessness. This points further to her concerns for the future.

This chapter has examined how childlessness has impacted intrapersonally on the lives of these women. Existing studies have highlighted depression and anxiety as outcomes of being infertile or childless. This study adds to understanding the depth of internal suffering that involuntarily childless women face.

Chapter 6

Encountering relational losses

Living with the emotional impact of loss and interacting with those whose normative lives often revolve around children or family can become quite challenging. Participants demonstrate diverse degrees of complexity as a result of being in such a world. This chapter explores the three themes that emerged which capture participants' perspectives on issues around social connectedness. The first theme, 'Unshared normative social values', elucidates women's experiences of being judged, and having a sense of deviation from social expectations. The second theme, 'Being detached', exemplifies how childlessness creates isolation, exclusion, and separation from the normatively constructed social world. The third theme, 'Losing affinity', explicates women's sense that they could no longer share life endeavours with people who have children, a feeling of inferiority, and the experiences of the loss of trust in intimate relationships.

6.1 Unshared normative social values

People live their lives as a part of society, where sharedness plays an important role. Generally, sharedness is imposed upon socially constructed values, which draw on, for example, family-oriented social systems or age-related social expectations as addressed in Chapter 2.2. For people living without children in such a normative world, difficulties exist in sharing values with others who do have children.

Emily is one of participants who found this hard. She raises the concern of being 'label[led]' by society:

Erm...where it becomes much more painful is that when I sense people pass judgement. Because... you don't have children, therefore, you cannot possibly have an opinion about...whatever subject it is. Or, your opinion doesn't weigh as much as mine, because...I'm a parent...Or, erm my needs are bigger than yours, because I'm a parent. Or...erm...um you...you know...you don't know what it's

like to...erm... you know worry about a child. Well, no, but I do worry about others. Or, when I sense that people do label you as...selfish. (6.13-23)

Within social norms, being a parent enables those with children to share common social values that usually have an involvement in developing everyday life, including ways of thinking, judging and understanding. The absence of children lessens this sharedness. At the same time, as with the participants, who are not able to be part of this normative life course, it is difficult to adopt such social values in their childless lives.

The dilemma Emily feels appears in the above passage. Although Emily has no experience of ‘worry[ing] about a child’, she does ‘worry for others’. She seems to try to justify her values by pointing to the role of caring. She understands that she cannot share social values around caring for children through a parental role, but she strongly feels a sense of injustice against the ways other people with children see her as ‘selfish’. She is living with this sense of unshared value.

Penny, similarly, speaks about other people’s views towards her:

I think am I might gonna be constantly infantis...you know infantilised by society. And kept as a child woman. Is that ho...wa...wa...you know, because I haven't had children an am I never fully a woman? You know, a mature woman? Am I...am I viewed as not having properly grown up somehow... (25.31-34)

Penny is concerned that her identity is ‘constantly’ misjudged. She worries about being categorised as an ‘infantilised’ person and viewed as an incomplete being in the normative world. Here, Penny seems to depict two ways to construct self-identity. One is ‘by society’ through social judgement on herself. The other is the self as a causal factor ‘because I haven’t had children’. These appear as a form of self-questioning that points to Penny’s attempt in justifying self values against social values around childlessness.

Alana has started to pursue her new career writing children’s books. She encounters a similar situation, but within her close relationships:

I sometimes wonder that...my friends and family don't feel that it's...erm...I'm a suitable candidate to be writing children's books, because I don't have my own children, but I thi...I think that's...rubbish. (3.40-43)

Embarking on work that is associated with children is enjoyable but also challenging for Alana. Nevertheless, it is the career that she wants to do and 'writing children's books' itself has value for her. But this is not recognised by other people, meaning she finds unshared values in her relationships with her 'friends and family'. She feels 'rubbish' as a result of their misconceptions, which violate her self-value, resulting in her great disappointment.

Childlessness tends to be 'viewed' and labeled categorically under social value systems. Three participants, Emily, Penny and Alana in particular, have addressed their concerns over socially constructed values that have a negative influence on defining who they are.

There are also concerns about social recognitions towards childless people. Heather, for example, worries what other people think about her and speculates that she is 'a bit [of a] strange' person (12.46-47). Similarly, Lucy feels that other people may say such things as 'you're not contributing to the world' (18.41), because she did not have children. The expectations that society impose on participants appear to influence ways in which individuals make sense of themselves and their lives.

Alana questions her 'usefulness' to society:

I...I definitely think yeah part of not...having children...has erm...[sighs] forces you to question your usefulness...I think...what contribution you're making to the society and so for me...it always...it's like it almost ticks that box, I can give something back and I feel...that I'm not... (10.16-22)

Alana's beliefs in finding 'usefulness' to society appear to be through childrearing. There is a sense of a lack of *generative* features in her life that could be an underlying perception of her getting involved in and making contributions to society.

Childlessness, therefore, ‘forces’ her to answer the question of what she can ‘give back’ to meet social expectations.

These normative social expectations are, in a way, mutually constructed. There is a social morality in everyday life. Constructing common perceptions in society is also influenced by the media. Emily, who is 50 years old, describes how the media has further influenced age-related images that place on her ‘an awful lot of pressure to conform’:

I think we’re under a lot of pressure these days. You’re constantly bombarded by the media...about, erm, you know, if you’re 30, this is what you should have done and this is how you should look. Erm...and if you’re 40, this is what you should have done and how you should look. And if you’re 50, this is what you...[little laugh] and so on and on and on. Erm...and erm you can’t open a newspaper or a magazine, or it’s all there, you know. Erm... ‘50 things you should be doing now you’re 50’, you know. So erm it’s...it’s er...there’s an awful lot of pressure to conform. (10.39-11.1)

Age-related expectations have become problematic in that individuality is governed by socially constructed expectations. Emily is living ‘under a lot of pressure’, suggesting difficulties in her ability to attune to her social world.

Women in their midlife living without children can be seen as a deviation from the norm. Being in this situation, social expectations are generally mediated upon or around a life with children and families. When childless individuals compare themselves with others, a salient sense of deviation from the normative world appears. Renee makes comparisons with people in general:

I think there’s more people talking about it, and I think people are becoming more aware, but it’s still almost a taboo subject. (21.48-49)

In contrast, Maggie compares herself to parents:

my sister-in-law...really struggled with her children her husband's not very supportive and we and erm...and that was quite helpful, actually...erm for us... seeing that it's not always great to have children...[] Erm, and life's been a real battle for her...and that's quite...I was gonna say, that's quite good, it's good to see that, you know, because do tend to think that parenthood is a rosy picture, whereas it's quite nice to see that it isn't...sometimes. (21.6-16)

Both Renee and Maggie have tried to position themselves in the world through social comparisons. Renee appears to agree that her childless situation is deviating from norms, and her perception of childlessness mirrors as 'a taboo subject' in society. Here, it could be inferred from her comment that childless women have fewer social expectations placed on them. Maggie's account, which has similarities to Renee's, shows her understanding that her life differs from the normative life course. However, she presents a rather positive sense of self by defining her childless identity as 'us'. At the same time, defensiveness emerges against socially constructed expectations that 'parenthood is a rosy picture'. This could be her way of protecting her dignity against a sense of deviation from norms, which is illustrated through downward comparisons.

6.2 Being detached

All participants have shown their concerns about relational connections in society. More than half of the participants explicitly described their detached feelings from others in everyday life. There appear to be three different, but interrelated features: isolation, exclusion and separation.

The term isolation here refers to participants' feelings about a lack of or losing contact with people who have got children. There are difficulties in 'widen[ing]' one's social world, as Renee describes:

it's difficult to make new friends to to...widen your circle, and I think that's something that I feel...as I say more acutely, as we're losing people...that that...that it's this idea [little laugh] of shrinkage rather than expansion... (11.15-19)

There is a deep sense of loss of connection that makes Renee feel isolated. She ‘acutely’ feels a disconnection from society. But, sadness and fear also seem to play a part in her felt sense of ‘shrinkage’. Sadness embedded within the loss of having her own children appears possibly as a metaphor here for the physical image of the loss – shrinking rather than growing a pregnant bump. And because she does not want to experience another loss, a sense of fear appears around ‘this idea’ of ‘losing people’.

Engaging in society means interacting with people in various situations. Since children are everywhere, being with others in itself often evokes isolation. Clare and Kelly both have made boundaries themselves from ‘people with children’:

I distanced myself from people who’d...were having babies or got young children, and I lost quite a few friends. (Clare. 2.48-3.1)

...I think because I still find it hard to be around people with children, um....so I think it...brings up, sort of too much sadness...so it’s nice...I kind of feel...I’ve, I’ve deliberately avoided my friends with children. (Kelly. 3.23-24)

As both extracts illustrate, children trigger ‘too much sadness’ (Kelly). The participants’ avoidance is a way to protect themselves from emotional pain. At the same time, this behaviour disables social connections and contacts and, therefore, leads to isolation.

Isolation for Maggie appears differently. For her, it results from role differences:

when ordinary friends’ve got children erm...it’s nice to find...it’s hard to find... let me go back there...when you don’t have children it’s hard to find new friends, because parents find friends at the school gate. (3.36-40)

Children initiate social bonds. Maggie is isolated from social roles that ‘ordinary friends’ of hers find, in this case, their friends ‘at the school gate’. Since Maggie’s friends are ‘parents’, they connect with each other through parental roles in common everyday life. Maggie is in midlife role-isolation, and so finds it difficult to connect with her friends who are parents. It is interesting to note that her sense of childlessness

is perceived as not 'ordinary'. Having a sense of abnormality regarding childlessness may also limit social connectedness.

Participants often talk about their feelings of exclusion, particularly when they are engaging in common, everyday conversation. Renee, who previously described her difficulties in expanding her circle of friends, makes the comment that she 'feel(s) excluded quite a lot of the time':

I can talk about holidays, I can talk about walking, I can talk about gardening, but I can't talk about these things that all these other women have got in common...and that...you...you feel excluded...quite a lot of the time... (8.32-33)

Exclusion for Renee results from an inability to participate in a conversation. Ironically, what she 'can talk about' are the things that she does not have in common with other women. This is an important statement, illustrating her sense of detachment and exclusion from norms. Not having had children or family makes Renee feel vulnerable in everyday situations.

Similarly, Clare shows her sense of exclusion from 'a group of mums':

I still...feel a little bit...out of it. If you're with a group of mums and there're talking baby talk or children talk, it's quite difficult...to join in the conversation. And they most of the time they don't mean to but you do get excluded. (3.41-46)

Babies and children are common and naturally engaging subjects for mothers. Clare's sense of exclusion seems to point to her powerlessness to change her relationships with mothers. Even though she cannot 'join in the conversation', the mothers 'don't mean to' exclude her. So, there is no specific object that causes Clare to 'get excluded'. Without particular sources to work on, it may be difficult for her to find a solution.

If everyday conversations become a trigger for having a sense of being 'left out', it will be hard to associate with other people in everyday life. Maggie's account confirms this:

all...when people have children, all they wanna talk about is their children, really...and...erm...erm it can be hard...it is hard. If you're...you can't join in...you feel really left out, you can't join in the conversation. (20.39-43)

There appears to be a conceptual shift in this extract that shows Maggie's real sense of self with regard to relationships to 'all' the people with children. Here, first, she uses a passive when she says that 'it can be hard', and then, her perception turns inward and she speaks out using her own experience saying 'it is hard'. Maggie finds that as a childless woman, it is difficult to participate in conversations in general, which leads to a disparity between herself and those people with children.

A life without children in a child-oriented world can create social boundaries. Kelly positions herself in society and compares her life with the norms:

I think, erm...realising that I don't have children and a lot of people do have children, and that I'm different from them...and also different from...what I perceived of society normal to be. (15.5-8)

Kelly finds herself 'different'. She now has a sense of separation from 'a lot of people' who have got children. Also, doubt about her situation in life emerges through a sense of losing connections from the social world which she once 'perceived' herself to be a part of. Now she seems to be 'realising' that her life path will be different.

Heather's account echoes that of Kelly:

you have to find other ways to kind of fill your life and...you know, it's a different way of life when it's just you and your husband and...and no family... (10.39-40)

Heather feels that she is living 'a different way of life' from a normative course. Absence of children in life is indeed a big loss and she needs to 'find other ways' to 'fill your [her] life'. There is also a sense in her utterance that her life is limited in terms of social connections, because her life is 'just' with her husband.

Clare advances Kelly's and Heather's accounts as she says:

with children you can see your life's progress, can't you? Without children, ...you think 'Well, what have I done?', 'What have I achieved?', 'What am I leaving behind?... (18.28-29)

In this transcript, Clare raises three questions that matter to childless life as a whole. In a general sense, these seem to refer to values, achievements, and legacies. She has reflected on what she has 'achieved', and addressed future concerns, suggesting that these are existential questions. Ultimately, having a separate life course from that with children can result in having difficulties in finding 'life's progress[ion]' embedded within society.

6.3 Losing affinity

All participants feel they are losing connections with the social world. Not only losing friends in a quantitative way, but also most of the participants recount their sense of losing the affinity that influences interpersonal qualitative connections. For example, having feelings of unshared life endeavours with their friends or people who have children.

Penny said during the interview that 'there's a love that I [she] will never understand' (25.19-20). This illustrates one important feature that all of the participants share: a love they could not establish with their hoped-for children. Penny here speaks about her struggles over her inability to share the meaning of love that mothers have for their children:

They're all different types of love. And that the love you have between a parent and child is a different type of love, but it's not better than other types of love. So again, I get caught between logically going... 'This is not like a love Olympics... where there's...this gets the gold medal it's the mother-baby love is the best kind of love and in the love Olympics that's what you get and any other kind of love is

gonna come further down the other spectrum. There isn't really a love Olympics, although it...it feels like there's a love Olympics', you know... (26.1-11)

A logical and emotional conflict over the meaning of love appears in Penny's account. She tries to understand the meaning of love, as the analogy with the 'Olympics' suggests, by looking at 'a different type of love'. However, she could not get 'the gold medal' 'in the love Olympics', resulting in her feeling beaten by the 'mother baby love'. What appears in this extract is that Penny tries to place a value on the quality of other types of love which are not that of a mother-child relationship. However, Penny is struggling to find the meaning of 'love' that is equally valuable to that which mothers have for their children.

Loving one's own children is a symbolic feature of motherhood. Children grow normally with love and care from parents or through parental roles. For Emily, having this developmental quality in life appears to be the 'big experience of mankind':

this big experience of...of...of mankind, that you know, we're supposed to be, for most of people I suppose...because one of the milestones in their life and I sort of passed it by. (4.21-24)

There is a sense of regret and sadness about the fact that she is passing 'the milestones' that 'most of people' have in their lives. This seems to point to her unshared qualitative closeness to people who are living their lives with children.

Alana relates an account similar to Emily's, but with 'envious' feelings towards mothers:

I'm envious of their potential...of the...of...of them watching their children go through these next stages and trying to guide them through...erm...the difficult situations, at school, and with their own friends and their life choices, and I envy that...role that they have in their lives and in helping to shape their lives (7.8-15)

Alana's sense of envy is not actually directed to mothers per se, but towards the role that mothers have. She sees children as people who go through life 'stages' that give

their parents new stages in their lives as well. Life for parents progresses in parallel with child development. So, those who are unable to have a parental role are at risk of losing the developmental qualitative experiences accompanied with child-rearing: to guide and to be guided. The role of parent 'shape[s]' one's own life as well as one's social life. Alana has a sense of envy that may influence her personal relationships with others.

It is not surprising that unshared feelings appear towards people who have got children. Heather, however, has these feelings when interacting with a woman in a similar situation as herself but who has a positive perception of her childlessness:

Heather: [] Erm...and er...and she says...now that she's...she's happy now. And she's accepted not having children. I can't imagine what that would be ever like, what that would be like, or whether that will ever happen...

Int: ...For you...?

Heather: Yes, for me...honestly...[] I think well I wonder if she really is...if [the person] really is over...over it. Erm...but I...sure she probably is, and...and there seem to be other people...you know...their stories...that they say they are, too... (16.15-29)

It is difficult for Heather to find the positives in a childless life, so meeting an involuntarily childless woman who finds happiness in her life is unimaginable. She appears to have uncertainty towards herself as to whether she can ever get over the situation. She also illustrates a dichotomy between 'say[ing]' and 'real[ity]' on the positives of being childless that seem to underlie her doubt. So, a shared context of being childless may also become unshared, through losing interpersonal affinities.

The role of the mother seems to be a salient expression that participants refer to when they try to view themselves in the social world. About half of the participants have shown feelings of inferiority because they cannot take that role. Inferiorities appear over different relationships and in various degrees. Here we look at two participants

who relay their relevant experiences: the first with parents and brother, the second with other mothers.

Alana, who has started writing and illustrating children's books, first describes her feelings towards parents:

I want to bypass the parents, because that...it's not...not so much that children I have difficulty with it's the parents...The parenting, being a parent and...me not being a parent...it's them that I...I have trouble...the most trouble with...and not the children. [] er it's listening to parents talk about parenting, and wit... watching them parenting, that's what I find the most difficult, I think. (4.5-15)

She wants to connect with children, but not with parents. Here, she shows her sense of aversion towards 'them' – the parents. Alana wanted to be a parent, and so being with parents becomes a constant reminder of her unachieved but hoped for identity. More importantly, what matters to her is 'being' a parent. However, 'not being a parent' means that experiencing the meaning of 'parenting' is unattainable. This seems to be reflected as a sense of envy and failure that makes her want to 'bypass the parents'. There is a discrepancy between the real self and the ideal self that is problematized in constructing self and identity.

Alana further talks about the relationship with her brother, who has four children:

Erm...my brother is quite celebrated within the family, you know for, erm...for his family...[tearful]...and my Dad...er...and my Dad and the wider family sort of cerebrate him...and he...he's you know they just get showered with...attention and love and gifts and...it sort of...more piled on the...what they already have...[little laugh] and nothing that...it sounds selfish really, but erm...er...yeah, I feel sad sometimes...The...I feel like a less...I feel a bit invisible sometimes I think within the family... (19.3-12)

Alana is now assessing herself and her brother within the context of the family. Her expressions 'feel like a less...' and 'invisible' suggest valuelessness and non-existential sense of self 'within the family'. Comparing the self with her brother, who

is 'quite celebrated', makes her sad. This sadness emerges as she speaks about her father and becomes emotional. This captures first the feelings of disappointment that she gave to her father and second, the potential her brother has brought into the family through having his own family, providing a chain of continuity. Here, sadness about being unable to be a part of the chain appears, but jealousy towards her brother's success also comes into play. Alana's account in this passage describes her sense of inferiority that exists within the family relationships.

Penny talks about things that she hopes to be doing in five years' time. One thing she wants is to gain a sense of 'equal[ity]' with mothers:

...I'd like to be able to sit with mothers and feel an equal to them, and feel that my story is just as valued, and it doesn't feel like that at the minute...it fe...it fe...I don't...I don't feel OK...I feel...that I am less than they are...and I'd like to feel that they're OK and I'm OK, and that's OK [little laugh] (34.10-15)

So, currently Penny feels 'less than' mothers. She needs to feel that her experiences of being childless are no less than the experiences of mothers, and hopes to be valued equally. Her sense of inferiority to mothers appears also through *spatial* differences where Penny hopes to be able to 'sit with mothers'. The incompatibility of *lived space* or *felt space* could draw a line for Penny in her sense of her relationships with mothers.

Understanding or trying to understand other people's needs is important in order to sustain good relationships. Lacking this often undermines sensitivity towards others. Three of the participants in particular have shown their sense of loss of connection with people because of insensitive attitudes they have been subjected to. Interestingly, all of these participants share the experiences of both failed IVF treatments and miscarriages, and explicitly talked about their experiences. Kelly, who has been married for more than 13 years, now wants 'more genuine connections with people' and not 'just for social convention' (4.40-42). Susie, who divorced, but has been in a relationship more than 16 years with her current partner, has a similar feeling. In her case her rebellious accounts appear as 'I won't be spoken to or upset by people' (25.48). Denise, who also experienced a broken marriage, but remarried and has been with her current husband for more than 16 years, speaks of a lack of understanding.

Her childlessness is not by choice and she does not ‘want people to think that I [she]...didn’t want children’. (6.19-20). Her accounts also suggest her need for sympathy as a way of having the feelings of connection with people who have got children.

Trust is also key to maintaining or developing interpersonal relationships. However, trust that is broken will end an intimate relationship. Susie, Denise, and Lucy are three participants who experienced divorce due to infertility or reproductive issues, and their accounts emphasise the impact that the loss of trust had following the breakdown of relationships with their respective ex-husbands.

Lucy reflects on the time when this happened at the age of around 32:

For many years, um, first of all, um with my ex-husband, um we tried for many years [] I think it must have put strain in our relationship and my husband, my ex-husband...erm...admitted that he had met someone else. And erm...we had to...stop the treatment. [Int: ok...] erm and then...subsequently, we um...we had a divor...we divorced. (4.42-47)

Lucy must have had a devastating time, experiencing both the loss of the chance of having children and the loss of her married life. This corresponds to the other two participants in this context. Susie recounts:

he did decide that we would have fertility treatment, but hardly, [] And when it comes to me getting to the top of the list, for fertility treatments, that’s when he left. That’s when he couldn’t...’ave...he couldn’t take it and he had to come clean, and he went. So, I lost a marriage through this. (19.46/20.3)

Susie lost her trust as a result of her ex-husband’s unsupportive attitude. Her expression ‘when it comes to me getting to the top of the list’ seems to suggest the time of divorce was the most critical period in her reproductive years in her life.

For Denise, a previous marriage seems to have ended up with termination of a dream:

when I was with...my first husband, I...I kind of wanted to have children. But, we...I...I was...[] we never had children which was maybe a good thing or bad thing, but anyway. Oh...I should say that I did...probably worth saying as I did actually get pregnant when I was 26. And...[incomprehensible] an ex-partner and I had an abortion. Cos, I...I didn't want to be with him. (1.46/2.6)

It appears that Denise had a complicated married life with her ex-husband. Even though she 'wanted to have children', she also expressed conflicting feelings towards him as evidenced in the remark 'I didn't want to be with him'. She mentioned previously in the interview that her ex-husband 'went off with a friend of mine (hers)' and 'that's why' they split up (1.23-24). Although she did not comment on how long she had tried for children with her ex-husband, Denise's unhappy relationship ended with an 'abortion'. Considering the experience of abortion as 'worth saying', it seems as if she wanted to share the impact she had through this loss as well as the loss of intimacy.

6.4 Discussion

"Meaning is found relationally" (Boss, 2006, p. 75) and as such, interactions among people bring new opportunities, connections and meanings in life. Self-efficacy (beliefs) and self-esteem (self-worth or self-value) are sources (Baumeister, 1991) for meaning making in a manner of "searching for coherence" (Yalom, 1980, p. 423).

Isolation inhibits coherence in society. Survey-based studies comparing parents and childless individuals on social connections often indicate that having no children in one's life does not lead childless adults to social isolation (Albertini & Mencarini, 2014; Klaus & Schnettler, 2016). However, existing literature using qualitative methods has tended to show different outcomes. In particular, difficulties in finding coherence within society for involuntarily childless women is well-evidenced. Findings, for example, have pointed to women's stigmatised sense of self (Letherby, 1999), incomplete sense of self (Todorova & Kotzeva, 2006), sense of failure and exclusion (Loftus & Andriot, 2012), and discrepancies between self-beliefs and normatively constructed social values/expectations (Riessman, 2000). Although they

demonstrate the relational impact that childlessness can have on women, these findings draw on studies looking at the medical or social influences of childlessness.

Focusing on each of the participants' experiences in their own rights, the findings in this study illustrate ways in which childlessness creates deviation from norms in daily lives. All of the women in this study talked about their relational deficits, and while similar to those in existing literature, more detailed and nuanced accounts were evidenced.

Emily was concerned about being judged by society and being labeled as '*selfish*'. As she was not '*a parent*', she appeared to feel a less-valued sense of self in society. Penny also found herself being '*infantilised by society*', leaving her with a sense of being incomplete as a woman. Alana described her sense of unshared values in society because she did not have her '*own children*', as well as her experience of unsharedness in her close relationships with '*friends and family*'. Participants perceived their sense of self based on how others, particularly people with children, viewed and thought of them, and what they said to them. The inability to meet social expectations challenged these women with regard to their gender identity (Loftus & Andriot, 2012). One concept of gender is described as "the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one's sex category" (West & Zimmerman, 1987, p. 127). In this sense, these women appeared to compare themselves with others based on their gender roles as well as a parental role. This may result in *role confusion* (Erikson, 1950/1995) with the feeling of being 'strangers' (Letherby, 1999), 'outsiders' (Malik & Coulson, 2013), and being 'different' (Peters et al., 2011) from generalised womanhood.

Children certainly provide extended social connections, as parents gravitate toward each other through daily activities finding, as an example expressed by Maggie, 'friends at the school gate'. Unable to share 'ordinary' roles such as this, childless women seem to be more limited in finding 'new friends'. The absence of children would therefore become a boundary (Burns, 1987) for social connections.

The women in this study further demonstrated quantitative as well as qualitative dimensions that underpin unshared interpersonal relationships in their everyday lives.

Quantitatively, more than half of the participants explicitly talked about their experiences of losing friends among those with children; isolation that resulted in a ‘shrinkage’ in the number of friends. Exclusion from common, everyday conversation led to lost opportunities to join in with people with children and finding that the participants themselves were ‘different’ from ‘a lot of people’ initiated separation from society. At the same time, most of the women encountered some degree of interpersonal disconnectedness with people who were parents; this emerged as unshared qualities over the meanings of love and parenting. For Penny, ‘the mother-baby love’ appeared to be the most important love to experience. Alana expressed the ‘potential’ that parenting would provide as life progresses. Being unable to share these important moments appeared to break bonds with people who were parents.

Additionally, this study was able to pay attention to elements of involuntary childlessness which are less documented by studies on childlessness. Thoughtless comments expressed by others were found to be a particularly sensitive issue for three of the participants who experienced both failed IVF treatments and miscarriages. There is the possibility that women with both such experiences may be prone to developing “insecure attachment[s]” (Bowlby, 1988, p.10), and may experience difficulties in having close relationships with other people. The lack of social understanding of involuntary childlessness is another source of losing affinity with others. This further brings up the issue of trust. Among the participants, three of the women experienced divorce as a consequence of having reproductive issues. The loss of intimacy caused as the result of untrustworthy relationships with ex-husbands became reflective accounts and stayed in the women’s consciousness.

This chapter has offered intricate accounts of women experiencing difficulties in interpersonal relationships in daily situations. This has provided us with a better understanding of what it is like to be in a normatively constructed social system for women living with involuntary childlessness.

Chapter 7

Confronting internal pain

This chapter presents ways in which participants deal with inner turmoil in everyday life. Although interactions with people who have children in a family-oriented world can be difficult, all participants are trying to deal with life on their own terms. Intrapersonal features associated with this process are captured in the following three themes: ‘Evaluating internal conflicts’, ‘Finding ways to move on’, and ‘Self-exploration: searching for fulfilment’. The first theme illustrates evaluation processes and features associated with acknowledgement, acceptance, and avoidance, revealing the women’s unique ways of dealing with internal suffering; the second theme illuminates how making choices, positive self-affirmation, and reframing self-beliefs can help in coping and understanding one’s own internal pain; the third theme highlights women’s positive perceptual shifts through self-exploration.

7.1 Evaluating internal conflicts

The participants have spoken of long held and deep-seated feelings, and their personal reflections have emerged as a form of self-evaluation. Acknowledging the self as childless is a fundamentally important first step in an intricate process. Penny reflects on her experiences of childlessness in relation to other childless people and shows her ways of understanding who she ‘really’ is:

the problem was is at the time, I couldn’t admit to myself that I was...I was one of them. You know, it’s like you hear about those people who are alcoholics who go to AA and then go, ‘Oh no I’m not as bad as them. I’m not really an alcoholic.’ It’s almost like I went and met up with them and went, ‘No, no, no I’m...I’m not really one of those women who...who hasn’t been able to have children.’ And it was only...a couple of years later that I went...actually...I really am...[laughs] I didn’t wanna own it, but it’s me...[laughs] (20.39-48)

Here Penny shows a complex reflection of the self. One thing to note is that even though she is now able to express herself as a childless woman, internally she still has some degree of uncertainty over coming to terms with her childlessness. This is depicted in her utterance ‘the problem was is’, revealing her sense that she was unable to have children in the past - ‘was’. However, she also uses ‘is’ – the present – demonstrating that she still has the problem of accepting who she is. This is also evident in her laugh towards the end of the passage; it could be suggested that laughter is her way of disguising her fear or avoiding her acceptance of being childless. In addition, Penny’s sense of fear in facing her reality appears in the sentence ‘I couldn’t admit to myself’ that she is in fact ‘one of those’ childless women with whom she does not belong. Having noticed these contradictions, it appears she has started an evaluation process. Penny is trying to understand what is going on internally, and to find her real self. By self-categorisation – that is, viewing herself in a group that she did not want to belong to, her perception of her self has shifted. She has started to acknowledge herself in the context of childlessness. This leads her further to initiate having a responsibility towards a ‘didn’t wanna own’ childless self.

Susie describes an understanding of her self that has shifted over time:

Now is totally different to what I was feeling. What...from what I’ve been through...it’s like...er...it’s like...that was me then, and this is me now. Being there, being through it, it wasn’t very nice. Got to the end of it. Cut off points. Moving on. Now, I’ve moved on. (6.44-49)

Susie’s approach to childlessness appears to be pragmatic, and she applies this to evaluate herself internally rather than categorically as is shown in Penny’s accounts. For Susie, therefore, understanding who she is has imposed acknowledging ‘the end’ of her infertility journey as ‘cut off points’, which has empowered her to ‘move on’ beyond her limitations. Importantly, this extract also captures the temporality that becomes a part of constructing who Susie is as a whole being.

Acknowledging childlessness also possibly takes the self away from a self-belief attached to motherhood. Clare illustrates her conceptual shift in her thinking about motherhood as ‘a’ role in life:

The children [Clare often mentors young children through a charity work or by hosting children for a couple of months] related well to me, I gave them love, hopefully I made...a good difference in their life. And also thinking...there is actually more to life than being a mum [Int: mm] which for me, like, even five years ago I never thought I'd say that. To me, that was the 'be all and end all'. But now I think that's 'a' role. But there're so many other roles in my...[voice fading] (5.33-39)

Clare evaluates being a mother as not being the ultimate role that gives her life meaning. At the end of this extract, her fading voice may indicate that she still has doubts about detaching her feelings from the role of being a mother. As she stated, 'children related well to me [her]', suggesting that she believes childrearing is necessary for her to have a meaningful life. Even so, it is evident that she has started to acknowledge different ways of finding meaning that give, through different roles, 'more to life than being a mum'.

Most of the participants have acknowledged their limitations with regard to having their own children. Difficulty appeared amongst participants in finding ways to accept limitations and to modify internal suffering. Several participants described the effectiveness of 'talking therapies'. Susie speaks of her experience:

I've had counselling in the past...where you talk, and you talk, and you talk. And lots of things come out and you get over it, and you move on a bit. Helps you move on. I know that. I'm a big believer in talking therapies, cos I had a lot of it in the past. But, this is like...the last step to me...to to...to moving on. No one's ever asked me questions about it. You're probably the first person. I've talked a lot about it. But no one's really asked me questions. Yeah... (7.1-10)

Interesting accounts have emerged in this extract, in that although talking of one's own experiences is helpful in order to let out 'lots of things', its effect does not last. For Susie, 'talking' helped 'in the past', suggesting it does not serve as a resultant force to conquer emotional turmoil. Accepting this as a limitation, Susie further points to a need for having others' awareness or curiosity to 'ask' about her experiences, rather than one-directional talking to a therapist. For Susie, therefore, being interviewed

about her own experiences is an important reappraising process that is also perceived as ‘the last step’ to accept the self and ‘move on’.

Denise also discusses talking therapies:

I tried...I...I've kind of...I'm still not...my health isn't 100 per cent. And I'm still on...various...antidepressants and things. But, I...I've kind of, I've kind of done with talking therapies, really. (14.41-44)

She seems to be struggling to articulate a positive sense of self here, and is trying to justify her efforts to let out her negative emotions. This appears as she changes the tenses, ‘I tried’, ‘I’m still not...’ and ‘I’ve done’. Similar to Susie, ‘talking therapies’ helped her in the past, suggesting the limitation of ‘talking’ as a coping strategy. What she needs, in contrast to Susie, is the help of taking ‘various antidepressants’ to deal with internal suffering.

The need for taking antidepressants is also evidenced in Lucy’s account:

Lucy: [] I did have therapy in the past and it really helped...erm...But I'm not now. I don't feel like I need it. Erm...I do take antidepressants, but erm...I think it...because I do suffer from anxiety, I just...I feel so good on them, that...I just...you know...I don't want to go off of them. Erm...but I...I don't think that it's because of the antidepressants that I'm feeling positive about things. I...I think it just, it's just you know something that helps a little bit...

Int: So, something means...?

Lucy: erm...yeah, it's just, you know, it kind of just...I...it...just makes me feel...better like I don't have ups and downs. Well, I do have ups and downs but they're not so severe so, erm...yeah, that's why I...I took the antidepressants. I just feel a bit more...a bit calmer [little laugh]. (18.4-21)

Lucy’s account echoes Denise’s. Taking antidepressants is her own decision, and helps the process of dealing with ‘anxiety’, by making her ‘a bit calmer’ rather than

modifying internal suffering. What all three participants, including Susie, share is that talking about emotional struggles is an important process that leads to accepting the limitations of ‘what you can and cannot do as an individual’ (Emily, 19.29). They also highlight that accepting the limitations enables individuals to realise what they need within a given time, and to deal with everyday life.

Having looked at ways of dealing with internal conflicts so far, two participants further add their rather different approaches. Maggie, who expressed several times during the interview that she enjoys her life – ‘positive, very happy, and fulfilled...’ (22.46) – shows her way of dealing with concerns for the future:

when we get older, I know having done quite a lot for my...both my parents and Ken’s parents still...his Mum...we...you do wonder who’s gonna do that for us, actually. But I’m not gonna think about it now, because I’ll think about that later, because it’ll...what’s the point in worrying about it. (21.36-41)

Maggie’s care of her own and her husband’s parents reflects back to the self as a concern for the future. However, the strategy she uses here is avoidance; she delays finding a solution to that concern. However, this does not seem to be a negative, as she prioritises what matters to her in her life at present. Maggie turns avoidance into a force to deal with her feelings of uncertainty.

Heather also expresses her sense of avoidance, but towards ‘change’. She recounts this in response to a question:

Int: How about the biggest change that has ever happened?

Heather: Biggest change...in...in erm biggest change...erm...Well, I don’t know, because I can’t really, er you know, it...it...I have never really moved away from...I was born in Canada, and obviously I was...a baby...young when I came through, so...I...to be honest, I don’t really like change. And I’ll try and avoid ‘change’ wherever possible to be honest with you. So, actually I’m not sure about any big changes in my life. Erm...probably the biggest change was...growing up from being...safe in your safe environment...you know [] So

erm, yeah...that that...that was the change that don't think I really liked very much. You know. (22.22-37)

Heather's strong sense of avoidance appears here as she says she will 'try and avoid change wherever possible'. Making changes is generally a way to achieve adjustment. However, change can also have a negative outcome. Heather appears to be concerned about the latter. Making change and moving out of one's comfort zone needs courage. This possibly reflects negatively in her statement 'probably the biggest change was...growing up from being...safe in your safe environment'. It is difficult to interpret Heather's experience more closely here, but this is suggestive that her spatial experience accompanied with moving from 'being safe' to being in her unprotected circumstance affects her emotionally, which underpins her way of coping. Heather said previously that she does 'not have any goals' (19.34). Together with this account, this creates a picture that avoiding change is her way of living in everyday life with the loss of having children.

7.2 Finding ways to move on

Dealing with emotional difficulties is a unique and multifaceted process. While evaluating internal conflicts, participants have become conscious of their own situation and needs, as well as taking their own meaningful actions. They are making choices meaningfully in this regard. Clare 'emphasise[s]':

I think it's been a choice, definitely. I'd like to emphasise the choice [Int: choice] that you can either stay, grieving this is what I want, woe is me...or...[] deal with it, and get on with it and find something else. (9.5-10)

Clare's strong determination to move on appears in this extract. For her, modifying her sense of loss by 'finding something else' is a choice, which seems to help her regain self-control; she chooses not to 'stay grieving' but to move on. This also suggests that finding 'something else' is a conscious decision, which enables her to have an aim to live for, giving her life a new meaning.

Maggie captures Clare's account nicely by using the word 'butterfly' (16.29) as a metaphor to refer to the self and explain the process of moving on, as demonstrated in the following extract:

Int: Ummm...so to to op...to open up to [Maggie: Yeah] to go out from [Maggie: Yeah] the cocoon...[Maggie: Emerge. Yeah, yeah] emerge...so what, for you what helped again?

Maggie: What helped? It was erm...well it was erm putting the past behind me and working out who I am, actually. That, that...getting my core values erm...absolutely erm...critical and knowing those...so if I'm at, if I'm being me, being authentically me to my values, []...it's that sort of thing that holds me together, really. [] if we all, if we act to our values then that's, you know, that's kind of...OK. (17.12-15)

Maggie refers to her concept of the 'values' that play an important role during the transformational process – she refers to 'emerge[ing] out the cocoon' (16.29) to become a butterfly. She uses the past tense, implying that she already is or is in the process of becoming the butterfly. Finding values, therefore, directs a person to make choices as a way to find one's potential.

Similarly, Alana is now 'wanting to move into' something that has a value for her, and chooses to create 'children's book illustrations' (1.45-46). Lucy finds herself 'liberated' by finding a new direction in life. She now feels 'good and like I[she] made the right decision' that makes her 'know my[her] future and where I'm[she's] going' (4.12-15). Emily speaks about the importance of taking responsibilities for her choices and says 'whichever choices you make or whatever cards you are dealt, we always have to make the most of it' (17.37-41). The choice made are therefore the manifestation of meaning that one lives with.

There are also different degrees in the cognitive processes that enable a positive transformation within the self. One such, involving nearly half of the participants, is that of positive self-affirmations about their choices. Lucy, for example, recounts:

now...erm...you know I...I look at what I've got and I think you know...you did that, you...it's...because of what you've done, that you've got to where you are, and...I feel yeah, just really content and happy and you know...[] Erm...so I see a very bright future...so, yeah, it's...it's looking very positive... (17.11-22)

This extract illustrates Lucy's process of self-affirmation. She is taking responsibility for actions which allow her to 'see' her future. It also appears that her positive sense of self was being suppressed or subdued by her experience of the loss associated with childlessness. She 'now' seems to regain her sense of self and is able to reconstruct a way to move on.

Emily's affirmation is a strategy to find reasons 'why', which counteractively comes about through self-questioning:

I made a list, you know, 'why, why do you want to have children?' Well, all the usual stuff you know, you want to...er...pass on a certain tradition, er...for some people I guess it's also a matter of um self-affirmation. (4.17-20)

Emily further responds to a question about her feeling towards herself being childless:

I think there's a sense of resignation [Int: mm...] er acceptance...erm...there is an element of regret there, definitely, but...my...my head of course tells me...don't...erm don't dwell on that too much. It's a downward spiral. Because, once I enter that spiral, I inevitably drag myself down further and further. And I see a future which is erm...erm...a lot more bleak...Then it probably will be. Erm...so I'm better not to go down that route and...and...and not go there. I don't know if that's a healthy thing to do. Erm...I don't often talk about it. Erm...there was a period when I was...I talked with my partner quite a bit. Now, we don't...talk about it anymore. Because we've sort of exhausted the subject. And I know his thoughts and he knows mine...erm...[she clapped her hands]and and I guess that's...that's a...a closed chapter. (9.35-42)

She needed to engage in 'self-affirmation' in order to keep away from a 'downward spiral'. Through self-affirmation, Emily seems to make herself 'accept' hardship,

because otherwise she knows that her future will be ‘a lot more bleak’. Affirmation has a cognitive effect, telling her ‘head’ to go the opposite way. At the same time, however, she questions whether it is a ‘healthy thing to do’. This suggests that Emily’s way of moving on is controlled by her cognitive process rather than being qualitatively integrated into her self-understanding. Being aware of this, still she is trying to deal with her life by closing a ‘chapter’ and moving onto the next phase of her life. Emily also describes having less chance to talk about her past with her partner, so it may be the time for her to deal with her emotional struggles in her own way through self-affirmation.

Self-affirmation takes many forms. Alana affirms her belief in her ‘capability’ to take on the challenge of a ‘difficult’ task that she chose to pursue:

you have to have quite lots of self-belief and keep...determination...and it's harder than I thought...in the...in fact, I have a friend who's also...doing children's book illustration and [] we both took...studied art together, but we're both saying how difficult it is to get...go back to that and to convince yourself that you're still capable and that you can still draw...with a brush rather than a mouse... (17.4-14)

Although Alana believes that creating children’s book illustrations is a way of demonstrating her new self, she is aware that is not easy. So here, her need for regaining self-confidence appears. She needs to believe, through self-affirmation, that she is able to pursue this challenge. Having the ability to change a way of drawing, for example, could point to a freedom to choose. There are more ways of drawing with a ‘brush’ than with a ‘mouse’ in general. So, metaphorically, using a ‘brush’ could provide Alana different opportunities to create her new life.

A belief that all the participants shared is that they would have children and be thrown into the normative social world with other people and their families. Finding oneself in a different world is therefore a violation of self-belief. The participants’ accounts show that having self-belief is importantly influential in controlling emotions and behaviours. It is also evidenced that self-belief is influenced positively by doing self-affirmation. Therefore, belief is grounded in an understanding of the self in the world.

In other words, there may be a need to reframe self-belief in order to adjust to a way of dealing with living without children.

Renee describes this clearly:

I've always thought I would have children, I've always wanted to have children, and when you get to the point where that's not possible, you have to kind of reframe everything, you have to kind of start again and you have to come to terms with that. (14.37-39)

Her account shows her acknowledgment of the past, as well as the need for terminating what she believed and reconstructing a new life. Thus, 'reframing everything' includes a reframing of her belief towards a life that turns into an acceptance of her childlessness.

Maggie's belief that she would have children has also shifted and provided her a way of moving on positively, but in a more complex way. She says:

Yes, and erm I think er the other thing I think is, is realising that what I do now is it's not about me. Doesn't matter how I feel to be honest. That...what matters is the women that I can help. So if it's...if it was a struggle for me, that's ok. because it's, it's not about me, it's about other people. So, that perspective changed...erm and.... Yeah. (7.8-13)

Maggie's focus on her own struggles has shifted onto other childless women. Her embodied experiences project onto others who have been through similar experiences. This appears as a counterfactual reflection as she states 'what matters is the woman', but 'not about me[her]'. There also seems to be a sense of ownership in her account. What she expresses here is that the women she can help are those who connect through, or have had, similar experiences to herself. This allows her to believe that helping others is what she owns. Having this belief, and owning her responsibility for such women, emerges from within, and becomes a part of her self. So, as a result, helping others could in fact be helping Maggie to come to terms with her own childlessness.

7.3 Self-exploration: searching for fulfilment

Given that the length of years after each participant stopped trying for a baby differs (one year to more than 13 years at the time of the interviews), all participants are still working to deal with their consequences. One of the motivational forces for participants that becomes apparent is to refine one's direction. Clare, who is 'still on that journey' says:

Clare: Yeah, I think I probably am still on that journey, yeah...to find some...something to...do with your time that gives you fulfilment.

Int: Time...?

Clare: You know. To...to find something in that...gives you fulfilment in your daily life. [] (17.32-39).

Her journey is to find something that makes everyday life fulfilled. She wants to spend her 'time' feeling satisfied. This suggests that she refines her direction to look for actions that provide purpose and make her feel good in everyday life, rather than searching for things or objects to make her happy.

Alana is on her 'train' and starting her journey:

I...I...I don't want to fail again. The gardening didn't work, the children didn't work. And erm...this has...it has to work now [chosen vocation is to produce children's books][] I'm not gonna get off...this...train. I'm going to stay on it until...until I succeed which is...is helpful...because it means there's no alternative. And I need...I think...psychologically I'm...I need it...I need a goal and a challenge. (17.31-37)

This account is powerful. Alana's metaphorical expressions 'train', 'not gonna get off' and 'stay on' illustrate her strong willpower towards her journey she has taken. Her own understanding that 'there's no alternative' also strongly captures her pursuit of this new departure. Considering Alana's psychological needs of a goal and a challenge

to underpin her journey, she has started self-exploration to find her potential. So, regaining a sense of challenge in her own life appears as a way of reconstructing personal meaning and helping her get on with her life.

Similarly, Renee is working on refining her direction. Her account appears in the following short passage:

So, I think for me this...this...this sort of real thing I want to do things, make things, create things... (5.14-15)

She appears to be restoring her sense of self through creativity. Creation is the intentional action of ‘do[ing]’ or ‘mak[ing]’, hence producing something. Doing something intentionally has significance. Renee, who was ‘not able to produce’ (20.12) her own hoped-for baby, has no creation, leaving her in a less meaningful world. Now, she seems to have started refining what she ‘want[s]’, which will not end up unreal, but as a ‘real thing’. This for Renee as well will become a journey to gain self-fulfilment.

Emily feels that the fundamental construction of positives in herself is the same as when she was 25. She is restoring her sense of self by reflecting back to that point:

I think because er...part of me still thinks of erm...no I'll rephrase that. I...it...w...[long pause] when I was 25, I'm thinking, you know my thoughts were always about...erm...there's still a lot I can do, and there's still a lot that I want to do, and I'm interested in, and I've got enthusiasm, I've got energy and all that is still there. Even now that I'm twice that age. I still feel enthusiasm and still have interests and still have energy and...[a bit of breathing the air...] and I feel...I...I haven't lost my sense of wonder...you know. That...that feeling that I have...you know... (18.39-49)

Emily explains here her unchanging qualitative feature of the self. Particularly, she sees her positives in her ‘sense of wonder’. Embodied experiences associated with this are powerfully re-experienced in her as she recounts ‘that feeling that I have...’.

Restoring a sense of self by curiously looking back at a time when she had all kinds of possibilities has helped Emily realise that there are still possibilities ahead.

Kelly's account amazingly echoes Emily's:

I've started to feel like the same person, like the positive things of the same person. So I feel that the same sense of adventure that I had when I was 25, and the same sort of curiosity for life and the same...erm...connections that I wanted to create...so I see, I fe...I feel...coming back is that same passion for life.
(15.15-21)

Reconnection with the old self seems to be a way of restoring a sense of self. While both Kelly and Emily regain positives through having the 'same sense of adventure' that they positively perceived in the past, Penny has just started searching for the positive sense of self she once had. She says:

There was a wise...there is a wise part of me, deep inside before I went to this weird journey. It's like I need to find the wise part and build a new life that's...fun and creative and spontaneous... (33.33-37)

Penny recalls what she was like 'before' this 'weird journey' started. She feels 'there is' still a wise part within her. So, regaining positives that remain 'deep inside' seems to provide her with a way of dealing with a life without children. Reconstructing her life, which is 'fun and creative and spontaneous' can give meaning to her existence.

Susie, in contrast, is restoring her positive sense of self by finding a difference in herself. She has now found possibilities in reconnecting with children. She can now 'look' at them:

I just didn't know how I was gonna move on. And then this child [her nephew's baby boy] was born, and everything changed...I suddenly realised that I could do those things [e.g. re-establishing love for a baby, picking a baby up]. So, in...in terms of impact, that's the impact he had on me life. And I know I'm upset now...[a bit tearful] but it's thinking of what I was like before...and what I'm

like now...[] It was like I've got a life...and I can start planning now...[] Cos, [] Like...you can't even go into a restaurant, and you think, 'Don't sit near the table with the children?' You're sitting on a bus, 'Don't sit on the seat by the children?' You're going on holiday, 'Let's go on an adults' only complex.' It impacts on every aspect of your life and I thought...it was gonna be like that for the rest of our lives. And it's not. It's not. And it was after he was born that it changed. OK...gets on your nerves a bit but I can put up with it. I don't have to not look. (13.35-14.5)

Her recent experience of physical contact with a baby makes Susie 'realise' that her ability to reconnect is possible and she can look at babies whom she used to try to hide from her sight. There are now opportunities to do things that she and her partner could not do before, because children are there in everyday life. In this regard, Heather similarly realised her potential in doing unfinished 'befriending' of children. Her positive sense of self appeared during the interview as she says, 'it's worth not having kids if I can help one child, you know' (21.18).

7.4 Discussion

Each of the women in this study has started her own journey towards finding ways of alleviating emotional struggles. The inner-turmoil was first evaluated by reflecting on one's own belief towards an "assumptive world" (Janoff-Bulman, 1992).

The assumptive world is an organized schema reflecting all that a person assumes to be true about the world and the self on the basis of previous experiences; it refers to the assumptions, or beliefs, that ground, secure and orient people, that give a sense of reality, meaning, or purpose to life. (Beder, 2005, p.258)

The acknowledgment of the loss of belief that one will have life with children seemed to activate a temporal perceptual shift within the self as Susie described 'that was me then, and this is me now [] I've moved on', and Penny similarly said 'I didn't want to own it, but it's me'.

The concept of the self proposed by William James (1892/1961) considers that the self has two coexisting parts. He refers to them as ‘the self as known – the Me’, and ‘the self as knower – the I’. According to this concept, ‘the I’ is thought of as trying to maintain the self as a whole by trying to ‘know the other part, the Me, which is in constant engagement with the world’ (Hicks, 2001, p. 38). Both Susie and Penny seem to show their recognition of the Me, and are negotiating the Me as a part of the I. This recognition further allowed the women to accept limitations and help them understand ways of dealing with their internal struggles. Several participants needed to take part in talking therapies as a way of freeing emotion to ‘come out’, but this seemed to be a temporary solution. Two of the participants were still taking antidepressants as a way of relaxing themselves emotionally. In contrast, however, instead of accepting emotional pain embedded within the loss of belief, two participants seemed to employ avoidance. Maggie decided to ‘think about’ her worries ‘later’, and Heather tried to ‘avoid changes’. These are their ways of dealing with the loss, by focusing on what they can ‘engage in’ now (Kotter-Grühn et al., 2009) rather than being concerned with the future.

Finding the ability to engage in something will bring happiness (Seligman, Steen, Park & Peterson, 2005). However, more importantly, the ability to make choices will give the choice made a meaning (Frankl, 1946/2004). Choosing what matters to individuals will create ways of regaining a sense of self. Heidegger (1927/1962) remarks:

Looking at something, understanding and conceiving it, choosing, access to it – all these ways of behaving are constitutive for our inquiry, and therefore are modes of Being for those particular entities which we, the inquirers, are ourselves. (Heidegger, 1927/1962, p. 7)

For example, Clare said ‘either stay or get on with it [woe]’, and chose not to stay. Maggie decided to ‘put[] the past behind’, and started to try to get her ‘core values’. These are their conscious decisions that signify their ways of existence. The ability to make a choice seems to provide further potentialities that influence one’s perception. Both Clare and Maggie seem to try to be “more uniquely individual” (Levinson et al., 1978, p. 33), and their ambivalent emotions appear to be meaningfully compensated (Kotter-Grühn et al., 2009).

In order to make positive perceptual shifts, more than half of the women described ways of self-affirming. This was illustrated as a way of finding reasons and helping to understanding emotional struggles that were ascribed to childlessness. Heidegger (1957/1991) in one of his lectures states:

The principle of reason is neither an assessment nor a rule. It posits what it posits as something necessary. It articulates this as something unavoidable through the double negation “Noting...without.” (Heidegger, 1957/1991, p. 6)

Emily asked herself ‘why’ she wanted to have children, and to answer this question, she needed to revisit the origin of her belief. Affirmation provided her with the ability to articulate that the loss of her old assumptive world was unavoidable, and was the reason for her emotional struggles. Self-affirmation brought her a ground “in the sense of a reckoning that securely establishes something” (Heidegger, 1957/1991, p.121) leading her to awaken from one’s dream. Emily perceived her hardship to be a ‘closed chapter’.

Frankl (1946/2004) refers to the notion that “the perception of meaning” arises when one is “becoming aware of what can be done about a given situation” (p. 145). Lucy’s positive self-affirmation led her to ‘look at what I’ve [she’s] got’ and take responsibility for her life. The loss of a dream or an assumptive world was perceived rather meaningfully, giving her an opportunity to ‘see a very bright future’. Self-affirmation helps positively in regulating emotions.

Although ways of adjusting emotional struggles differ, all participants were working to deal with their lives. Renee seems to regain control over her emotions by exhibiting the courage to ‘start [her life] again’. In contrast, Maggie’s counterfactual reflection of her childless self seems to turn outward. In order to adjust negative emotions, she seems to transform her negatives into making a difference for other women who suffer. This is compatible with Nouel’s (2007) concept of ‘empathic activism’ briefly discussed in a previous section.

One could argue that the emotional pain attached to involuntary childlessness as well as ways of adjusting to that sadness could have shared properties with those mothers

discussed in Nouel's study who lost their children through tragedies. While existing literature often highlights a high level of grief or prolonged grief associated with fertility treatment or failed medical interventions in infertile women (Daniluk, 1996; Johansson & Berg, 2005; Kirkman, 2003), little is known about the depth of grief that involuntarily childless women who could not achieve motherhood experience. In addition to Maggie's emotional adjustment, all of the current participants showed a need to transform their pain through "empathic activism" (Nouel, 2007).

Showing selflessness is a way towards self-actualisation; but in order to be a fully functional self, one may also need to find ways of "fulfilling of the self" (Maslow, 1998, p. 9). Searching for fulfilment is found to be a motivational force that seems to activate the process towards self-actualisation (Cohen & Cairns, 2012). In the current study, most of the women seem to be in the process of self-exploration. There appear to be two ways of exploration: one is refining a direction; the other is restoring a sense of self by reconnecting with one's old self.

Alana's strong determination to find fulfilment appeared metaphorically in her saying 'not gonna get off this train'. Clare described her 'journey' as trying to find 'fulfilment' through doing something in everyday life. For Renee, creating or making something demonstrated her need to feel fulfilled, since producing a 'real thing' would compensate for what she could not have. Renee's desire to have children may be meaningfully replaced by engaging with what she can do, as a loss-based compensatory form (Kotter-Grühn et al., 2009).

Some of the participants started to find positives in their old selves. This allows these women to recall the positive senses of self they used to have. Emily, for example, restored her 'sense of wonder' by revisiting the time she was 25; Kelly regained 'the same sense of adventure' she had when she was younger; and Penny was searching to regain the 'wise part' that she once possessed. In contrast, Susie realised a difference in herself by being able to 'pick a baby up', something she could not have done before, which allowed her to reclaim her positive sense of self. Regaining positives appears to provide different possibilities and ways of relinquishing an emotionally strained self while exploring a new self.

This chapter has examined the experiences of women dealing with emotional struggles. The complex cognitive styles that emerged point to importantly interrelated functionalities in reconstructing one's beliefs, one's sense of self, and meanings of self-exploration. Additionally, this study has identified similarities in ways of dealing with emotional pain with those mothers who lost children, illuminating the depth of grief with which involuntarily childless women must cope.

Chapter 8

Reconstructing the self through relational reconnections

All participants have started to understand their need to move on beyond the way they had perceived their world to be. They have also started to work on reconstructing the world around them. This chapter explores how participants' relational reconnections are manifest in and shape their lives as a whole. The three themes that emerged here are 'Building new connections', 'Power of disclosure', and 'Connecting the self and the world'. Each of these feature interpersonal relationships. The women's unique ways of building new connections are captured in the first theme; the second theme shows the positive influence that disclosure plays in establishing connections to people and society; and the third highlights the importance of making contributions to society as well as finding care and love in relational connections.

8.1 Building new connections

Given that the participants are developing emotional adjustment, most have also started to, or shown the need to, make new connections with people. Interestingly, two distinct features have emerged in the participants' accounts of ways in which connections have been made.

First, several participants showed their connections in a childless world.

Maggie speaks of belonging with other childless people, which she describes as 'helpful':

what it is is is belonging. Because, what, when you erm I...we all search for that don't we...that sort of belonging to something, and you know our childless group belong to that,[] cos when have children you sort of belong to that...tribe of people without...without children...so, er, with children, so finding..finding something to belong to is is erm is really helpful. (8.3-11)

Maggie's perception of belonging is of interest here. Her repeated use of comparative words referring to people 'with' versus 'without' children seems to suggest that belonging is categorically defined. She also distinguishes between 'our group' and the 'tribe of people' with children. This may possibly show Maggie's sense that childless people belong to each other as a marginalised group, and that this is where she belongs.

Similarly, Renee speaks of close connections with childless people, but with slightly different notions:

within our immediate circle of friends here...erm there are quite a number of people who have not got children...erm...two of those are people who didn't want children, no three actually. Erm...two are people who would have liked to have had children...erm...but I don't think they actively tried for children. It was something they would've liked, but they...but they didn't get down as far as the...the route we did with trying for IVF and all of that...erm...and then I've got friends from [name of on-line community] who obviously have been more perhaps down the same route as myself...erm...so there are people I can talk to about it... (9.14-16)

Renee describes the differences in terms of the level of desire to have children and the degree of experience within childless people. For Renee, being in experience-close relationships, she 'can talk' and share the discourse of involuntary childlessness at deeper levels. So, here she seems to suggest her need to connect with people who are childless, but who had 'actively tried' for children.

Denise is hoping to expand her social world. Like Maggie and Renee, she is also looking for connections with people who are childless:

this weekend we [with husband] were in London, we went to the...the you know it was the VE [Victory in Europe] day er...thing. And we went to the concert in the Horse Guards. It was really fantastic. [] And do lots of things together...and erm...yeah but it'd be nice to have some more people nearby who were in the same situation as us. That would be my...my hope. Yeah. (16.10-16)

Despite the fact that Denise has a good relationship with her husband, she ‘hope[s]’ to connect to ‘more people nearby’. This suggests she is looking for new relationships in a wider context in society, going beyond the intimate relationship with her husband, but with people ‘who were in the same situation’.

While there are participants who experience belonging by finding similarities in their childlessness and so connecting with people without children, there are also participants who are ‘looking for similarities’ with a normative world, trying not to distinguish childlessness as a boundary in society. This is the second feature that emerged from several participants. Clare’s account strongly captures this:

I almost...I want to say...don't...don't keep saying you're different...Look for similarities. You know, we all need people to love, we all need...happy memories. Don't make yourself stand out by saying I haven't got children. Make yourself stand out by saying...I'm just like these people you know. But through no fault of my own...through chance I don't have children. But, but that's it. It doesn't define me...which...is easier said than done, but you can get there.
(19.23-32)

This extract seems to elucidate Clare’s reconstruction of the self. Her perception of the relationships between a childless self and the world has shifted from categorical distinction to qualitative similarities. In other words, childlessness ‘doesn’t define’ who she is, because she is a human being, like others in a normative world. The consequence of being childless is a ‘chance’ that any human being could possibly encounter and is not one’s own ‘fault’. So for Clare, reconstructing the self reconnects her, not as a childless woman, but as a person in a normative world.

Susie, who was 52 at the time of the interview, was preparing for her ‘last job’, which would commence in a week’s time. Having an awareness of time in her life, she speaks about making ‘more friends’ with people in a new environment:

I'm hoping I'm gonna make more friends in the next job. Because, I think it's me last job in nursing. So, it's make or break time for me. (3.1-3)

Elsewhere in the transcript, Susie repeated the same statement. Her expression appears to suggest she wants to challenge normative society, in that she is actively trying to move across the boundary of childlessness into a normative world. If she can ‘make’ this reconnection happen, this could be a huge transitional period in her life.

Like Clare and Susie, Emily feels the importance of building relationships with people beyond the notion of childlessness.

she is one of my closest friends. Erm we share...an interest in books, history, erm...we share similar tastes in art...[] she is very important to me. I have another friend who is single, a bit younger than me, erm...we go to the theatre a lot together. [] erm...we...we share er. [] And we go to all kinds of stuff in town. She is very important to me. And to her, I probably talk the most about... erm...childlessness...erm yeah...I talk to the other friend as well, the lady who have five children. (13.38-49)

As Emily describes in this extract, her good friends are a mix of people in terms of status, including a ‘single’ person and a mother of ‘five children’. She seems, therefore, to be openly engaging in a normative world. However, the emphasis she is making here appears to be about the importance of sharing personal values, not only the experience of childlessness.

8.2 Power of disclosure

Being a part of a childless group or having good relationships with other people in society has given participants a place to belong where they can talk about their experiences. As we have witnessed so far, talking has helped as a way of affirmation. Self-affirmation is an important process, and several participants explicitly demonstrated its effectiveness and influence. However, the effectiveness of talking appears also to develop as participants become more aware of themselves and are able to integrate into their social world. This means, rather than just talking, participants have started to choose to disclose their experiences. There are qualitative and

therapeutic differences between talking and disclosure. Many of the participants show this, but in different ways.

One aspect of self-disclosure that has emerged is a way of making bonds. Mutual understanding between people creates bonds. In particular, when one's emotional burden is understood by others, this reflects back to the person who has disclosed that burden, which delivers mutuality. So, this is an important process linking the self and the others and creating sharedness.

Penny discloses her 'grief':

my grief that's been so private, I need to try and...that's one of the reasons I'm here talking about it now...cos it gives me a chance. I hope I'm not overloading you [Int: No...]...but in a way I...I'm trying to share my grief... (20.23-27)

Here, Penny depicts her strong sense of wanting to express her grief to someone who can 'share'. The opportunity to disclose is grounded in her intentionality to take part in the interview. It seems that a 'chance' to make bonds is a chance to validate her sadness; a sense that she is entitled to grieve.

Disclosure breaks the silence over one's hidden emotions. Heather describes speaking to her sister-in-law who recently passed away:

when I...I told her she...she didn't realise I'd always wanted kids. Anyway, thank God I told her. I really wanted her to know that you know. I'm glad to share that with her. She was so lovely about it. She sent me a wee message. And she said in her little text message [tearful] [suddenly very emotional] she said "I'm really proud of you, Heather" ...[tearful] you know...that...that's the only...I had [tearful] you know. Cos, obviously we've just lost her...She did say that...it was really sweet of her. She said "I'm really proud of you, Heather". You know [tearful] I thought that was really nice...after everything I'd been through, cos I'd told her about the IVF and...you know...that was really lovely of her to say that. (23.30-45)

Heather's desperation for understanding and acknowledgement of her emotional struggles appear here. Disclosure has given voice to her emotional suffering and she now gained a strong sense of recognition and acceptance from her sister-in-law. This is represented in Heather's repeated use of her sister-in-law's phrase 'I'm really proud of you'. The importance of sharedness lies through two-way interactions of 'talking', 'listening' and 'being a supportive' person (Lucy, 12.3-6).

Disclosing one's sensitive experiences to others often needs caution. As Kelly speaks:

...choose to talk to people...that I...I...sort of fully trust. Erm...and actually trust with my...they would...be...sort of empathetic to the situation...erm. And also kind of not...yeah...sort of either not pity but not judge...and you know...actually we still have the same relationship afterwards... (13.20-26)

Kelly's account illustrates a negative influence that self-disclosure might cause. She 'choose[s] to talk', implying that she believes disclosing her experience will help her gain empathy, kindness, and respect from the person to whom she talks. However, notice that Kelly states: 'we will have the same relationships afterwards', which suggests she is looking for long lasting relationships with people she can 'fully trust'. Note here that disclosure appears as a causal factor that reflects back to the self.

However, for some participants, disclosure seemed to be about directing their experiences towards others as, for example, a way of raising social awareness. Maggie and Susie in particular show their willingness to 'talk about' themselves 'openly' in this regard.

I'm you know quite happy to talk about my life now...erm...to help, because it helps to raise awareness about the situation... (Maggie, 18.42-46)

I've decided that in my next job, I'm gonna be totally open, and see what happens. I'm gonna tell them about my fertility treatments, I'm gonna tell them about how we live, that we've got no children, but I wanted them. And I'm just gonna see...how people react, because I've never done it before...
(Susie, 2.25-38)

Importantly, what is clearly illustrated here is the participants' perceptions of childlessness, which have shifted from intrapersonal to interpersonal. Both Maggie and Susie choose to disclose their experiences, because childlessness is not frequently spoken about in society. The participants aim to bring childlessness to people's attention through a recognition of personal experiences as well as 'how we live' a life without children.

Social awareness of childlessness often draws out other childless people. Renee's disclosure is grounded in 'produc[ing]' support for those who are childless:

I was scouring the Internet, [] I found [name of support group] erm...and that was about the first source of support that I'd come across. I found...it was...really helpful to have somebody that had been through the process. [] I suppose I'm hoping that by taking part in this [research], that this may produce some information that will be helpful for other people. (20.44/21.6)

As with Maggie and Susie, Renee demonstrated disclosure to 'other people', but more intentionally towards childless individuals. Her own concealed experience of childlessness becomes a source of engagement in a social world, as a means of enhancing support for involuntarily childless people in society.

8.3 Connecting the self and the world

All participants have started to understand how emotional reactions can be shifted through interpersonal relationships as well as how this shift influences and shapes their own lives. The ways in which each participant is presented are complex and diverse. However, most of the participants who link themselves positively to the world are those who found their 'contributions' to society or found 'care' in different forms.

Lucy views childlessness 'in itself' as a contribution:

by us not having a family we're consuming less, and you know less impact on the environment so...in itself...not having children is, is a contribution. So, yeah, I

think um...yeah those things kind of all...come into the picture... (19.2-6)

This passage illustrates how Lucy ‘picture[s]’ herself in society. She refers to herself as ‘us’ which may indicate her sense that she is part of a marginalised childless group in society. She also points to values of ‘less[ness]’ which in turn make positive contributions to society.

Clare speaks about a time when her childlessness was ‘judge[d]’ by a person when she and her husband were at a dinner party. Clare agrees with her husband’s comments, which shows her new perspective. Clare’s account echoes Lucy’s:

He [Clare’s husband] said ‘Well actually, [little laugh] I think you’ll find we do contribute in many, many ways’. We don’t take a lot from the society. We give a lot...People shouldn’t judge other people, should they? Everybody’s different... I’m on my high horse now. [laughs] (20.44-48)

Here, an uplifting sense of self emerged. Clare’s expression ‘on my[her] high horse now’ indicates the sense that she no longer feels less than the people with children. She views herself as important as everybody else, all of whom live their lives in ‘different’ ways. This seems to suggest that she is regaining self-worth and is able to recognise the contributions she makes to society, with the sense that she can ‘give a lot’ in her own way.

Some find positive connections to the world through their works. Maggie, who supports childless women, finds a ‘purpose’ (15.35-38) in her work. This seems to provide her with a sense of connection and a way of making a contribution to society. Similarly, Denise, who works as a marketing consultant expresses her feelings:

it’s great...because erm...you know they really appreciate what I’ve done and...and I charge them, but I don’t really charge them for everything that I do and...and I’ve helped them grow their business and that makes me feel good. (13.10-14)

Denise confirms that making contributions through her work has given her fulfilment that ‘makes me [her] feel good’. What matters for her is recognition and appreciation towards her contributions – what she has done to ‘grow’ – rather than the ‘charge’ for doing it. Her account illustrates the importance of having qualitative values that underlie interpersonal relationships, which reflect back as self-worth. Denise’s positive sense of self has appeared in this extract.

Engaging in society and establishing new relationships with other people has also helped participants develop a new sense of care and love. Penny has ‘started to think’ about what ‘care’ means to her:

I’ve started to think that...actually I do need to...we do need to look after the planet. I know it’s not my children, but it’s still a really important...thing to do. So it’s like...having to...rethink and re-come back to what was important to me...but it...it is with a different...slant now. Cos it won’t be my children, but actually I care for the human race and I care for the planet. And I want us to have a better...I want us to have a better...for all of our faults...I still think human beings are a...are amazing. We’ve done some terrible things, but we do amazing, fantastic, special, wonderful things. So, it’s trying to er...put that in a new perspective which is that I...I still want to make the world a better place. It won’t be for my children, but it’ll be for other people’s children and that’s great.
(32.2-17)

This is a strong statement that captures Penny’s qualitative values that connect herself to the world. She started thinking of herself as a human being living in and ‘looking after the planet’. This is an important responsibility for her even though ‘it’s not my[her] children’. In this regard, she seems to have lost the sense of responsibility for her ‘need’ when she lost the possibility of having her own hoped-for children. Penny now re-claims her loss by ‘rethink[ing] and re-come[ing] back’ to her core value, that of ‘care for the human race’. This highlights that her meaning of caring has shifted, as has her understanding of it, from self-centred to generative. This is evidenced in the last part of this extract, in the way she repeats ‘It won’t be for my children, but it’ll be for other people’s children and that’s great’.

Care and love have objects that they attend to. Typically, as for Penny and most of the participants, people are the focus of this attention. For example, Renee has found positives in doing something for others through ‘voluntary work’ (12.25). Susie has emphasised gratitude and ‘respect’ towards a supportive partner, which seems to be turning into care for each other. For Renee, ‘that’s what’s made’ their relationship ‘work’. (21.29-31). In a similar way, Lucy has described her relationship with her husband as ‘yin and yang’ (11.14-15), suggesting they care for each other through interdependency, while Kelly appears to reconstruct the meaning of care and love by describing her ‘marriage’ as ‘the central point of my [her] life’ which creates a new and meaningful togetherness with her husband (14.3-6).

Atypically, Heather draws on animals:

I’ve probably always felt more comfortable with animals, you know, and that’s one thing I would say, that one thing that has helped is having a dog, having an animal. And any childless women, I would say, I would say a dog it’s...for me, some women would say oh yes it’s my baby, well, it’s not my baby. I...it’s not a substitute child, but...you know, it’s really helpful. Because, it’s...it’s something to care for together, it’s...you know, our, kind of, lives revolve around our care for our rescued greyhound. And he is a rescued greyhound. So, we adopted him and it’s quite...you know it’s great to adopt a dog, you know. Dogs have horrible times as well as children...and...you know, it’s really...it...I don’t know what we’d do without him. And, your...or...or a dog...you know, I mean obviously Charles [the dog’s name] he’s ten now...erm...But, I don’t...I...I wouldn’t like not to have...a...an animal now...a dog...because, it does kind of make your wee family in a way... (17.7-25)

Although some other participants discussed their pets (particularly cats) during the interviews, Heather’s account appeared most salient. It is understandable that people in general need company and animals are often referred to as good companions for human beings. Heather elsewhere described having a dog as ‘something to love and to care for’ (24.43), and also feels her dog is good company. This seems to be typical. However, what makes Heather atypical is her sense towards the meaning of care, which appears for me rather strongly. She says that having Charles ‘make[s] your wee

family'. One can imagine that Charles is a very special 'adopt[ed]' and 'rescued' dog whose presence and need for care are important in her life. However, she also seems to indicate that what makes her life meaningful through caring for something is not just her own act, but 'our' act. In other words, taking responsibility for caring and being there for Charles, together with her husband, gives her life a meaning. Therefore, as she says, her life with her husband 'revolve[s] around our [their] care for our[their] rescued greyhound'. She understands an animal is not 'a substitute child', but it appears she is developing the quality of being generative, while at the same time being a unit of society.

8.4 Discussion

Erikson's (1959/1980) psychosocial developmental model suggests that becoming generative is a key developmental task that people need to accomplish during midlife. Generative people are thought of as those who successfully develop their psychosocial identities (Bradley, 1997; Marcia & Josselson, 2012), and go through a midlife transitional phase by balancing internal and external demands (Levinson et al., 1978). When people become parents, the parental role will generally provide opportunities to develop generativity by establishing responsibility and care for "the next generation" (Erikson, 1959/1980, p.103). However, research that has looked at generativity and the role of parenting has found mixed results. For example, while the study by McAdams and de St. Aubin (1992) demonstrates that parenting plays an important role in being generative, a study by Rothrauff and Cooney (2008) suggests that parenting is not the most important role needed for people to be generative.

For women living without children, establishing new connections appeared to be an essential task towards developing generativity. Maggie, Renee, and Denise describe the importance of being with people who are similarly childless and trying to create experience-close relationships. This certainly provides a shared discourse and offers opportunities to care for others who have been through similar experiences (Malik & Coulson, 2013; Nouel, 2007). In contrast, however, Clare, Emily and Susie emphasise qualitative similarities – 'just like these people' – in society and try to actively reconnect to a normative world without distinguishing themselves as childless. Their

accounts add new insights for understanding the different ways which childless women build connections with the world.

Disclosure provides relational reconnections. Most participants showed a willingness to talk about their own experiences. First, self-disclosure seemed to help in establishing close relationships. However, this further allowed women to develop their own ways of caring for others rather than being stagnant, self-centred people (Erikson, 1959/1980). Developing the ability to position the self in wider communities or society seemed to allow childless women to acknowledge childlessness as a psychosocial experience (Matthews & Matthews, 1986). Self-disclosure bridges intrapersonal and interpersonal relationships. In addition, raising social awareness, for example, is a way of taking responsibility for one's choice and developing generativity.

Research on involuntary childlessness often observes childless women as being in a developmental crisis (Bergart, 2000), a life-event crisis (Mälkki, 2012), or a failed life course transition (Loftus & Andrio, 2012). However, the women in this study demonstrate their own ways of achieving generativity that dynamically enhance their ways of transition towards non-motherhood.

Caring for others and making contributions to society signify the participants' ways of being in a reconstructive life phase. Recognition and appreciation given by others through what one could 'give' results in regaining self-worth. This further seems to enrich ways of caring for others, and most of the women in this study started to find new meaning through caring for others. Penny, for example, seemed to find 'what was important to me[her]' and regained the lost 'mother-baby love' through caring 'for other people's children' (Ferland & Caron, 2013). Renee found caring in doing 'voluntary work'; Susie, Lucy and Kelly developed caring in intimate relationships with their partners or husbands. The meaning of care may be understood by the notion Heidegger posits:

The authentic mode of "being" in a world is *caring* [emphasis in original] in the sense of producing, putting in place, directing ourselves to tasks, taking into possession, preventing, protecting against loss, etc. [] In its caring, life approaches itself and addresses itself in a worldly manner. (Heidegger,

1988/1999, p. 79)

Klaus and Schnettler's (2016) paper pointed out that childless individuals had relational stabilities among friends and collateral kin. Peters et al. (2011) suggested the importance that dyadic relationships have on childless couples as they try to cope with everyday life. This study has presented more detailed accounts of subjective experiences of relationships, with a link emerging to the concept of generativity. In particular, Heather shows how love and care shape a dyadic relationship as a unit in society, and how reconstructing the meaning of '*family*' could facilitate the development of generativity in everyday life.

This chapter has demonstrated how childless women bring about the self, and how generativity is integrated into dynamically developing relational contexts in a phase of adulthood.

Part II

Living with involuntary childlessness: Men's perspectives

Chapter 9

Life without children: Lived experience of men who wanted to be a dad

9.1 Introduction

Part I, the first study, shed light on the experiences and challenges that involuntarily childless women face and revealed the diverse influences that childlessness has on intrapersonal and interpersonal developments in everyday life. The findings also point to both the positive and negative impacts childlessness has on relationships with partners, husbands, or ex-husbands. These relationships also play an important role in meaning making in this context. My interests have developed further in an attempt to understand the experiences men have with regard to childlessness. Considering this, and extending the aims outlined in the women's study, Part II focuses on men's perspectives by investigating *what it is like* to be a man who wanted to be a dad, but was unable to be so.

In this chapter, given the inevitable role that generativity and meaning play in midlife development, I will first present a summary of the literature review focusing on or featuring men, in order to gain an understanding of current knowledge available around men's experiences of involuntary childlessness. I will then outline the method used for this second study. Since I place importance on the value of hearing men's voices in their own right, I chose IPA as the best approach to bring their personal experiences to light. Therefore, only information relevant to the men's study will be provided in the forthcoming method section.

9.2 Literature review: Contextualising involuntarily childless men through related studies

Although studies on involuntary childlessness have shown the importance of giving voices to people experiencing their lives without children, men's experiences have been marginalised within the research when compared to women's experiences (Schick, Rösner, Toth, Strowitzki, & Wischmann, 2016). Further, Throsby and Gill (2004) argue that while studies on fatherhood have been increasing, men's experiences of "not being a father has[have] received so little attention" (p. 333). Thus, men's experiences of involuntary childlessness are poorly understood (Fisher & Hammarberg, 2012; Hadley & Hanley, 2011; Ying, Wu, & Loke, 2015).

A paper by Hammarberg, Collins, Holden, Young and McLachlan (2017) reviewed 47 studies, which include both male and female participants, but focus on men's "knowledge, attitudes and behaviours" (p. 458) in relation to fertility. The overall findings reveal that men's desire for parenting their own children is no less than that of women. The authors also point out that the limited information available for men to gain knowledge about fertility issues may be a causal link to unattainable fatherhood. It is also noteworthy that of the 47 papers, 22 look at participants who are younger than 35 years old, and only four are qualitative studies. This review suggests, firstly, that understanding men's perspectives on involuntary childlessness is equally important to that of women living without the children they hoped for, and secondly, that men's experiences of involuntary childlessness at the stage of middle adulthood or an older age seem to have been under-represented (Hadley, 2017; Parr, 2010).

Given these shortcomings, I will now provide an overview of the existing literature relating to men's involuntary childlessness.

9.2.1 Quantitative research

The dominance of quantitative approaches in researching involuntarily childless women is evidenced in Part I (Chapter 2.4). These studies typically use scale-based standardised measures (Greil, 1997). Quantitative approaches have also been used for

comparative studies on men and women about the psychological distress associated with infertility, and often report that women experience higher levels of depression (e.g., Connolly, Edelmeann, Cooke, & Robson, 1992; Koropecj-Cox, 2002). In such comparative studies, the prime focus has been on women, and as Schmidt (2009) states, “Data regarding long-term consequences of infertility among men is missing” (p. 18).

Peronace, Boivin and Schmidt’s (2007) paper focused on men and considered the differences in medical causes associated with infertility. They examined 256 infertile Danish men in their mid-thirties. The participants had been married for seven to eight years, and 77.7 percent of them had no children from their current or previous relationships. Based on an infertility diagnosis identified by the participants, the men were categorised into the following four groups: unexplained (n = 81), female factor (n = 79), male factor (n = 75), and mixed (n = 21). Their longitudinal study used a series of scale-based questionnaires and measured infertility as related to psychological and social stress, mental and physical health, social support, and ways of coping. The participants received the questionnaires at two time points: two weeks before an initial treatment, and 12 months post-failed-fertility treatment. The results show that regardless of diagnosis, all men suffer emotionally and that being unable to have a child is a challenge. The overall findings also address the increase in social and physical stress, the decrease in mental health, and the decline in supportive social relations as time progressed. Their study indicates the negative and long-term impact that experiences of infertility and failed treatment have on childless men.

Research concerning men’s perspectives on infertility has been expanding. However, a lack of understanding of the psychological and social impact that infertility has on men remains. Schmidt (2009) points out, “infertility can be a relational paradox” (p. 15). She emphasises the necessity of researching childlessness on both men and women “as the unit of analysis” (p. 18).

Petersen, Blenstrup, Peterson, Knudsesn, and Schmidt (2015) looked into 302 infertile couples and examined the consequences of childlessness on men’s and women’s personal, work, and social lives, as well as their attitude (willingness) towards the continuation of fertility treatment and adoption. Their statistical findings

point to the majority of both men (72.5%) and women (71.9%) being willing to continue having treatments. With regard to adoption, of the participants who indicated a greater impact of childlessness on their personal, work, and social lives, women showed a more negative attitude towards adoption than men did. The study also revealed that men who reported that their work lives were greatly influenced by childlessness showed a willingness to pursue adoption. These findings imply possible gender differences in how the absence of children impacts on men's and women's daily lives. It would be valuable to explore further the personal accounts embedded within the desire to have biological children and the meaning associated with decision making about adoption for both men and women living with infertility.

A paper presented by Martins, Peterson, Almeida, Mesquita-Guimaraes and Costa (2014) examined 213 Portuguese couples in their early to mid-thirties, aiming to investigate the association between social support and infertility-related stress. Social support was measured through self-report questionnaires which asked the participants about the adequacy of support received from family, friends, and the significant others. Infertility related stress was measured using a developed version of the fertility problem inventory (Newton, Sherrard, & Glavac, 1999). Participants were asked to rate questions (such as 'I can't help comparing myself with friends who have children', 'I will do just about anything to have a child', 'My partner doesn't understand the way the fertility problem affects me') on a six-point Likert scale (from strongly disagree to strongly agree). The results showed the association between infertility-related stress and partner's support in both men and women, and highlight the importance of having a couple-based intervention in infertility counselling. The paper also reports that men's infertility-related stress seems to be 'indirectly' (p. 87) experienced, in that men's distress appears to be affected by how their partners perceive their support, as well as by the degree of 'family support' a female partner gains. This is an interesting claim; however, it does not help us understand the personal experiences of men facing infertility and/or suffering from infertility-related stress.

If one tries to understand infertility from a clinical point of view, it can be recognised as a negative occurrence or event that is situated in a particular time in one's life course. Leist, Ferring and Filipp (2010) examined positive and negative life events that

people remember. Two hundred and sixty individuals (168 = women, 92 = men), aged between 41 and 86 completed a series of questionnaires, and were asked, following the introductory sentence ‘I think back over my life...’, to rate on a four-point scale (from not at all true to completely true) questions such as, ‘...to try to understand my life better’. In addition to the questionnaire, a list of positive and negative life events was also provided, and participants responded to these by indicating either ‘yes’ or ‘no’ to positive life events experienced, for example, ‘wedding’, or ‘fulfilment of a long-cherished wish’, and negative life events, such as ‘death of one’s partner’, or ‘periods of loneliness and isolation’. Although the authors’ aim was to see the “distributions of remembered positive and negative life events over the life-span” (p. 138), it is interesting to learn that regardless of gender, the participants showed a strong recollection – “reminiscence bump” (p. 141) – for positive events they experienced between the ages of 20 and 29. This implies that if having children was expected or perceived as a positive life event earlier in one’s life, then the absence of children can be a negative influence for such a person to live with. In fact, childlessness was on the list of negative events (p. 147), and was referred to as a “nonevent[]” (p. 139).

Koropatnick, Daniluk and Pattinson (1993) describe infertility as a “non-event transition” (p. 164) compared to parenthood, which is “one of the major role transitions” (p. 163) in adulthood. This concept is understandable from a normative assumptive viewpoint. However, it seems to ignore the qualitative understanding of infertility and undervalue the meaning embedded within transition towards non-fatherhood. If parenthood brings a major change in life, then non-parenthood also brings a major change in life for those who assumed they would be a parent. An exploration of men’s meaning making around involuntary childlessness is therefore indeed needed.

9.2.2 Qualitative research

Thompson, Lee and Adams (2013)’s study used thematic analysis to speak with 16 male university students aged between 18 and 25 who were single and not fathers. Their study investigated attitudes towards participants’ future images of fatherhood, and the meaning of having children. The results pointed to the idea that becoming a

father was considered important for participants in fulfilling their future lives, and that the image of fatherhood appeared to have both the features of a traditional provider role and a close involvement “in his[their] children’s lives” (p. 156). The influence of participants’ own fathers towards their future image of fatherhood was also evident. Findings hint at the impact that the inability to father one’s own children may have on involuntarily childless men in their middle adulthood.

Hanna and Gough (2015) attempted to bring more focus to men’s experiences associated with infertility and emotions from a social science perspective, which is, in general, “the study of society and the manner in which people behave and influence the world around us [them]” (Economic & Social Research Council, 2018). They reviewed 19 qualitative research papers and identified four key themes that illustrate men’s experiences of infertility: ‘Male infertility as a crisis’, ‘Emoting infertility – men as ‘being strong’’, ‘Infertility as a source of stigma’, and ‘The desire for fatherhood’. Their review highlighted men’s struggles around masculinity, difficulties in seeking emotional support, the stigma associated with men’s infertility in society, and positive and negative relational outcomes of infertility. These point to some of the diverse and complicated challenges that men face. The authors emphasise the need for research that focuses more on men to gain insights into male infertility “within a field that has primarily been female focused” (p. 1).

Throsby and Gill (2004) looked at men’s experiences of infertility and failed IVF treatments as part of “a wider study” (p. 334) of women and couples who had had unsuccessful IVF and decided to stop treatment “at least two years before the interviews” (p. 334). Findings are drawn from 13 couples and interview data were analysed using discourse analysis. The men’s sense of a lack of control over the treatment process, and the hegemonic masculinity in gendered discourse that appeared to overrule men’s emotional pains were highlighted. The study also indicates a dissonance in terms of ways in which emotional support is perceived; while men feel they are being supportive of their partner, women often do not recognise that support. This study highlights the emotions men experience as a result of infertility and failed fertility treatment.

In recent years, issues around male factor infertility have been reported globally (Agarwal, Mulgund, Hamada, Chyatte, 2015). Webb and Daniluk (1999) investigated the experiences of six men (aged between 28 and 39) who were diagnosed with male factor infertility using a phenomenologically-oriented approach. Participants described their four to 14 years of infertility experiences, and interviews were analysed using Colaizzi's seven-step method (see Morrow, Rodriguez, & King, 2015). Analysis revealed seven themes that characterise participants' accounts, such as 'sense of profound grief and loss', 'desire to overcome and survive', and 'need to positively reconstruct their experiences' (p. 12). The impact of the diagnosis of male factor infertility was found to remain as "a part of their lives" (p. 19), while the "intensity of their pain and sadness around infertility has diminished" (p. 19). Although participants had no biological children, all had become fathers through adoption or donor insemination at the time of their interview. The paper described the men's accounts and attempts to find positives from their infertility experiences. However, emotional outcomes may appear differently from those who are permanently childless, with or without male factor infertility.

Existing literature that has a particular focus on men's involuntary childlessness is limited because, as Wischman and Thorn (2013) point out, the topic has "only recently become the focus of social science research" (p. 236).

Hadley and Hanley (2011) used a constructivist version of grounded theory (Charmaz, 1990) to specifically look at involuntarily childless men. Their aim was to "explore the issues surrounding being a childless man and the desire for fatherhood" (p. 58). The participants were 10 biologically childless men aged between 33 and "60+" (p. 58). The findings point to an enduring desire for fatherhood as well as relational isolation in involuntarily childless men. The study also highlights the emotional impact of childlessness on men, and reports that the experiences detailed by participants, such as depression and a sense of loss, are similar to those "in, or who have had, infertility treatment" (p. 65). This study, which draws on sociological and gerontological perspectives, adds to our understanding of being childless from men's perspectives, shifting the focus away from medicalised experiences of men being infertile.

The inability to have one's own children affects people emotionally and relationally at a dyadic level: the experience can be negatively and/or positively influential. Existing literature shows that in studying the mental and relational impact infertility has on couples, there appears to be a focus on developing interventions in reproductive counselling and mental health services (Jaffe, 2017; Van den Broeck, Emery, Wischmann, & Thorn, 2010).

Sauvé, Péloquin, and Brassard (2018) "targeted" (p. 2) positive aspects in infertile couples and investigated "marital benefits" (p. 1). Their participants were three couples who originally took part in "a larger quantitative study on well-being in mixed-sex couples undergoing fertility treatment" (p. 3), and who scored high in the marital benefit measures. At the time of their interviews, one of the three couples had just stopped having further treatment. Participants were interviewed individually, and data were analysed using IPA (Smith et al., 2009) to explore "the meaning of marital benefits" (p. 2). The analysis revealed five themes that illustrate the participants accounts of marital benefits: 'Being engaged in a shared hardship', 'Feeling closer to one another', 'Feeling reassured in the relationship', 'Developing satisfying communication and support behaviors', and 'Having faith in the couples' capacity to face adversity'. The authors suggest assessing these five aspects in further research or dyadic counselling.

This study design (Sauvé et al., 2018) may be described as mixed methods. This is firstly because the authors specified potential participants from among those who were quantitatively categorised, and secondly because they explored participants' personal accounts to deepen understanding of the area of interest. Marital benefits can be an important feature in helping to understand men's infertility experiences in a dyadic encounter, as well as in assisting couples who need to cope or who are undergoing fertility treatment.

In contrast, several researchers emphasise gender differences in terms of the needs and aims of heterosexual couples who are undergoing infertility treatment (Van den Broeck et al., 2010; Wong & Rochlen, 2005). Wischman and Thorn (2013) state that "Forthcoming studies have to differentiate between the psychological impact of infertility on women and men and their respective abilities to communicate easily

about this distress” (p. 236); while Hadley and Hanley (2011) point to the need for recognition that “the effect of childlessness is unique to the individual men” (p. 65) and offer a positive view for considering gender-role therapy in counselling.

9.2.3 Summary

This section explored existing literature in relation to men’s experiences of involuntary childlessness. Noticeably, the majority of studies look at infertility and fertility treatment; nonetheless, compared with that of women, research focusing on men’s experience is greatly lacking.

Furthermore, quantitative research has tended to examine relatively large numbers of infertile couples and compare infertility-related issues between men and women. Infertility appears to be viewed categorically as a negative event, or non-event, if it is considered from a clinical viewpoint or a normative family-oriented perspective. Quantitatively-oriented studies are useful for demonstrating generalised features that are statistically significant. However, they lack a contextual and nuanced account from a personal standpoint.

In contrast, qualitatively-oriented studies have focused on men and tried to understand infertility experiences from their perspectives. Research that has an experiential focus has appeared more recently, and tends to have drawn on social science perspectives; therefore, the purpose that underpins such studies can be sociologically-oriented. However, qualitative research can add layers of experiential understanding around the difficulties faced by men pertaining to childlessness that cannot appear in numbers nor gleaned from statistics.

What can be said is that concepts and concerns underlying non-fatherhood, or research specifically focusing on men in midlife who remain involuntarily childless, have been underrepresented. For a person who wanted to be a father, the absence of children in life can result in a “disrupted life course” (Exley & Letherby, 2001, p. 112). Moreover, an important gap appears to be evident in the lack of psychological understanding of how men find meaning in childlessness in their everyday lives, and of exploring men’s

personal accounts of involuntary childlessness from life-span perspectives. Given this, Part II of this thesis investigates men’s experiences of involuntary childlessness.

9.3 Method

9.3.1 Research Question

“What is it like to be in midlife for a man who wanted to be a dad, but wasn’t able to be?”

The aim of this study was to gain a greater and deeper understanding, from an experiential and idiographic psychological perspective, of what childlessness means to men who could not make the transition to fatherhood. As with the previous study, this study used IPA (Smith et al., 2009), which enables the researcher to get at an individual’s meaning making of their own involuntary childlessness through an experience-close analytical exploration. The procedure employed for the men’s study followed that of the women’s study, outlined in Chapter 4. The information related to the men’s study is specifically described in this section.

9.3.2 Recruitment and Participants

In order to maintain homogeneity, the inclusion and exclusion criteria shown in table 9.1 were applied.

Table 9.1
Inclusion and Exclusion Criteria

Inclusion criteria	Exclusion criteria
A man who wanted to be a dad, but wasn’t able to be	A man with adopted children, step-children or children of a partner from a previous marriage/relationship
A man who is in a heterosexual relationship	A man having therapy or counselling
A man living with his partner/wife whose age is between 45 and 55	

- **Rationale for the age criterion: wife/partner's age between 45-55**

My interests in exploring men's perspectives were drawn from the findings of the women who were aged between 45 and 55, and were in a post-reproductive phase of life. As an extension to the women's study, I was interested in exploring childless men living with a partner or wife who were in a similar phase to those in the women's study. Therefore, the partner or wife's age was considered. Given this age as a specific time period, I also felt that this would possibly bring the focus on men's meaning making of childlessness in a phase of their life-span, adding further understanding of the meaning of involuntary childlessness to both women and men living their lives and unable to be parents.

- **Other considerations: focus on lived experience**

The experience of having or not having medical interventions, and reasons for infertility or childlessness, such as whether it was caused by male factor infertility or not, were not set within the criteria. This is because the aim of this research was not on narrowly focused factors associated with childlessness, nor medical experiences of infertility, but to explore the personal lived experience of childlessness.

- **Sample size**

Pertaining to the idiographic commitment that underpins detailed and in-depth analytical features of IPA (Smith et al., 2009), this study aimed to recruit three to five men.

9.3.2.1 Recruitment

I first contacted the three key people (Lesley Pyne, Jody Day, and Kate Brian) who helped me enormously with recruiting the female participants for my first study, and sought their advice on ways of finding potential male participants. I then asked if I could put my recruitment advert on their web pages. They were all very supportive of my study on childlessness men and I received offers of help in finding potential participants from them all. However, they also informed me that it might take longer to find male participants than female participants due to the nature of the topic perhaps

being more sensitive for men, and that the purposive and homogeneous sampling criteria may limit the numbers of men who coming forward.

Bearing in mind these comments, I applied similar strategies to those I used for recruiting to the women's study. I prepared a recruitment information sheet (see Appendix 2A) to enable potential participants to contact me for further information. The advert appeared from the 10th to the 13th of January 2017 on the following social media outlets: Gateway Women, where the founder Jody Day posted the information on her blog page for people in the UK; Lesley Pyne, who supports childless women, posted the request on her e-newsletter asking women in her community to refer my study to their male partner or a potential male participant who might be interested; and Kate Brian, a journalist and editor at the Journal of Fertility Counselling, wrote about my new project on her blog page, Fertility Matters. I was surprised by the quick responses these outlets brought forth. I had four inquiries by the 20th of January, one of which was from a woman requesting further information for her partner who might be interested, and one other from a man who showed interest in participating in the study but who did not, unfortunately, meet two of the criteria: age and not currently having counselling. However, I was able to organise and conduct interviews with the two remaining men by the end of January.

While waiting for new inquiries, I was also able to develop new contact points. Kelly Da Silva, who organises both women and men's childless support groups, introduced my research on her Facebook men's group. Another good connection was Jessica Hepburn, who is actively involved in raising awareness of childlessness and issues around infertility, and who opened up strong connections with her associates. In spite of such great support, however, recruiting further participants proceeded slowly.

Following the above activities, I had one contact in mid-April and another towards the end of May from potential participants. After confirming the criteria with these two potential participants, and clarifying their understanding and willingness to participate, I was able to carry out interviews with each: the third interview was conducted in April, and the fourth in June. After the completion of these four interviews, an advert for a final call for male participants was posted on social media through the original three sources mentioned above on the 27th of June 2017. My aim to accomplish one

final interview was set to be completed by the end of July 2017. One man contacted me at the end of June. However, after considering all possibilities in terms of the participant's location, arranging a suitable place for an interview, distance to travel, and the restricted time schedule, this fifth interview could not unfortunately be carried out. A summary of the four male participants' characteristics is presented in table 9.2.

Table 9.2
Characteristics of the four male participants

Name Pseudonym (Ethnicity)	Age	Marital status (Years in relationship)	Wife's age / (Pseudonym) Recency*	Fertility treatment / miscarriage experiences **	Residency
Alan (White British)	47	Married (8 years)	45 (Mary) 4-5*	No / -	London
David (White British)	44	Married (22 years)	46 (Rose) 8-9*	Yes / Yes	East Midlands
George (White British)	46	Married (11 years)	49 (Lily) 4-5*	Yes / -	London
Victor (White British)	46	Married (13 year)	50 (Helen) 10+*	Yes / Yes	South West England

Note. (*) Number of years since stopped trying for a baby, 10+ = more than 10 years.

(**) The experience of a participant going through fertility treatments with his wife (mainly IVF) / the wife getting pregnant through treatments but miscarrying.

(-) Indicates unknown/miscarriage not being mentioned.

9.3.2.2 Ethical considerations

Ethical approval was granted by the Department of Psychological Sciences Research Ethics Committee at Birkbeck, University of London (see Appendix 2B). This study followed the same ethical procedure discussed in Chapter 4. I sent an information

sheet (see Appendix 2C) to each of the participants, discussed further queries and confirmed their understanding and willingness to participate in my research project. Initial contact was made by email, but during this period I also spoke to three of the participants on the phone; it seemed that this interaction gave participants the opportunity to feel more relaxed about the study and also feel assured of their sense in taking part in the project. I myself, at this time, may have had some concerns about my position as a female researcher interviewing men and how the participants might feel about me. However, the initial contact experience provided me with confirmation of the importance of having person-to-person connection, and this further created a sense of assurance and confidence between myself as the interviewer and the participants as interviewees.

Each of the participants signed a consent form (see Appendix 2D) before being interviewed. I prepared a debriefing information sheet to give participants in case they would like to access support resources after their interviews (see Appendix 2E). I also took the precaution of keeping in contact with counsellors in case my participants or I needed professional support. Practically, there was no need to draw on this, because none of the participants, nor I myself, expressed issues that would need counselling.

In addition to having responsibilities to my participants as a researcher, I was also cautious about my own safety. Since the project involved interviewing people, there was the possibility of conducting interviews in unfamiliar places or in a participant's home. In this regard, there was at this time the introduction of a new ethical criterion as part of the health and safety protocol for a lone worker for the IPA Research Group, and I agreed to follow that lone worker policy (see Appendix 2F).

9.3.3 Data collection

This study also employed semi-structured interviews, as discussed in Chapter 4, due to the flexibility this provides in exploring personal experience.

9.3.3.1 The interview schedule

As the interview schedule used for the women's study provided rich data, the same schedule (with non-gender-specific questions) was applied here for the men (see Figure 4.1). The interview started by asking general introductory questions. In one interview, however, from the very first question – “Could you start off by telling me a little bit about yourself, please?” – the participant started to talk about his childlessness by summarising key experiences as they had occurred through his life. I was a little taken aback at this, because of the unexpected openness expressed at such an early stage. However, using the original interview schedule as a check-list, I was able to explore further as the interview developed. This provided me with confidence in terms of the applicability of the interview schedule as a way of gaining rich data.

9.3.3.2 Interviews

Each participant signed a consent form (see Appendix 2D) and was asked to fill in a demographic information sheet (see Appendix 2G) before commencing an interview.

A place and time for each interview was discussed, bearing in mind each participant's preferences. Three of the four interviews took place in a room booked at Birkbeck, University of London, and one at the participant's place of work.

Although I was being phenomenological and interviewing each participant as an individual, I was also aware of gender differences and possible difficulties that men may have in expressing emotions (Wong & Rochlen, 2005; Hadley & Hanley, 2011). I therefore paid extra attention to any emotional words the interviewees used, while being sensitive to what they talked about and their reactions to what they revealed. All participants participated enthusiastically in the interviews and I felt a good rapport develop with them. At times, when I may have felt a close emotional connection with the participants as they expressed their experiences, I acknowledged these connections internally, but distanced myself from any emotional attachment. I was able to do this by repositioning myself as a researcher. Further, if participants became upset, I always allowed them time to try to express their feelings, but also asked if they were all right,

or if they would like to take a break, and if this was necessary, I was always ready to stop the interview.

As practical and quality indicators, the same pre- and post-interview checklists described in Chapter 4 were also used during data collection for this study. As mentioned previously, a reflexive and research diary was kept during the research process. These provided me with a better understanding of the relationships between the participants and myself, and ensured that my position as a researcher as well as my objectivity remained throughout my research journey.

Here is an extract from my diary after interviewing David in a room he provided at his place of work:

I am writing this sitting in a coffee shop while waiting for a train journey back to London. I felt initially this might be a difficult interview, because he seemed very protective talking about his personal things. But, he gradually opened up and started to talk about his experiences. I felt emotional at times, actually. He did not show his tears, but there were shared moments when he was very emotional. At a time, when his story mirrored my own experience, I felt ‘yes, you said it all!’, but then I soon realised the need of repositioning myself as a researcher and not comparing his experiences to my own – I put my personal feelings aside and continued to listen to his experiences.

Each of the four participants completed the interviews, which lasted between 48 and 83 minutes. At the end of each interview, I asked the participants if they were alright and allowed them the opportunity to ask any questions they may have had. My first impression, when I met each of the participants, was perhaps understandably their sense of nervousness. However, it was amazing to notice the positive transformation during and after each interview. All the participants showed their gratitude to have had the opportunity to be interviewed and talk about their experiences. In particular, Alan, who looked very nervous and shy at the beginning, gave me a strong hand shake at the end; and Victor’s reflective comment, especially, showed the positive influence that an interview can offer beyond that of data collection:

as...as no one's...ever have this conversation with...someone...like this, to exp...to ask me...in such detail, which is the...the reason that I knew I wanted to come to see you. Erm, as part of my journey at the moment, erm...it's something that I talk about...but it's something to have the...opportunity to speak...for myself. Yeah. Thank you. (16.35-41)

9.3.3.3 Transcription

As I was aware of the importance of engaging with the data in terms of recalling and familiarising myself with the experiences that I had had with each participant during their interviews, I decided to transcribe the interviews myself. The same process of transcription that was applied to the women's study, aided by the transcript software F5 for Mac, was used. Each audio-recorded interview was transcribed verbatim and reformatted into Microsoft Word (for Mac) leaving spaces on both sides, ready for the analysis.

9.3.4 Analysis

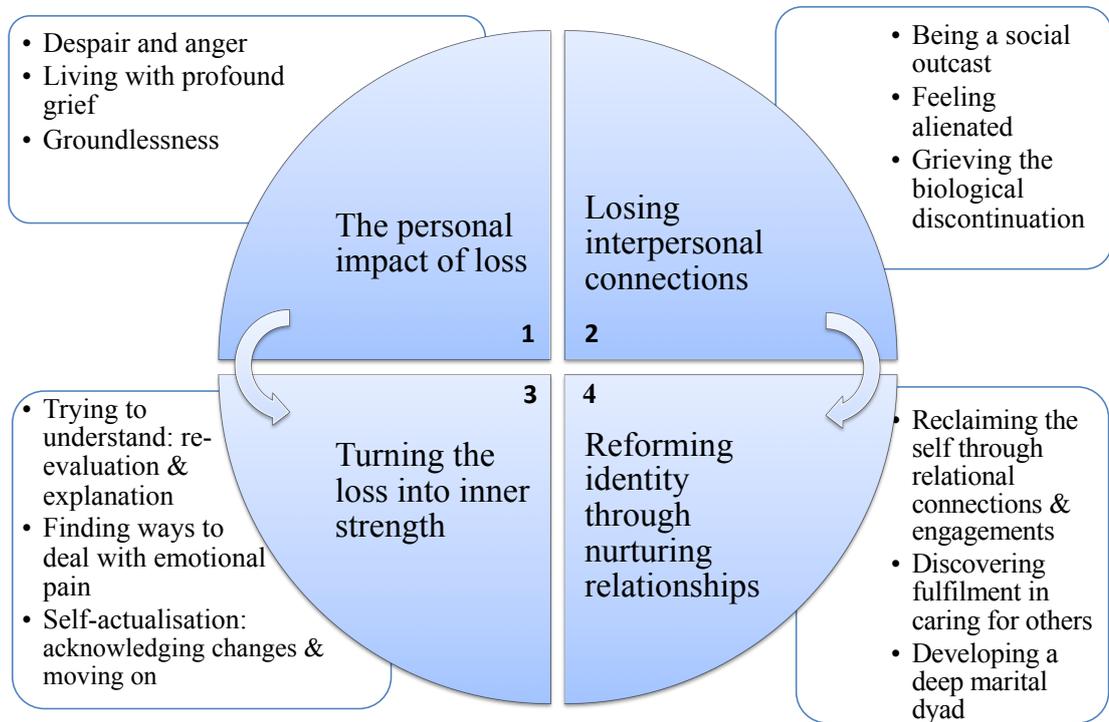
In this study looking into childlessness that focuses on personal lived experience of non-fatherhood, IPA (Smith et al., 2009) was also applied, and the analytical process followed the outline discussed in Chapter 4.

A final master table for the four men interviewed was developed with four super-ordinate themes: The personal impact of loss, Losing interpersonal connections, Turning the loss into inner strength, and Reforming identity through nurturing relationship (see Appendix 2H for the full version of the master table of themes).

The analytical processes, tables for each case, and the final master table were audited by my supervisor.

The results will be discussed in the next chapter, and the four themes (see Figure 9.1 for an illustration of the themes) that emerged through the analysis will be looked at in detail with evidence provided from the experiential data obtained.

Figure 9.1 Mapping men's experience of involuntary childlessness



Chapter 10

Results

10.1 The personal impact of loss

All four men in this study show emotional turmoil, caused by the absence of children. This section explores how the participants experience the loss of ability to be a father, and the impact this has on them internally.

10.1.1 Despair and anger

All participants reported a strong desire to have their own children. As this desire was immense, its unattainability left the men in torment.

Three of the four men – George, David, and Victor – pursued having a baby through Assisted Reproductive Technology (ART) or medications. Their failed attempts to have children greatly affected them internally.

George, who tried for four years, talks here about his feelings:

it just sort of felt more like you were just sort of...at...you raising your own hopes, kind of, you know, falsely every month, [] it was sort of increasingly it felt like a, kind of you know, er...er...sort of hopeless task, really [little laugh]
(13.13-34)

A strong sense of despair appears in George's description, showing his hidden struggles over the inability to have a child. His increasing sense of collapsing hope and never-ending longing are captured in the extract above. He also seems to feel that having a child through fertility treatment is a 'task', adding a sense of this being a forceful and unnatural action. His sense of hopelessness is depicted as distress that comes back 'every month'.

One could posit that it is natural for women to feel the embodied loss through their monthly menstruation. However, George seems to feel a loss similar to those of women's embodiment with a loss of pregnancy. Treatment becomes a task, but the failed attempt can possibly be perceived as an embodied reproductive pain as a result of the loss.

David and Victor underwent IVF treatments, and both had one successful outcome as each of their wives became pregnant. However both pregnancies were not carried to full term. The emotional impact of the loss after experiencing a glimmer of hope is intense. David's frustration resulting from the uncontrollable and unexpected outcome appears here:

you get plenty of information, but the information is just about what happens, the information is not...about...how stressful it can be, [] I think the treatment should have a massive health warning...emotionally as well as physically [] (35.11-26)

David had hopes for IVF without knowing the possible emotional and physical devastation that this treatment might bring forth. David's sense of despair seems to be accompanied by anger, and may remain traumatic. His expression 'massive health warning' amplifies the degree of loss he felt following his wife's miscarried pregnancy. At the same time, he seems to raise a question about an unnatural element of reproductive treatments. This may point to his intrapersonal dilemma against human nature.

Victor, who planned to have a future family in his early adulthood due to his own illness, speaks:

My history is erm...I had a cancer, when I was 19, which meant I was infertile ...going infertile...But, I had erm some sperm stored at that time for the future. [] And we had...five attempts at IVF erm...and we were, had a pregnancy once, but we lost that through term...erm mid-term. Erm, then we tried two more times and then decided...it wasn't gonna work [] (1.9-20)

Victor's intention to have a family was envisioned when he had cancer, clearly demonstrated by the action he took to have 'some sperm stored'. However, he lost hope, as what he longed for 'wasn't gonna work'. His devastation appears over the undesirable decision to stop having further treatment.

This extract also seems to show another layer of internal suffering, in that his description of himself 'going infertile' possibly refers to the fear that he himself may become who he does not want to be, a childless self. The loss of parenthood remains as reproductive pain; at the same time, the loss of an ideal self as a father stays in him as a part of his 'history'.

Anger was a common emotional reaction to the loss of fatherhood among the participants, not just those men who experienced failed fertility treatments. Alan, who did not pursue ART, speaks here:

when I feel out of control...of, of situations and that, that can manifest in, in anger and frustration. erm...I'm not very good with...not...not feeling that I'm in control...of...what's happening to me, or what er...you know, what I...what I...want to do. (26.13-36)

What Alan shows here is his incongruent feelings towards childlessness. While wistfulness about having his own children remains, he cannot control his childless situation, which in turn 'manifest[s] in anger and frustration'. The loss of the hope to have children, for Alan, is also a loss of sense of self and self-direction. These are depicted in his expressions 'what's happening to me' and 'what I want to do'. Involuntary childlessness can induce profound mental disturbances in the forms of despair and anger over multiple losses.

10.1.2 Living with profound grief

All the men in this study describe their deep-rooted internal sufferings. Although participants' emotional expressions tend to be represented literally, the visceral sadness of childlessness has emerged as profound grief.

Alan, for example, talks about his emotions:

quite few different, sort of erm...emotions. [] yeah an element of...a sense of loss I suppose that at some point erm...you know, I'll...it will be a final situation, [] and I'll have to deal with that then, so I don't think I kind of, completely, fully resolved that the that that sort of, the...the final feelings [little laugh] (11.6-14)

For Alan, accepting 'the final feelings' towards the loss appears to be a difficult task and remains profound without finding a solution to 'deal with' different 'emotions'. In addition, this extract captures the possibility of Alan living with prolonged grief. This is evidenced through the use of the future tense 'will' to refer to the loss as a 'final situation'. This could mean that as his yearning is greater than his sadness, 'a sense of loss' may not be acknowledged until there will be no choice for Alan but to accept his status as a childless man.

Similarly, George shows difficulties in finding a concrete solution for the pain. In his case, however, a dejected sense of relief appears paradoxically over the decision to end the journey of trying for a baby.

there was a sense of relief, [] but on the other hand it was, it was, it was...kind of very, erm...depressing and upsetting. (14.4-8)

He continues talking about emotional pain:

there's an abstract notion of it, which I think is...is what...act in a way, is kind of harder to...erm...it's more painful to deal with. (18.1-15)

George's longing for the child he had hoped for stays at an abstract level. Here he seems to point to his felt sense of imagined children, which he refers to as an 'abstract notion'. For George, therefore, grief over an absent child is 'more painful to deal with' than grief over a loss of a person physically existed.

Sadness is not visible and can be difficult to articulate. David says:

*Er...and that treatment was successful...and the baby didn't...make it. So...
[on the verge of tears] (16.5-6)*

It appears as though this is a straightforward description of his unsuccessful treatment. However, during the interview, unspoken emotion that was exhibited as a psychophysiological reaction was evidenced, particularly during this extract. David's sadness suddenly came out from within. Together, noticing the use of the conjunction 'and' – instead of a more obvious conjunction with *but* - between 'successful' and 'didn't make it'. This may illuminate his sense of confusion over the consequence derived from an unnatural order, revealing the depth of grief he is living with.

If having children is found to be a life-changing journey for a person, losing the hope for children can stay deeply within the feelings attached at that time of discovery.

Victor recounts the time he 'realised' his desire to have children:

*erm...emotionally, the biggest change...was when I realised, erm...yeah...that
I wanted to have children with...with Helen, [] it was...it was definitely the
right timing. (12.44-50)*

Emotional impact of the loss, for Victor, therefore, aligns with the depth of hidden desire to have his own children.

10.1.3 Groundlessness

For the participants, making sense of childlessness is a great struggle. The men are overwhelmed with the illogical consequence of childlessness, and their internal sufferings lay upon difficulties in finding its ground.

David, who is afflicted with the outcomes of his IVF experiences recounts:

If you've suffered...any kind of trauma, your head is ever quite the same. It...everything sort of gets shaken up in the air. Er...and...and I don't have the religious faith that I used to have, because of, of, of what happened. [] It didn't...life doesn't make sense in those terms in the way that it did, because of the way things happened. I...I can't make sense of, of life in a...religious way in the way that I used to be able to. (30.26-37)

The world that David used to believe in had a reason for his part in it. However, as the loss has violated his belief, 'everything gets shaken up in the air'. If his life had no ground upon which to build new meaning, David would struggle to 'make sense of life' or find meaning in childlessness. His extreme distress has taken over his ground, causing the loss of his 'religious faith'.

Victor, who stored his sperm for his longed-for future, shows his puzzling sense-making around childlessness:

the sperm I, I...was stored at the time, [] We're not...I'm [not] sure about why that didn't come to er...to erm...to produce a child, that, that, and I, that's that I guess that is the, the...the one that's...the potential loss there [] (5.28-36)

This account points to a loss of belief. For Victor, the inability to produce a child is an unreasonable outcome, because he 'had no reason to believe it wasn't gonna work' (5.29). Like David, he is struggling to find a reason to answer his childlessness. Unreasonable loss can create groundlessness, and the consequence of childlessness here seems to be expressed incoherently as 'the potential loss'.

Groundlessness can also initiate a sense of regret over what a person was trying to accomplish. Here George speaks:

We should've just...[little laugh] carried on and got on with our lives anyhow [] rather than...yeah, just feel, yeah, I, I think a lot of time, a lot of time I think about it, I...I...think it was just this...it was a lot of...a lot of trauma and pain, and, and...erm...for for no reason ultimately (16.14-21)

Failure to have one's own children is a significant loss that goes against George's belief. His sense of remorse over the wasted years appears. At the same time, ruminating on his loss, his internal suffering clashes with the childless situation in which he 'should've just carried on', and his 'trauma and pain' are re-lived 'a lot of time'. His retrospective account points to the fact that although he desired to have a baby and become a father, the outcome doesn't have a solid ground for him to initiate a new life moving forward. This may leave him in a state of uncertainty.

Uncertainty can also encompass ambiguity. Alan expresses this:

I think there's, yeah, there's good and bad about, about not having children, as you, you kind of, in the middle of, you don't have either of those things, so [little laugh]... (16.26-29)

Alan tries to find factors that can give him a clear view of his childlessness. Although he believes 'there's good and bad about childlessness', he is unable to make sense of his childlessness, because he does not have 'either of those things'. He seems to be lost, uncertain, and having difficulty finding meaning in his childless life. This ambiguous sense reflects his inability to find a middle ground, which may leave him in emotional stasis.

10.2 Losing interpersonal connections

Life goes on in a social system that is normatively constructed. For the majority of people in midlife, life typically involves their own families, who can take centrality. Work is also associated with midlife development. However, many people who have got children may find that their need to support their own family is paramount, and so becomes the main motivation for work. It is therefore natural that people's lives revolve around families and children. This super-ordinate theme explores the experience of childless participants living in such a family-oriented world.

10.2.1 Being a social outcast

Childlessness impacts greatly on relationships with other people in participants' everyday lives. A feature that emerged is a feeling of deviation from the society from which they find themselves cast out.

Alan talks about his concerns over 'friends who've got children':

I think people do...you know, friends who've got...children do kind of drift out of it a bit, because erm...you know they, they're doing things with their family or they kind of do things with...families with other children an...and er...you know...it's more like...it kind of...erm cos, you know, the children like to play with other children, things like that, not that, you know, so we do...we do see friends who've got children as well, we don't avoid them (21.19-27)

Children bring great connections with the people around them. Family life, therefore, enables individuals to more closely develop relational connections socially as well as personally through 'doing things with other families' and 'play[ing]' with other children. Although Alan 'see[s] friends', he is unable to take part in their family environments. His sense of being avoided by friends with children is also strongly registered at the end of the extract above, 'we don't avoid them'. Friends 'drift out' of his social life against Alan's wishes. This illustrates his sense of rejection from people who have got their family lives.

George also shows a sense of rejection, but in his case from society as a whole:

you realise so acutely when you're, when you're failing to have children, just how much...er...a society, kind of, expect you to do that...that kind of thing, and so, it kind of, you know, you...you feel like a terrible failure. Erm...and it's quite hard to come to terms with that, [] we don't want to be defined by whether or not we have...we've got kids erm...and then, but, but you can't, you know.
(14.10-22)

George feels the social pressure that people are expected to have children.

Nonconformity to such a social expectation makes him 'feel a terrible failure', and this is weighing heavily on his identity. There are several emphases in his narrative (underlined), which speak about negativities ('terrible' and 'can't') and degrees ('acutely' and 'how much') of George's sense of rejection from society. He 'can't' beat the social stigma on childlessness, leaving him as a social outcast.

Sometimes, participants talk about the disrespectful or undervalued sense shown by people. Alan, elsewhere during the interview, described his feeling that people '*don't count as much if you haven't got children*' (10.12-18). David argues against the inconsiderate attitudes shown by other people, reflecting on his own infertility journey:

I, I, I, I know your study is about...is about men, and...I don't think...really that that anyone really gives much consideration to...how that...process, that treatment, might affect men, too. (31.21-24)

David's emphasis – 'really' – seems to refer to his own devastating experiences that are fundamentally obscured in a normatively gendered world. It can be said that David wants to be considered as a person, regardless of his gender, who has been through infertility treatments. He did not say much about what gendered norms are, but he may well be referring to presupposed masculinities and strong socially constructed images of male identity. David's description, therefore, highlights his sense of deviation and of being neglected by society.

10.2.2 Feeling alienated

Having no experience of child rearing may hinder social sharedness. If people's lives revolve around their children, then childlessness can create a relational boundary with those who are parents. Participants present their concerns about isolation, detachment and issues associated with people around them.

David depicts his sense of 'isolation' within his own family as a result of being childless. Here, he describes the fact that he has not told his parents about David and his wife's IVF journey:

*It's something that we haven't shared even with my parents. [little laugh]
[Int: yeah...] Although, I think perhaps...we kind of guessed, that they may have guessed. But, er...it's so it's not something we can even share really within the family. [Int: mm...] so, you know...there's a certain sort of isolation. But, you know, not everybody's in that position. But erm...my brother knows, which is, which is good. But again, he can't...he hasn't had the same experience...*
(15.23-31)

David's strong sense of alienation appears in the above extract, which points to the loss of sharedness 'even with my[his] parents'. His feelings of isolation also extend to his relationship with his brother, who 'knows' but is unable to have a close connection, as he 'hasn't had the same experience' of what it is like to be childless. David's account characterises a marginalised sense of self within his own family.

Alienation from one's own family may induce relational concerns for the future. David further illustrates this point:

last year when my dad ended up in hospital [] I rushed up there just be with him, just to spend...time with him. Because I...I like my dad very much. [] All I could do was sit with him, and just hold his hand [] But...we won't, that won't be happening. [] perhaps the scariest thing of all actually [Int: mm]...being alone. I, I think for...for...for me...yeah...be...being alone would be perhaps the...you know (25.26-26.33)

Temporal, spatial and corporeal senses of isolation are powerfully illustrated here. David describes a loving father-son bonding through caring for his father. Knowing that this connection ‘won’t be happening’ for him, he is concerned about his own bleak future, where no such relationship can be developed. So, for David, ‘being alone’ without having bonding relationships with his longed-for children is the ‘scariest thing’ in his life.

Alan’s account echoes that of David’s concerns for the future:

I think...it...a big thing will be...erm...you know when, when I have...my parents are not here anymore as well. Cos...at the moment I still feel very much...part of a family, cos I’ve got, I’ve got parents (11.28-35)

Since Alan has still got his parents, he has connections that make him ‘part of a family’. This secures his sense of belonging. However, like David, Alan fears he will be unable to establish a similar family connection in the future, which may result in social isolation.

Isolation and detachment also occur within relationships with people at work. George recounts his experience:

there was a, you know, you, you’d feel like, kind of people at work you know were sort of falling pregnant left, right and centre, while we were kind of...failing...erm...and that was very hard. (17.11-17)

George seems to have a sense of inferiority because of ‘failing’ to have children. In his social life, pregnancy is a noticeably reoccurring phenomena; therefore, his sense of inferiority may persist in everyday life. This seems to have become an issue in his relationships with people at work, a sense made evident by his use of the words ‘left, right and centre’. This may further characterise his sense of separation from people who are expecting children.

10.2.3 Grieving the biological discontinuation

Normatively, children are seen to be the natural, biological continuations of their parents, whereas the absence of one's own children inhibits this biological continuation. Childless people may feel a deviation from the norms of people who follow this natural order. In addition, being unable to bring about biological continuations can raise further concerns, which influence relational development with other important people.

Here, David's retrospective account describes the impact that the loss of biological continuations has on him. His sense of a 'great void' towards the loss of his 'imagined' children also appears as the loss of his relational entity:

I feel sad about that. Cos, I, I have, I do have a sense of history, I suppose, [] I, I ah [sighs] I was always interested to hear about my grandparents and auntie, great-aunties and uncles, and people from further back and what they did, and what characters they were [Int: yeah] erm, you know, I suppose I imagined...that that there's a sort of er...[sigh] there's a great sort of void really where...telling...your own children about all that would've been, you know, there's no one to tell about that, and you know, to tell them that you...your remembered your...your grandparent and he or she did this and they were like this, and all of that. There's no one to pass these memories on to, you know. It's...so it's...it's almost like the history sort of ends with...with you really. And I, I, I feel quite sad about that sometimes. (11.36-12.11)

The complexities of relational losses caused by childlessness appear in this extract. David's description portrays the loss of the continuation of his family line – the discontinuation of the 'history', which 'ends with' him. This causes him to feel 'quite sad' and seems to point to his sense of loss over an entire relational connection. So, biological discontinuation brings multifaceted and significant influences. For David, childlessness appears to entail emptiness where there is 'no one to pass memories onto'. This illustrates his sense that no one recognises or will 'remember' his existence, pointing further to his sense of full closure rather than continuation of his

own life. David's account over the absence of biological children, therefore, is presented as the loss of existential continuation.

Alan shares similarities with David's account, but expresses a more fundamental point:

*my, the sort of...the genes that've been passed down to me [Int: mm..]
erm...have been gone on for like centuries and thousands of years, and they
kind of end with me...[little laugh] so that's, that's a big thought []
(8.26-43)*

The evolutionary concept of the family line appears in Alan's description. His realisation of biological discontinuity that 'end[s] with' him is 'a big thought', which illuminates the impact existential discontinuity has on him. Like David, Alan also recounts his sense of his own finitude.

Absence of children impacts greatly on existential discontinuations and induces relational concerns. Victor talks about his sense of the loss of biological continuation, which is slightly different from those of David and Alan; for Victor, this is connected to the influence of his father, whom he lost when he was younger:

*I didn't have many...male role models when I was younger, cos my dad died
when I was 20. Not long after I came out from hospital. So, there's a massive
loss there, losing him...erm...as someone to help me through my life.
(14.29-36)*

The presence of Victor's father would have given him a meaningful relational continuity, not just as a biological continuation but also as a way for him to have a guiding hand for his identity development as a man. As he speaks of a lack of 'male role models', the loss of relational continuation with his father is 'a massive loss' for Victor. Noticing here the subtlety that emerges in his utterance, it appears that Victor is describing a relational loss with his father. However, what he points to seems to be about his own situation, where he needs someone to 'help [him] through' his life and his childlessness. Victor is a man lost in the world of childlessness, which is caused by

biological discontinuation, and which may result in an ongoing search for his own identity, deviating from people in the normative family-oriented world.

10.3 Turning the loss into inner strength

All participants are facing the challenge of the consequence of being childless, which also means the loss of the fatherhood of which they had once dreamed. Internal suffering over these losses are invisible. However, as time passes, all participants began to work out their own unique ways of coping with their childlessness, and so the invisible losses started to become visible. This section will explore the processes in which they deal with their internal pains.

10.3.1 Trying to understand: re-evaluation and explanation

Although participants' broken dreams are unmendable, all the men in this study have started to try to understand the meaning of their dreams, and of their loss as a whole, by re-evaluating their journey of involuntary childlessness.

George reflects back to the time when he was 'depressed':

I just frankly was just depressed about everything. Erm...and having kind of come through that, and survived it [] I feel yeah, brighter and, and sharper and more like...I did when I was young before all these difficult things happened...erm...so in a way, and maybe in a way I, I kind of...maybe it's that I feel more conscious of, you know, I feel more conscious of of how valuable it is...to have that, [] that sense of having you know experience that's kind of you know, taught me to not take it for granted, and also experience has...has given me...er...a better set of tools to do something with it, I think. (26.13-34)

George shows his reviving sense that he has 'come through' a dark tunnel of 'depression'. Here, he appears to be no longer in the state of uncertainty, because he has turned the 'difficult things [that] happened' around childlessness into

‘conscious[ness]’. George’s struggle seems to be evaluated, inwardly placing value on the effort he made towards his dream, meaning his journey becomes a positively perceived experience; a positive self-achievement. This is captured in the indicative word ‘survived’: he has regained self-confidence. The totality of his survival experiences is re-evaluated constructively as ‘a better set of tools to do something with’. George is establishing a positive belief out of adversity, which directs him towards his future.

David has opened up opportunities through re-evaluation:

in a way, it [re-evaluation] opens up opportunities, too. [] you have to get rid of any guilt...that that we can do things that other people can't, cos we didn't choose it. So, you know, that...that you shouldn't feel bad. (28.25-41)

Notice the expression David uses to show his negative feelings (‘guilt’, ‘bad’). Here, his past experiences appear to be becoming more positive, a sense that appears in his words ‘get rid of’, ‘didn’t choose’, and ‘shouldn’t feel’ to negate his negative senses. This double negation seems to serve as self-affirmation. His re-evaluation process provides David with ‘opportunities’ to restore self-control and help him make a choice to be free from a sense of being in debt to life. On another occasion during the interview (33.13-27), David also tried to express a lack of fulfilment due to the absence of children. Although he tried to ‘do the best we can with words we’ve got’, he struggles to explain his ‘deeper sense that there’s something missing, in a kind of less tangible way’. Finding difficulties in articulating his sense making in itself is a part of the re-evaluating process, which could direct him to understand any latent meaning to his experience. This realisation becomes an important part of his process of understanding.

Victor, who has shown a struggle over the loss of what he believed to be a father, now speaks:

So, currently, erm, yeah, it's O.K. er...it's O.K. to be a man without having a child. And I feel fine with that...erm...so for myself...yeah, there's, there's nothing left to...to have pain really. (16.3-6)

Re-evaluating the self-belief Victor once had about masculinity seems to free him from his emotional struggles. Although he appears to have a certain level of regret about the loss of fatherhood, his perception of himself as being 'a man without having a child' has become more positive. This is elucidated in his expression 'there's nothing left to have pain', showing Victor's understanding of the current situation of being childless.

His explanation shows his determination to deal with losses. Victor continues:

I think it is important to...have er...for us not to hide...behind that or... yeah, I think it, it releases, releases erm...those emotions of grief or loss... erm...quite quickly. Erm...so, it, it's a very...powerful way to, to stay as a human being, I think, to understand that. And, yeah, there's no, I have no problem with explaining...those reasons. (7.6-12)

Victor reports a positive sense that has developed by re-evaluating his 'emotions of grief or loss', in searching for 'reasons' behind sadness rather than 'hid[ing] behind' it. Invisible losses have now started to appear, and he can more readily face and explain his childlessness. The above passage illustrates his understanding of childlessness as a part of experiential adult developmental processes. For Victor, this means that his ability to explain his childlessness is a way to 'stay as a human being' - as a person living with his own experiences. Here he portrays his understanding of the emotional pain attached to childlessness and his sense of acceptance towards his life.

In contrast, Alan seems to retain his longing to have children as part of his way of understanding:

I thought about it [becoming a sperm donor] seriously, erm...er but I didn't do it [] Erm, and then, kind of, all...now I kind of thought...I almost feel, well it...it's slightly different in that, if I had done that, it would be quite good. The thought that someone of mine to come to find me [little laugh] kind of thing, but then, I don't know...it's all...erm it's all pie in the sky er...yeah. (17.16-30)

Alan's retrospective account indicates that his yearning remains. His complicated thoughts appear with a sense of regret over not becoming a sperm donor, which he 'seriously' thought about but 'didn't do'. He talks about imagined stories to counterbalance his regret. However, it is important to note that re-evaluation of this is consciously presented in his words 'it's all pie in the sky'. So, Alan, through self-explanation, understands that what he fantasised about is not going to happen.

Interestingly, although Alan's re-evaluation, like those of the three other men in the study, appears as a way of judging his past experiences, unlike George, David, and Victor, his perceptual shift towards childlessness seems to be from the past to the present, and remains at that present; childlessness may not yet fully be manifested in his life as a whole.

10.3.2 Finding ways to deal with emotional pain

In order to get out from an emotional rut, participants have started to employ strategies that are unique to each individual.

Victor emphasises the importance of 'being open':

it's about erm...being open...[] that's that's the big, big, big, big part of erm me, now. And er...yeah [sighs], realising that that pain can't, I can, I can own that pain and understand it. (13.14-14.15)

The repetition of the word 'big' indicates powerfully how 'being open' about his emotional pain is helping Victor to deal with his childlessness. This can also, in turn, show the degree of pain he is dealing with; however, he now knows it is possible to take ownership of his emotions. He is not controlled by emotions, but he can 'own that pain'. Being open to his internal pain appears to act as a method of self-empowerment.

George revisits when he was '25 years old me' and brings back positives:

I think there's a...there's a kernel of me [] I think when I was 25 years old

me, you know, [] you were sort of full of optimism and hope and self-assurance, [] I do kind of feel that I've had almost the chance to start again, actually, I mean, as a...you know, creatively as a musician [] I actually feel, you know, mentally I probably feel closer to, to that, you know. (24.14-42)

When comparing himself with the '25 years old me', George finds all the positives he had at that time and seems to gain 'self-assurance'. Thus, what George has found is 'a kernel of me' – he has restored a core self-value. This then appears to provide him with a way of transforming his negatives into positives. Now, noticing the positives he describes, such as 'optimism' and 'hope', these notions direct him towards the future. His description highlights a sense that he has started to find a new meaningful direction, which for him is to become 'creative[] as a musician'.

If a person cannot intellectually resolve a problem or an issue, they can try to be 'philosophical'. Recall that David lost his 'religious faith' (30.26-37); the following extract describes his way of trying to deal with his childlessness:

I'd like to think that that we can be, that I can be more philosophical about life ...now...now than I was at that time...perhaps more accepting of things...than I, than I was at that time. [little laugh] (32.15-18)

David has now started to see the world from a philosophical viewpoint. David's conscious effort 'to think' differently about life seems to provide him with a way of building a more peaceful worldview.

Alan also shows his way of thinking about childlessness:

You've got to enjoy...life...you've got to think about how you lucky you are, and enjoying what you have. Rather than...rather than worrying about what you what you haven't got and that and I think that's how...I...try to deal with it, [] ...yeah, not, not to dwell on sort of the...disappointment er...you know. (12.38-44)

There is a similarity in Alan's account to David's, which is an accumulative and conscious consideration of the experience of childlessness. It is clear that he is trying to be positive in order to 'enjoy life'. However, there is a nuanced difference in his extract. While David has started to deal with his life as a whole, Alan seems to 'deal with' childlessness by: (a) focusing on now, or being in the moment as a way of living, and (b) 'not to dwell on the disappointment', instead accepting that childlessness is a part of his life. So, what he has described in the above extract can again point to or confirm that Alan still has a longing for children; importantly, though, he has found ways of being resilient in the face of adversity.

10.3.3 Self-actualisation: acknowledging changes and moving on

While each participant has a unique strategy for dealing with childlessness, all have started working towards self-actualisation: the participants are acknowledging changes and working to find what is absent for their inner needs.

David, for example, describes his account in general terms:

I'm very much one...for...for moving forwards in...in life, and [] I don't want to look back after I've finished my working life, and think I wasted it... (29.20-35)

He now acknowledges limitations in life, and he seems to try to live 'in life' by finding inner-satisfaction. He wants his life to be fulfilled, not 'wasted'.

By advancing David's account, George, Victor, and Alan have shown a similar and intriguing feature. The men appear to be on a process towards self-actualisation, in that their shared perception portrays a clear connection between time, change, and experience. Their accounts follow the narrative that time waits for no one, but one changes through time, because one is shaped by experiences in life. Let's look at what each of them actually says. Here is George:

People's lives change as they get older...[] life moving on now, you know, of its own accord. (10.43-11.4)

George first acknowledges that he cannot control time, and life changes ‘of its own accord’. So, what he needed was to turn the emotional struggles into a memory ‘like any memory’. Internal suffering, then, becomes experienced or ‘happened’ in life. He recounts this in the following extract:

I think everything eventually it becomes...just the, you know, part of you...a thing that happened...it's part of your life, []...like any memory it's something just kind of brings it into focus, [] but mostly yeah, it's, I feel reasonably at peace...about it really... (18.31-47)

George is changing. Internally, his sense of the loss of his hoped-for children is less focused and is perceived as a ‘part of your [his] life’. The experience of his infertility journey is generalised as merely a memory, rather than a disturbing memory. Therefore, George is now able to feel ‘at peace’.

Now he talks about his sense that he has ‘regained the vim’:

I think I've kind of regained some of the kind of the vim [] I just have a stronger idea of what I want to do, and I think I have a stronger sense that I have...the ability to do it, I think. So yeah (25.33-46)

Through perceptual integration, George seems to be able to move forward. His strong determination to regain his values and confidence are captured through the repetition of ‘stronger’. He is shaped by his experiences and has found his inner potential.

Victor shows temporal shifts more comprehensibly:

this world's changing, but...it always changes through time, doesn't it? But, erm...it's more of an understanding now of erm...that's important, I think, really...to be finally settled...the past is moving on quite a lot, and try new things so... (11.32-37)

Victor acknowledges life as ever-changing. However, there are some unarticulated senses that appear in the extract: what does he understand now? And what does he think is ‘finally settled’? The answer to both questions would probably be his emotional pain. As Victor says, ‘the past is moving on’; he seems to be able to turn his internal suffering into an inner motivational force to ‘try new things’. This inwardness seems to provide him with inner-confidence.

Hence, ‘exploring’ the loss becomes possible for him. Victor recounts his experience:

So...exploring it...I...for me, the loss of not having...erm...a child or children erm...well that er the loss only started when it didn't work, and before there was always the hope, or the right timing. (8.24-27)

This exploration of loss has enabled Victor to open up ways of finding new possibilities. He is now able to face his loss; in a way, he sees it more positively by reflecting on when he had ‘the hope’.

Alan, who has shown his ongoing yearning for children, also acknowledges that one ‘do[does] become a different person’:

I think...I think you do become a different person as you go through, through, through life, cos you, you're kind of shaped by, your experiences in life really, [] you kind of evolve...so...you, you don't kind of, you know, it's a change from one year to the next,[] a lot's happened and you change, change a lot. (25.22-32)

It appears that Alan understands the fluidity of life and changing nature of personal development, which is ‘shaped by’ his own experiences. However, he may be distancing himself from things that are important to accept or change. This is suggested by his use of ‘you’, the second person perspective, instead of a first-person account ‘I’. Nevertheless, Alan shows the gradual changes happening in him:

One of the things was that...erm...I really was keen to participate. Erm so, cos I thought ‘Oh no one...no one's really looked at this that I'm aware of’ so I think

I'm...I'm quite pleased that erm that...that...that...that you are looking into it really (28.2-6)

In this extract from the end of the interview, Alan expresses his enthusiasm over the research on involuntary childlessness on men. His feeling of contentment appears vibrantly. He appears to find his inner-worth, which may have been an important need missing in him. Alan may still have the desire for his own children, but he is steadily changing through finding what makes him 'pleased'.

10.4 Reforming identity through nurturing relationships

Each of the participants has set out a new phase in their lives, through which they have started to regain positive identities, fostering relationships with others. The power of their relational connections is multifaceted and is described in each case.

10.4.1 Reclaiming the self through relational connections and engagements

Victor and Alan talk about their relational connections to their nieces and nephews.

Alan says:

we like seeing our kind of children that we're related to, our nieces and nephews (21.30-32)

Alan's phrase 'our kind of children' to describe his nieces and nephews depicts his sense of a desired parent-child relationship. He shows his willingness to see these children, which can be seen as a positive reflection of his wanting to engage in a parental role.

Victor, who has started to engage with his niece, more explicitly describes his experiences:

...have a real...a real joy to be part of er...erm...a sort of er...a baby nine months now with her [his niece, Monica]...and look forward to that journey

and look forward to seeing her. And so, we're...we're...we're...we're...we're living it now. And OK...it's...quite a bit of time, but it's er part of...she's a part of our lives, so...to counterbalance that potential of not having a kid till I die, something's come into our lives (16.8-15)

Victor's joyful account shines forth and points to the importance of his connection with children. For him, this connection seems to be a way of establishing a parent-child type relationship with a small baby, but it also appears that the relationship has given him the possibility of having an ongoing experience of fatherhood. This is captured in his description of it being 'a real joy' to spend time with Monica even for 'a bit of time', meaning his relationship with Monica becomes 'a part of' his life. Importantly, this new connection with his niece seems to provide him with an extension of his own life. Since Monica has 'come into' his life, he can develop that life by creating a relational continuity towards the future as Monica progresses on her life course. This establishment of familial engagement leads Victor to reconstruct a social, or possibly gendered, identity as a man who takes a father role.

While Victor and Alan have shown the importance of direct connections with children, George's account points to his relationship with 'people with their children':

when we're actually...trying for kids, I think. Erm, it was probably a lot more...difficult, I think probably, to be with, you know, to, to be with other people and their kids. Erm...er...Actually, oh having said that I mean, I don't think maybe not actually being with the kids was there was a problem. I... I think possibly actually what was probably worse is people talking about their children, and I think actually maybe being with people with their children isn't so bad somehow. (8.39-49)

The repeated use of 'probably' and 'actually' in the above extract shows George's recognition of his own ability to reclaim the self in family environments. Although there is a sense of having relational issues over 'talking about' children, his positive feeling appears through finding possibilities in reestablishing connections with people who are parents. This can help George to take action to go back into his social world and develop engagement with people who have got children.

Conversely, David describes developing relationships with people who are childless. He talks about the time when he went to an involuntarily childless group gathering and the people he met there:

these people that we've met have...er...er...er generosity of spirit is the...the best way I can describe it. [] there's a connection there perhaps [Int: connection] that you couldn't possible have with...with someone who hadn't...had...a, you know, a similar experience. We just kind of all know...that we've all...er... experienced some of the same things, and that we all continue to...experience some of these same things as we go through our daily lives. And, you know, and as we get older, too. (24.25-36)

David felt sharedness with people who were at the meeting. His sense of secure attachment with other childless people appears in his description 'We just kind of all know'. This seems to generate a bonding community of people who have 'all experienced' what involuntarily childless people are facing, and the impact that the absence of children has on the self in one's everyday life. In the above extract, David strongly elucidates that childlessness is not an event in one's life, but a continuing phenomenon 'as we get older, too'. Therefore, finding people who can share and understand childlessness helps him to secure his identity, which is protected by these people who have 'generosity of spirit'. This relational connection, for David, is importantly associated with his sense of belonging, which critically helps him to be in a normative world surrounded by people with their children.

10.4.2 Discovering fulfilment in caring for others

All of the participants, through various ways of interacting with people, report how relationships with others can generate new meanings through caring responsibilities. While Alan states his close and 'entertaining' engagement with his parents and family rather than with friends (2.38-3-8), the other three men, David, George, and Victor, report unequivocally their sense of fulfilment in caring for others.

First, let's look at David when he talks about his 'caring need':

the situation that we're in...ahh...[sighs] [] I think it's to do with that sort of...that sort of gap...of not...not having had the experience for caring for...for children [] that sort of caring responsibility that people would have with children. [] Erm but, a...a...that's where there is that, that hole, that...that hole of, of not having had...someone...or ones to...to care for. [] I feel a need, that sort of caring need that wasn't fulfilled in that way, perhaps in in some way it needs to be fulfilled in another way. (18.10-35)

Although David here describes his lost relationship with his hoped-for children, his desire to find ways of fulfilling his caring need is powerfully outlined. The situation he is in obviously refers to the absence of children in his life, which is a life without the familial engagements. In the following extract, however, David unfolds what it is that can possibly fill the 'hole' or 'gap' in his life:

It's...helping people. Just, silly small things...really. [] it's just the most basic instinct [] that probably makes me happier than anything. (3.16-32)

Caring for other people matters considerably to reconstruct self and identity. It is through caring that David can establish new relationships and try to feel fulfilment despite the absence of children. David describes that 'helping people' is the 'most basic instinct'; he has a fundamental need to steer and develop his life. He also says that helping people is 'small' and 'basic', but if this makes him 'happier than anything', then caring – that is, helping other people altruistically – can help him fill the 'gap', the 'hole', of the loss of the caring relationship with his hoped-for children. So, what he expresses in the passages above appear to be the notion that the emptiness can possibly be filled by making use of himself, through new relational establishments in society, for people who need care. To point to this further, he also talked about his involvement in 'volunteering in a prison' (4.18) and he explained that he 'help[s] a prisoner [prisoners] by sorting something out that the prison can't' (5.16). His altruistic involvement with vulnerable people is manifested in these words.

In George's case, fulfilment is found in helping his music students:

I think one of the things which has...being particularly gratifying and, and lucky for me...has has it...it sort of, it's turned out to be very, very fulfilling, [] erm...doing, you know, just doing, you know, you...a...a little part of, of... helping that the...the students to, to, sort of progress, and...and start off their, you know, get through their degree and start off their careers, is...is...is really erm...really satisfying. (23.43-24.3)

George's contentment over the engagement with his students appears in the above extract. George discovers personal meaning through helping his students, demonstrating a developmental process towards being generative. Care that he could not give to his hoped-for children is now shifted to his students. Helping his students gives George further fulfilment, as he can establish caring relationships with them as they continue to initiate new phases in their lives. Caring for his students, therefore, enables George to form nurturing and guiding relationships for the next generation.

Victor, who has created a connection with his niece, also has a community engagement where he supports younger men (aged between 18-25) by 'getting... on the right track, stop[ping] them going into the criminal er system, or helping them if they come out of prison to get started again' (1.49-2.2). This caring responsibility for these younger men now bridges the relational connection between Victor and society. This is what Victor says:

Well, this work with the, the young men, it may move...move on to some, it... it's a new world for me to be in er, er, er working within a social world, erm, which is really, really exciting. Erm, yeah, I can see that leading to somewhere. (10.44-46)

With a role caring for his niece now formed, Victor has generated social engagements through other people he cares about. His support for younger men is a contribution to the community and the society he belongs. This curiosity for involvement in society illuminates his spark to explore his new world.

10.4.3 Developing a deep marital dyad

When the interviews were conducted, all of the participants had been in marital relationships with their wives for between eight and 22 years (mean = 13.5 years), and none had mentioned whether they had experienced divorce previously or not, or if they had considered separation from their wives. The participants have, so far, illustrated the importance of relational connections with people and the satisfaction they gain through caring for others. Another salient feature that illustrates each of the participants' relational experiences is the deepening reciprocal relationships with their wives.

George's account reveals his sense of wholeness, which has developed with his wife, Lily, through the 'shared experience' (16.40) of childlessness:

we're actually, you know, we're, you know, we're...we're a couple without child, you know, we're a couple without children and that's, that's just what we are. And also, I think from that, actually then being able to...I think probably the thing we've really done erm the real kind of step forward we've taken from there, actually, is to stop even thinking of ourselves as, we're a childless couple, [] we're not defined by...whether or not we've got children, and in the end we're just us, and we have our life and, it's not other people's lives, but...there's nothing wrong with that, you know (22.47-23.9)

In the above passage, the importance of George's togetherness with his wife is strongly projected through his repeated use of 'we'. He speaks about childlessness as the voice of two persons: George and Lily. The hardship of the infertility journey has advanced as a unified experience. This seems to give the couple the strength to face their involuntary childlessness. This is captured in his forthright remark, 'we're a couple without children, that's just what we are'. There is a hidden cue in this short statement that also shows their deepening relationship. Note that he does not say *who* we are, but '*what* we are', which seems to point to the wholeness of a married couple living without children rather than their state as a couple who do not have children. The power of this relational wholeness then transforms as a way of breaking through

social judgement, showing their survival spirit, in which they are ‘not defined by’ and see ‘nothing wrong with’ childlessness.

Victor talks about emotional bonds with his wife, Helen:

it, it...as every day, the, the, there will be a time at some point when that comes up again, and er, for both of us separately or together...but it's it's it is about us, us, erm myself and Helen, to spend the time, when helping each other. And er...yeah we do that very well now. (5.39-44)

Victor's empathic and caring feelings towards his wife are beautifully captured in the above passage. There appears to be a reciprocal secure attachment between them. Victor knows his own need for emotional support from Helen, at the same time understands Helen's need for help from him; therefore, they can help ‘each other’ with mutual understanding. The strong emotional bonds with his wife appear to empower their life and initiate developing an authentic marital dyad.

Authenticity in marital relationships also encompasses mutual respect. David, in the next extract, describes his relationship with his wife, Rose, over the thing that she really enjoys, which is ‘being around young children’ (2.22):

I, I almost wouldn't want to tread on her toes with this. It's something that she's been able to really make her own. And...you know, I...I don't know how she would feel about me getting involved. But, but I just think it's really good for her, that she does, yeah, something that's truly hers. (3.4-9)

David respects Rose's independence and shows his benevolent understanding towards her. For him, if Rose finds things that really mean a lot to her or are ‘truly hers’, then he values and respects her independence in keeping this part of her world separate from his. He is developing caring responsibilities through an autonomous relationship with his wife, without which deep mutual understand cannot be established.

Alan expresses his gratitude towards his wife, Mary:

I really...am happy about, you know, I, I just...I can't imagine...not having her, really, so...Erm, yeah...definitely yeah, erm, you know, just, I you know I thought I was kinda...happy before, but I'm much happier now. [little laugh]
(19.39-20.7)

Meeting Mary was a life-changing event for Alan. Although he lost his dream of fatherhood, he is deepening his relationship with Mary, which makes him 'much happier now'. Alan has started to generate a new meaningful life, away from the loss, and so is gaining a closer and deeper development of a marital dyad.

Chapter 11

Discussion

All four men in this study revealed poignant distress caused by the absence of children, but also showed their ways of dealing with childlessness and connecting with other people in their everyday lives. Recalling the emergent themes discussed in the women's sections, broadly similar patterns arose here. Therefore, in this chapter, each of the four themes arising from the men's results will be compared to each of the four women's themes. Discussion will then connect to or add insights to existing literature and theory.

11.1 The personal impact of loss

Unable to produce a child, regardless of having fertility treatments or not, was found to remain a traumatic experience for both the women and men who participated in the current studies. This inability is a major loss that has created layers of internal struggle.

In Chapter 5, the extreme distress experienced by three of the women who had stopped trying for a baby one to two years prior to their interviews was highlighted. The sense of loss for a personified 'little embryo' and the fact that the unsuccessful treatments became 'such a big thing' showed participants' devastation and inner turmoil.

Similarly, the impact of failed attempts to have a baby by three of the men who had had medical interventions – David, Victor and George – was strongly captured. A striking feature is that, although men cannot physically carry a baby, participants nonetheless demonstrated an embodied pain due to the loss of having their own children. George's sense of loss caused by unsuccessful fertility treatment appeared through what his wife had to face 'every month'. This felt sense seems to develop as reproductive trauma (Jaffer & Diamond, 2011). Men's infertility-related stress can be 'indirectly' experienced as Martins et al. (2014) point out based on their study using self-report questionnaires. The current study has further revealed men's embodied sense of loss and complex internal suffering.

Hadley and Hanley (2011) argue that there is a lack of and a need for researching involuntary childlessness on men, while Throsby and Gill (2004) emphasise how little attention has been made to investigate men's experiences of unsuccessful IVF treatments.

Noting the small number of studies that look into men's engagement in infertility treatment processes, Fisher and Hammarberg (2012) point out that the existing research concerning men's perspectives on treatments has tended to be on "satisfaction with technical and procedural aspects of care and perception of the quality of emotional care" (p. 125). Certainly, it is important to seek men's views about these treatment processes, as these views can then contribute to delivering better care for men from a clinical point of view. However, such studies can undermine ways of understanding the internal suffering that individuals actually experience.

The phenomenologically-oriented current study with its strong experiential data, in contrast, has illuminated David, Victor, and George's internal pain caused by failed infertility treatments. In particular, David's frustration is evident in his account when he says that 'the treatment should have a massive health warning' directing us to feel his pain beyond the medical perspectives on treatment experience. Men's sense of a lack of control over the treatment process was captured by Throsby and Gill (2004), who examined 13 couples using discourse analysis. Similar findings are evidenced here in this study, but it is important to note that not only those who experience unsuccessful fertility treatment, but also those who do not undergo fertility treatment, can suffer in similar ways, such as Alan, whose emotional pain 'manifests in anger' and who demonstrates that involuntarily childless men who have not had medical intervention also suffer from the uncontrollable consequence of childlessness.

An enduring sadness over the inability to have children becomes a source of grief. People grieve for their losses, and no major difference was evident in the participants' accounts for both the women and men in this regard. However, the findings seem to reveal subtle differences in that, while the female participants seem to project their grief over an ineffable, unspeakable loss, the men's grief seems to manifest itself over an abstraction – absent loss, showing their deep-routed internal suffering.

Beutel, Willner, Deckardt, Von Rad, and Weiner's (1996) longitudinal study examined couples' grief and depressive features following miscarriage experiences. Their study used standardised questionnaires and data were statistically analysed. The results show that "contrary to commonly held beliefs, men do grieve" (p. 245). However, the paper also reports that when compared with women, men seem to "grieve less as they have not experienced the signs of pregnancy, and as a group, they were less likely to have formed an attachment to the unborn child" (p. 251). These findings are statistically important evidence. However, it is difficult to obtain qualitative features that underlie each individual's sense making towards the loss through such quantitative studies. It is also valuable to understand those men who might have an embodied sense or have felt a strong attachment to their unborn child.

The absence of children is a violation of the belief of those who wanted their own families and can induce a sense of ambiguity and uncertainty. The unresolved outcome of childlessness, therefore, throws a childless person into groundlessness. The men in the current study reported their struggles to make sense of their losses and of being childless. This overlaps with the characteristics of depression and uncertainty that were evidenced in the women's study. Particularly, the concept of *ambiguous loss* (Boss, 1999) introduced in Chapter 5 may well also fit the men's sense of groundlessness, in which childlessness seems to be perceived as a "loss without closure" (p. 35). A subtle difference with the women's accounts may be that the men seem to exhibit a stronger sense of searching for reasons for the consequences of childlessness. Children provide a ground, a base, or a reason, to progress one's life. In other words, giving a sense of "a why – an aim" (Frankl, 1946/2004, p. 84) to live for. Childlessness, for people who wanted to have their own family, therefore, can be an ongoing search for the meaning behind, as George said, 'a lot of trauma and pain for no reason ultimately'.

11.2 Losing interpersonal connections

Having a child produces a family unit and, "because we have all been children and we have all been parented" (Jaffe, 2017, p. 380), develops a parental role which is a natural progression in one's life course. Becoming a parent to one's own children creates family-based social or communal connections. In Chapter 6, the female

participants' relational deficits in a family-oriented world were explored. Here, similarly, the male participants expressed their difficulties in connecting experientially with those with children, or of being in familial environments in their daily lives.

Feelings of being rejected, avoided, or neglected by people with children, or society more broadly were described, strongly showing the men's sense of being social outcasts. Being unable to conform to social expectations of having a child or a family life is a major issue. For example, friends with children 'drift out' from one's life, reducing the circle of friends (Alan); and qualitatively, being negatively 'defined' by people who have got children (George); or having little 'consideration' of men's experiences of infertility treatments, since normatively constructed presupposed masculinities exist (David). This current study has added to understanding of how the unshared, gendered status of childlessness impacts not only on women but also on men who are in "a failed life course transition" (Loftus & Andriot, 2012, p. 241).

Being unable to experience fatherhood can also create a relational boundary with people who have initiated their own family life courses. Detachment, separation, and isolation featured in the male participants' feelings of alienation. George described his sense of 'failing' when he encountered people in everyday work situations who were expecting to be parents, referring to feelings of detachment and separation from an unshared life path. His personal accounts further point to his sense of inferiority and inequality, illuminating his relational struggles caused by involuntary childlessness. David's sense of isolation from his brother showed the impact that childlessness can have on relationships with siblings. He also strikingly revealed his fear of 'being alone' in the future, because a similar bonding relationship to that occurring between himself and his father, 'won't be happening' between him and his hoped-for child. For Alan, the presence of his parents secures his position as being a part of a family and having a sense of belonging. His sense of detachment from the family unit, when his parents 'are not here anymore', points to his concerns of future isolation from a family-oriented social system. Both David's and Alan's accounts highlight how their inability to deliver a father-son or a parent-child bonding creates future relational concerns.

Relational connections with their own parents are noticeable in the participants' accounts, in particular, that of the men's strong ties with their fathers. This relates to

several qualitative studies looking into men in young adulthood who had not yet experienced fathering a child (Marsiglio, Hutchinson, & Cohan, 2000; Thompson, Lee, & Adams, 2013) which report the influence that a father has on his son's perception of his future self. This is also an underlying feature of the 'models of fatherhood' (Thomson et al., 2013, p. 161). It is not surprising that the association between the inability to attain fatherhood and the male participants' sense of a loss of connection with their own father is manifest in the current study. However, considering that these men in their midlife have also found difficulties in connecting with contemporaries who are fathers, the findings illustrate how the inability to initiate fatherhood can be influential in developing different layers of social connection.

The consequence of unattainable fatherhood can be coupled with an emerging sense of biological discontinuation. Biological childlessness has influences not only at social levels, but also on one's entire relational connections, such as that over the end of a family 'history' and the evolutionary discontinuation of 'genes' (David & Alan). This sense of discontinuation was a salient feature that appeared among the men in the present study, and also a shared construal with some of the female participants, who elucidated their existential concerns and their own finitude.

The overall findings underlying this theme offer insights into the interpersonal relational struggles that are happening in the men's everyday lives. The inability to become a father can, at multiple levels, create deviations for those who have generated successful involvements in their desired parenthood.

11.3 Turning the loss into inner strength

All the men in this study have described their internal suffering, and since their sense of absence is deeply seated, making sense of what they are experiencing is a huge challenge. However, each participant has shown ways of dealing with the ambiguous senses that remain internally.

Through re-evaluation processes and self-explanation, participants have started to try to understand their own childless situations, to make their own coping strategies, and

to acknowledge changes to move on. These features were closely aligned to those in the female participants' accounts of dealing with the loss discussed in Chapter 7. For example, David's re-evaluation of his childless self becomes a part of a self-explanation that 'opens up opportunities'. This links with the self-affirmation addressed in Chapter 7, which cognitively directs the self to search for reasons as a way of counterbalancing the loss and leading to an awareness of being childless.

Heidegger's (1957/1991) notion fits here to understanding these cognitive processes as parts of the whole:

With the "why" we pose a reason so that it stands to answer to us. On the other hand, with the "because" we turn our cognition loose in the direction of grounds and the matter that is to be founded through them. With the "because" we give way to the founded matter; we relinquish the matter to itself and to the way that the grounds, in founding it, simply let the matter be what it is. (pp. 41-42)

Alan's description pointed to what he depicted as 'all pie in the sky', illustrating fundamental awareness of his situatedness in the world he is living.

Becoming conscious of the self means to live with involuntary childlessness, which also is accompanied with internal pain. Childlessness is not a single event; neither are the internal struggles accompanying it. All four men described coping strategies to deal with this, which are all unique to each individual: Victor's openness has empowered him to take ownership of his emotions; George has found his core self-value by revisiting the time when he was 25 years old and full of hope and optimism; David has changed his way of viewing the world by being philosophical about his childlessness; and Alan has started to focus on the now. All of these men are in a 'stream of becoming' – "the realization of self as a process" (Rogers, 1961/2016, p. 122).

Their accounts further illustrate ways of working to reconstruct meanings around involuntarily childlessness, which are ongoing processes, and are major changes in the men's lives. This opposes with the notion that often describes infertility or childlessness as a 'non-event' or a 'non-event transition' (Koropatnick et al., 1993;

Leist et al., 2010). It is also interesting to note that George recollected a positive sense of self from when he was 25 years old. Some of the female participants (see Chapter 7.3) also regained their positives by revisiting times when they were younger. These findings can connect to Leist and colleagues' (2010) statistical findings reporting that people in their mid to later adulthood seem to recollect positive events (known as a reminiscence bump) from when they were aged between 20 and 29. Developing these findings further, in order to regain internal strength, one can revisit a time when one was 'full of optimism' (George) or had a 'sense of adventure' (Kelly and Emily), which may help a person to reconstruct meanings towards the future.

Realisation of this fluidity has enabled all participants, regardless of gender, to be free from emotional stuckness, and to acknowledge changes to their previously held beliefs, leading them, therefore, to acknowledge the self as childless. Furthermore, this has helped the men and the women to initiate a search for inner potential. However, the male participants exhibited a stronger temporal awareness accompanied with this process, which connects time, change, and experience to formulate a way of finding one's own inner needs. This inwardness then creates inner goals towards self-actualisation (Maslow, 1998). The findings from the current study on men suggests that an awareness of time and inner needs can play an important role for childless people who struggle intrapersonally to regain a positive sense of self and experience congruency in life as "one unified person" (Rogers, 1961/2016, p. 339).

11.4 Reforming identity through nurturing relationships

Authenticity to one's needs has generated a new direction to find fulfilment in everyday life for all the men and the women who participated in the current studies. Experiencing daily life requires a certain degree of involvement with other people. The female participants elucidated the important task of establishing new connections, which promoted developing generativity (Erikson 1959/1980). While some of the female participants, as described in Chapter 8, have started to find close connections with childless people, others have gone across the boundary of childlessness by connecting to people with children. These are their own choices, which have positive

influences on identity reconstructions in midlife. Similar findings are evidenced among the male participants.

However, two out of the four male participants, Alan and Victor, have shown further the value of connecting to close family members, in their cases nieces and/or nephews. What underpins this may point to their way of taking a part in family generational continuities, allowing them to experience a dreamed of father-child relationship. Both of their accounts can be linked to a study by Kings, Knight, Ryan, and Macdonald (2017), who employed IPA (Smith et al., 2009) to explore young men's (age: 28-30 years old) expectations of fatherhood. Similar to Thomson, Lee and Adams's (2013) qualitative findings, referred to in Chapter 9, their study reports that the participants exhibited their desired role of being a father as having "both hegemonic and nonhegemonic forms of masculinity" (p. 117). This means that men seem to have a desire to take on the traditional role of being a provider, but also to have affectionate relationships with their families, which they draw on from their own relational connections to their parents. It is possible, therefore, to understand that building connections and developing relations with nieces and nephews are ways of reclaiming the positive sense of self that comes from being a part of a family. Alan and Victor have provided possible routes for experiential and relational identity reconstructions when expected fatherhood is disrupted.

Regaining the ability to reconnect to the world and finding new possibilities in relational connections are meaningful transitional processes for the participants in the current studies for both women and men. Through these processes, participants have discovered fulfilment in caring for others. Caring also connects to generativity, forming nurturing and guiding relationships for the next generation (Erikson 1959/1980; 1968/1994). Being generative, therefore, can maintain the balance between hegemonic and nonhegemonic masculinities. This further points to the fact that "masculinity and femininity are not truly independent" (de Visser, 2009, p. 370). David's 'caring need that wasn't fulfilled' by caring for the children he hoped for has shifted its focus to vulnerable people. It may be for David that this 'caring responsibility' is a hegemonic aspect of masculinity, and his altruistic involvement with people who need care is a nonhegemonic aspect of masculinity. Similar accounts are evidenced, with both George and Victor being involved in teaching or helping

younger people. There are many forms of generativity that can “absorb [] parental drive” (Erikson, 1968/1994, p. 138), in that one can choose meaningful roles “beyond the sphere of one’s family” (Snarey, Kuehne, Son, Hauser, & Vaillant, 1987, p. 602). This in turn bridges relational disconnections between the self and society. Of interest, one possible reason that the men in the current study can balance both hegemonic and nonhegemonic aspects of masculinity is that they are becoming authentic in terms of their own vulnerabilities and are able to offer a helping hand by utilising what they have learnt from their “survival mode of existence” (Hicks, 2011, p. 20).

Research on infertility on men often highlights some degree of gender difference in ways of understanding a partner’s supportive attitudes (Throsby & Gill, 2004), closeness in partner relationships (Hammarberg, Baker, & Fisher, 2010), a sense of responsibility over the consequence of infertility (Webb & Daniluk, 1999), and different needs for coping (Wischmann & Thorn, 2013). There is an important notion in Van den Broeck, Emery, Wischmann, and Thorn’s (2010) paper on infertility counseling which refers to the necessity of helping a couple have better communication between each other in order to build a strong relationship.

In contrast, the male participants’ infertility journey in the current study is perceived as a process experienced together with their partners. Infertility, therefore, becomes a shared experience, and childlessness becomes, as George described, a unified whole: ‘we’re a couple without children that’s just what we are’. The authentic mode of care (Heidegger, 1988/1999) also contributes to establishing emotional bonds with a partner, supporting each other, and considering the difference in times of need ‘for both of us separately or together’ (Victor).

Development of an authentic marital dyad also helps to build mutual understanding and a respectful attitude: David’s respect for his wife’s independence showed his way of caring, while Alan’s gratitude towards his wife points to the positive impact that a close relationship has on meaning making for his life away from the negative impact that childlessness has on him. These findings reveal positive relational aspects of childlessness that the male participants have illuminated as important.

This development of a deep marital dyad may possibly be a consequence of childlessness (Sydsjö, Svanberg, Lampic, & Jablonowska, 2011), but it is also a valuable implication of everyday resilience at social and individual levels (Peters, Jackson, & Rudge, 2011). The results from the current study suggest men also feel a secure attachment with their partners/wives, similar to that described in Chochovski, Moss, and Charman's (2013) findings on childless women's relations with their partner/husband.

Positive aspects or marital benefits (Sauvé, Péloquin, & Brassard, 2018) in a couple's relationship can help them deal with life, not only during the time of trying for a child, but also when going through each stage of a childless life. Given the importance of considering gender differences (Wischman & Thorn, 2013; Hadley & Hanley, 2011), it is vital also to understand ways in which interpersonal relationships help a man, as a person, who is living with involuntary childlessness.

Chapter 12

Concluding Discussion

12.1 Summary of the findings

This thesis explored the experiences of people living with involuntary childlessness. Initially, my focus was to illustrate women's accounts of involuntary childlessness, however, my interest developed to understand men's experiences of life without hoped-for children. The first study on women was guided by the research question, "What is it like for women to be involuntarily childless in midlife?"; and for the second study on men, the research question was, "What is it like to be in midlife for a man who wanted to be a dad, but wasn't able to be?".

Both studies were underpinned the following three objectives:

- To increase psychosocial understanding of the meaning making of generative expressions in midlife for women and men who are involuntarily childless.
- To add to psychological knowledge of how women and men are perceiving involuntary childlessness and living their everyday lives.
- To increase the awareness of the psychological impact that involuntary childlessness can have on women and men, and to suggest its possible implications for psychological well-being.

I value the importance in understanding subjective experience, and as a phenomenologically oriented qualitative analysis with idiographic commitments at its focus, IPA enabled me to investigate and to give voice to the experience of the participants living with involuntary childlessness.

In Part I, the findings from 11 female participants were presented and discussed over four chapters: Chapter 5, *The intrapersonal consequences of loss*; Chapter 6, *Encountering relational losses*; Chapter 7, *Confronting internal pain*; and Chapter 8, *Reconstructing the self through relational reconnections*.

The first finding revealed how involuntarily childless women, with or without medical interventions, were suffering ineffably and chronically the consequence of not being able to have the children they hoped for. The absence of children is a loss of belief, leaving them with a sense of ambiguity that amplified internal insecurity. The striking feature that the women exposed as their existential concerns embedded within internal suffering, showing the depth and the long-term effect of the loss. The second finding pointed to how interpersonal relationships became problematic because of childlessness. The women's intricate experiences of the loss of social connections, which resulted in 'a shrinkage rather than expansion' (Renee), were highlighted. Further, the unattainable 'mother-baby love' described by Penny, showed the relational loss of one's hoped-for children, but also created the loss of connections with people who were mothers. Nevertheless, participants were working to find their own ways of coping, and the third theme referred to ways each woman was trying to tackle her internal suffering. Finally, the fourth finding pointed out positive impacts that relational reconnections had on the self, allowing women to live their lives beyond involuntary childlessness.

In Part II, the findings from four male participants were presented in Chapter 10 with four themes that illuminated their experiences: *The personal impact of loss*; *Losing interpersonal connections*; *Turning the loss into inner strength*; and *Reforming identity through nurturing relationships*.

The analyses of the men's data revealed similar patterns to those captured in the women's experiences of involuntary childlessness. The men's discussion was, therefore, set out to revisit the women's experiences and presented comparatively in the previous Chapter 11.

The table 12.1 below shows the patterns and overview of the themes featuring the participants in both studies.

Table 12.1

Pattern of super-ordinate themes and sub-themes of two studies

	Part I: Involuntarily childless women	Part II: Involuntarily childless men
Theme 1:	The intrapersonal consequences of loss	The personal impact of loss
	<ul style="list-style-type: none"> • Going through disenfranchised grief • Uncertainty: layers of worries and fears • Losing life purpose 	<ul style="list-style-type: none"> • Despair and anger • Living with profound grief • Groundlessness
Theme 2:	Encountering relational losses	Losing interpersonal connections
	<ul style="list-style-type: none"> • Unshared normative social values • Being detached • Losing affinity 	<ul style="list-style-type: none"> • Being a social outcast • Feeling alienated • Grieving the biological discontinuation
Theme 3:	Confronting internal pain	Turing the loss into inner strength
	<ul style="list-style-type: none"> • Evaluating internal conflicts • Finding ways to move on • Self-exploration: searching for fulfilment 	<ul style="list-style-type: none"> • Trying to understand: re-evaluation & explanation • Finding ways to deal with emotional pain • Self-actualisation: acknowledging changes & moving on
Theme 4:	Reconstructing the self through relational reconnections	Reforming identity through nurturing relationships
	<ul style="list-style-type: none"> • Building new connections • Power of disclosure • Connecting the self and the world 	<ul style="list-style-type: none"> • Reclaiming the self through relational connections & engagements • Discovering fulfilment in caring for others • Developing a deep marital dyad

The findings from both studies come together revealing the overarching, and to some degree overlapping patterns that illuminate parts of the whole experience of

involuntary childlessness. This means, regardless of gender or causes or pathways to childlessness, that people who wanted to have their own children but remain childless, have experiential patterns of 1) intrapersonal loss/problem, 2) interpersonal loss/problem, 3) intrapersonal gain/solution, and 4) interpersonal gain/solution.

Intrapersonally, involuntarily childless individuals appear to go through physically absent but psychologically present ambiguous losses (Boss, 2006). Boss (1999) explains that people with ambiguous loss seem to exhibit prolonged grief, because “unlike death, an ambiguous loss may never allow people to achieve the detachment that is necessary for normal closure” (P. 10). Hence, the loss involuntarily childless people experience can be more complicated than normal grief, which is also difficult but is “meant to end” (p. 9). This thesis evidenced the depth of grief participants were experiencing. At the same time, however, participants also became conscious of finding ways of dealing with their loss through the process of individuation, with which being authentic to one’s core values appear to help in this process. This is also a process towards a self-actualisation (Maslow, 1971; 1998) in “a stream of becoming” (Rogers, 1961/2016, p. 122).

Interpersonally, the loss of relational connections and the multiple impacts it had on participants’ daily lives were evidenced. The problem underpinning childlessness is that childless people find difficulties in sharing experientially with people with children in family-oriented social systems. This causes relational boundaries. Given this, however, we also witnessed ways of participants finding new meanings and that they were uniquely associated with relational reconnections. Some participants (e.g., Maggie, Susie, Victor) chose to reconnect to the world, while some realised fulfilment in relational connections (e.g., Heather, Penny, George). But what they all share is that they are finding new meanings in what they care for, and having a sense of contribution to the world; they are forming meaningful engagements interpersonally through developing generativity.

In order to understand the whole – what it is like to be involuntarily childless – each of those patterns need to be recognised at a personal level. I believe, therefore, as a whole, this thesis gives voice to the experience of involuntary childlessness.

12.2 Evaluating the research

There is a growing body of research in psychological studies using qualitative methods to explore a more subjective world rather than trying to find objective reality (Willig, 2008). IPA has grown into a now well-established qualitative approach (Palmer, Larkin, de Visser, & Fadden, 2010; Smith, 2011a). As a result, the more IPA gains attention, the more an evaluation of the validity of IPA research becomes essential (Smith, 2011a).

Quality and validity in qualitative methods in psychology have often been seen as problematic, because their differences in epistemological stances make it difficult to establish universal assessment criteria (Yardley, 2000, 2015). In order to ensure quality and validity in qualitative research, Yardley suggests four criteria as a general guideline to assess qualitative works: 1) sensitivity to context; 2) commitment and rigour; 3) transparency and coherence; and 4) impact and importance. Smith et al. (2009) also emphasise that since qualitative studies need to capture a dynamic feature of individuals' experiences and meaning making to a particular phenomenon, it is difficult to simplify or find one way to assess validity for qualitative studies. A suggestion that Smith et al. (2009) point out is the application of an independent audit. Smith (2011a) further introduced a quality evaluation guide to IPA research, which includes practical criteria (e.g., clear focus, strong data, interpretative not descriptive) for a good quality work. Incorporating these with Yardley's criteria, I will now assess the thesis.

12.2.1 Sensitivity to context

This first criterion is fundamentally important and applies to all research projects. For qualitative research, since the focus is to try to understand meaning and personal experience, sensitivity comes to play throughout the research process. The literature review I conducted confirmed the need and the importance of exploratory research on people living without the children they hoped for, but at the same time I was aware of the sensitive nature of this topic. Given that, ethical considerations were carefully made as discussed in Chapter 4 (Part I) and Chapter 9 (Part II).

At a practical level, sensitivity to context also entails when to start to find a place for an interview that is suitable for a participant, but also a place that is suitable to conduct an interview. If a place was outside the university, and somewhere that I was unfamiliar with, I always made sure that it would meet both purposes – suitability for a participant and for an interview. In order to gain the rich data necessary to explore involuntary childlessness in midlife, and due to the small number of participants who would be involved, sensitivity also came into play when considering criteria for recruiting those participants. For both the women's and men's studies, despite the fact that finding participants was not easy, data were collected from all people who met the criteria. Therefore, I was able to keep homogeneity in recruiting participants. During data collection, I considered relational importance between myself, as the researcher, and each interviewee as a person, but in a flexible manner. This means that if I was curious about what a participant expressed, then I showed my interest by enquiring further about what a person had said. At the same time, I was careful not to compare my own experience to that of the participant's. This can be linked to rigour and reflexivity, but I used pre- and post-interview checklists (see Chapter 4) to evaluate my position objectively as the researcher.

12.2.2 Commitment and rigour

Yardley (2015) states “in order to claim that your study has validity as research you cannot simply talk to a few people and present some of what they have said – you need to show that you have carried out an analysis that has sufficient breadth and/or depth to deliver additional insight into the topic researched” (p.266).

My commitment to my research draws on the theoretical and practical underpinnings of IPA, which I discussed in detail in the methodology and method chapters (Chapter 3 & 4). My analysis focused on idiography, and a detailed step-by-step analysis was conducted in each case, and then, I referred to convergence and divergence across cases to illuminate ‘what it is like’ to experience involuntary childlessness in midlife. I believe that the experiential data presented backing up my interpretative analysis (see also the Master Tables in Appendix 1G & 2H) does justice to the experiences involuntary childless people face.

12.2.3 Coherence and transparency

A good IPA paper shows interpretative narratives in writing (Smith, 2011b). While writing up my findings, I was always careful to ensure that the words I chose to use best conveyed a nuanced account of what a participant was experiencing. This is also important to show coherence or ‘fit’ (Yardly, 2000, p. 222) between my understanding of a participant’s experience and my analytical interpretation of that experience.

An interpretative work is collaborative, where “relations between researchers and participants can operate in multiple and interacting ways” (Smith, 1994b, p. 260). As an IPA researcher, practicing double hermeneutics, it is essential to acknowledge the researcher’s influence on the study.

Reflexivity entails “transparency of the study” (Yardley, 2015, p. 266). I was conscious about reflexivity, and in addition my topic has personal relevance. During the early stage of my PhD journey, my supervisor and I discussed my position and its relation to my research. It was important to be open about my own feelings, in order to evaluate my objectivity as a researcher. I found the supervisions essential as a way of validating my capability to pursue my research. On a practical level, whenever a sense of perplexity came into my mind, for example during the analysis, I considered this a time to be particularly reflexive. Keeping a reflexive and research diary provided me with a way of maintaining clear focus as to the purpose of my study, and it often sparked off new analytical insights as well.

This is an example from my reflexive and research diary when I was reading and re-reading the transcript of Kelly for the analysis:

I recalled when I was interviewing her. She sounded quite content and laughed a lot. I was wondering why she was so joyful. But now I feel her sadness all over...I feel quite heavy – I’ve got quite a heavy feeling analysing her data now. I need a break.

The following day I wrote:

I needed a break to refresh my mind. I was quite shocked to find out what Kelly was emotionally experiencing. She did not show her sadness during the interview... So this unexpected finding of her having deep-seated internal pain touched my own internal experiences. Maybe, I did not want to admit to myself my pain attached to my own childlessness. But now, I have acknowledged my sadness, and accepted it as part of my own experiences. I was able to reposition myself as a researcher – then I suddenly started to make sense of why she laughed a lot, and why she was talking in a rather positive way. She was actually in a process of coming terms with her sadness. Amazing to discover her positive sense towards her childlessness.

Reflexivity is an important practical process in experiential qualitative studies where researchers engage with participants and their personal world (Shaw, 2010; Smith, 2003). When I encountered Kelly's sense of sadness during the early stage of my analysis, and that echoed my deeply conceived feelings towards my own childless experiences, I became gripped with negative emotions and found it rather hard to continue to explore and understand her positives. Here, my own experiences could have led me to negative analytical interpretations. However, my reflection on this process gave me new insight, which helped me to understand Kelly as a whole person who was trying to go beyond her sadness and be in a more positive reconstruction process.

Writing the diary helped me to understand how my own responses were influencing my analysis and look at the participant's experiences in a new way.

The more I engaged with a participant's personal experiences, the stronger became my desire to understand their account. As my research and reflexive practice progressed, I became convinced that I was able to focus on the participant's experiences and not allow my own to intrude. In addition, during the analytical processes, my supervisor checked my process further confirming that the analysis was a true reflection of the experiences of the participants and had not been affected negatively by my own experiences.

Reflexive practice was an ongoing process leading to my writing up. It was initially a particularly challenging process, but a rewarding one, that I found during writing up, because it was a process that illuminated the totality of the participants' lived experience of involuntary childlessness, and it was in writing up where I was able to give voice to the experience of involuntary childlessness to the reader and the world. On one occasion during a seminar on grief therapies, I had the opportunity to ask a therapist about emotional struggles and grief that involuntarily childless people might experience. In this professional setting, I was surprised to hear the response, "Oh, that is normal grief". My immediate thought at that time was surely this was more than "normal grief". The response also made me wonder how such a straightforward and simple answer could be given to such a complex issue. My own beliefs might have influenced my analysis. However, this was further developed in my writing up as a unified voice with the participants, arguing for the need to understand the depth of grief that childless people do go through.

Being conscious of my own experience, my fore-understanding of involuntary childlessness was largely based on my own experience, I knew how devastating the loss of hope to have one's own children is and how hard it is to experience miscarriage and failed fertility treatment, and these factors became my strength to be sensitively empathetic when exploring participants' personal worlds.

I have been trying my best to produce good IPA work since I started my PhD journey, and my learning will never end. There are many areas to improve, including interview techniques to gain rich data. Smith (2011a) points out that good quality IPA work can engage the reader in the study as the reader "finds it particularly enlightening" (p. 17); I hope my work here invites the reader to feel the experience of involuntary childlessness.

12.2.4 Limitations

There are limitations in this research that need to be acknowledged. First, given the homogenous sampling and the small number of participants, the findings might be specific to a limited context, and, therefore, may not be generalisable. While setting the criteria was essential, this might have created a barrier for people who wished to

participate in the study but were unable to do so. A careful and sensitive response to the needs of those people was important.

Second, although this research was conducted entirely in English, I was aware of my language limitations, since I am a non-native speaker of English. However, by placing myself in a dialogue with a participant, any limitation caused by any unshared part of the language interaction was shifted into a “thinking dialogue” (Heidegger, 1971/1982, p. 161). This means significant words in the dialogue “hint(ed) and beckon(ed)” (Heidegger, 1971/1982, p. 47) helping our understanding beyond language limitations. I believe my position as a non-native speaker also helped me to actively search for meanings through the hermeneutic circle. However, as IPA is “an intensive, language based approach” (Smith, 2011a, p. 12), unavoidable limitations over language differences need to be recognised.

Finally, considering the fact that IPA characteristically studies a particular experience happening in one’s life and the person’s meaning making of that experience, its centrality lays on micro level exploration of meaning. While the current study was also exploring meanings at a micro level, in terms of context of its investigation was quite generic, because the experiential significance of involuntary childlessness would question one’s entire life. If a more particular focus on, for example, childless people’s perceptions towards adoption or meanings of family in everyday life for involuntarily childless people were considered, the research could have strengthened such a particular aspect of involuntary childlessness. However, this might have meant limiting the dynamics that the meaning of involuntary childlessness holds for people’s existence. This research, while being situated at a micro level meaning exploration, allowed us also to learn the experiences of people whose macro level meaning (e.g., for the value and purpose of life/existence or identity) has been greatly under question. Involuntary childlessness is a broad topic and possibly atypical for IPA research; however, this study has highlighted the vital processes of searching for meaning in everyday life, and ways of coping for people who are involuntarily childless. Frankl’s (1946/2004) notion may resonate here:

As each situation in life represents a challenge to man [or woman] and presents a problem for him [or her] to solve, the question of the meaning of life may

actually be reversed. Ultimately, man [or woman] should not ask what the meaning of his [or her] life is, but rather he [or she] must recognize that it is *he* [or she] who is asked. In a word, each man [or woman] is questioned by life; and he [or she] can only answer to life by *answering for* his [or her] own life; to life he [or she] can only respond by being responsible [emphases in original]. (pp. 113-114)

Providing these reflections on the research, I hope that by acknowledging limitations it will open up new perspectives in understanding the lived experience of involuntary childlessness.

12.2.5 Impact and importance

This thesis has explored the personal experiences of eleven women and four men who were in their midlife living without the children they hoped for. I am conscious of the fact that the number of participants is small; however, the illumination of qualitative features embedded within childlessness, together with a nuanced personal experience of involuntary childlessness, can complement existing quantitative studies on involuntary childlessness.

Importantly, because little is known about what it is like to be involuntarily childless, I believe this thesis can, firstly, add to psychological knowledge about how childlessness impacts on people's everyday lives beyond that of the knowledge often placed in the realm of medicalised infertility, and secondly, point to the value that generativity plays in meaning reconstruction processes for people who remain involuntarily childless in midlife. Furthermore, I believe this work will help in raising social awareness of under-represented and less-voiced experiences of involuntary childlessness.

Conceptually, several features that are valuable in understanding the experiential significance of involuntary childlessness are identified through the analysis. In this research, both female and male participants revealed their enduring sense of loss, sadness, fear, uncertainty, anxiety, lack of control, and relational difficulties at multiple levels that they need to face in their everyday lives. These suggest that

participants' sense making towards involuntary childlessness is accompanied by complicated and deep-seated biopsychosocial pain. The degree and dimension of pain a person experiences varies depending on each person's environment. However, it appears to be ongoing, and the experience of the pain itself seems to become a thread that potentially leads to existential or life concerns. We can identify this particularly well in theme one (intrapersonal loss) and theme two (interpersonal loss) of the experiential patterns illustrated (see Table 12.1).

Jaffe and Diamond (2011) introduced a concept of reproductive trauma, which they refer to as chronic, "unlike other traumas that are one-time occurrences—such as a natural disaster, a serious accident, or a violent assault" (p. 52). The characteristic of reproductive trauma is depicted in the authors' description: "formerly trusting in their bodies, their health, and the tacit belief that pregnancy would be a given, individuals and couples must rethink everything; their dream, represented by reproductive story, is shattered. The power of this loss is far-reaching" (p. 52).

Involuntary childlessness can be, therefore, a devastating outcome for the majority of people who wanted to be a parent, because the absence of children is a constant reminder of the loss of something important in life, which is a threat to the self as well as to the meaningful life one once envisioned.

Such a complication can induce depression. While some participants explicitly talked about their experiences of depression, some revealed their sense of meaninglessness, helplessness, and hopelessness, which represent a potential link to depression. The inability to have had children also created a loss of belief and prolonged search for new meanings in life, and this perhaps led to a sense of uncertainty. If a person is overwhelmed by uncertainty, it will also become a causal factor for anxiety. This cyclical feature is salient and it may also intensify when a person is reminded by something that makes the person feel vulnerable or threatened in daily situations.

The analysis also features anxiety as a groundless fear or worry of uncertainty that each participant experiences. This might mean, for involuntarily childless people, that finding a focus to work on to relieve anxiety can be difficult. This further suggests that this form of anxiety differs from categorical symptoms or conditions, such as

generalised anxiety disorder or social anxiety disorder, where people aim to work toward the diagnosis being treated. Considering these aspects, the anxiety involuntarily childless people experience could possibly be better understood from existential perspectives, which can be referred to as “angst, or existential anxiety” (van Deurzen & Kenward, 2005, p. 6). Although there are various ways to refer to angst conceptually and practically (Hanscomb, 2010), this research points out that angst is a manifestation of both internal (including concerns for one’s own finitude) and external (such as isolation) sufferings, where one needs to strive to find ways of reconstructing meanings in life.

Ultimately, the findings offer a view that there might be potential mental health issues surrounding involuntary childlessness that are currently overlooked, and this further points to the necessity of care and help for childless people who are struggling to live a meaningful life.

12.3 Suggestions for future research and implications

12.3.1 Research recommendations

As discussed earlier in relation to Table 12.1, this research has identified four experiential patterns that both female and male participants share (theme one: intrapersonal loss; theme two: interpersonal loss; theme three: intrapersonal gain; and theme four: interpersonal gain). Although each theme represents different experiential features, it is important to note that they are all interrelated. Given this could be a foundation in understanding the wholeness of a person facing the challenge of involuntary childless, several recommendations can be made for future research. Researchers may wish to consider:

1. A primary focus on one area and to gain a deeper understanding of experiences featuring, for example, intrapersonal-loss, or
2. to explore the impact that intrapersonal-loss has on interpersonal-gain.
3. To investigate how personal experience influences the overall patterns as life progresses. Here, researchers may wish to consider a different transitional

phase in adult development, for example, when the majority of people become grandparents, or

4. to explore the impact that involuntary childlessness has on widows and/or widowers.
5. To investigate how people in different countries experience involuntary childlessness. (This would be valuable to gain an understanding of cultural differences on this topic.)

12.3.2 Implications

Considering the impact that reproductive traumas has (Jaffe & Diamond, 2011) on people living without the children they hoped for, concerns over the mental health of such people are underestimated. The focus of support and care has tended to be on those trying to conceive or those undergoing infertility treatments.

Drawing on the experiences of those in this study, the concept of ambiguous loss (Boss, 1999; 2006) was introduced several times. Boss (2006) states “ambiguous loss is inherently traumatic because the inability to resolve the situation causes pain, confusion, shock, distress and often immobilization. Without closure, the trauma of this unique kind of loss becomes chronic” (p. 4). Inevitably, this has a strong link to reproductive trauma, and further points to the depth of grief and the perseverance of coping.

Boss (2006) also theorised ways of assisting people with ambiguous loss, and offers six guidelines to help them to be more *resilient* rather than to work towards closure or to treat “unresolved grief as an individual pathology” (p. 11). The guidelines are: 1) finding meaning, 2) adjusting mastery, 3) reconstructing identity, 4) normalising ambivalence, 5) revisiting attachment, and 6) discovering new hope (see also Boss, 2016). Several themes that emerged in the current study relate to the six guidelines addressed above, and since the findings from the current study address dialectical but interrelated dimensions of loss and gain, a strong link can be made to theme three (intrapersonal gain) and theme four (interpersonal gain) of the experiential patterns addressed (see Table 12.1), for example, ‘Self-exploration: searching for fulfilment’ in theme three of the women’s study and ‘Reclaiming the self through relational

connections and engagements' in theme four of the men's study. Dealing with involuntary childlessness is cognitively and affectively difficult, and relational and environmental factors can uniquely help ways of developing resilience.

In loss and grief theories, the five stages of grief outlined by Kübler-Ross and Kessler (2005), for example, is a useful resource to understand the grief process, and how one's response to loss occurs in forms of denial, anger, bargaining, depression, and acceptance and changes as a way of learning to live with the loss of a loved one. The current study also suggests that grief is a learning process similar to that of the stage theory, however, as a non-linear way. Further, the grief the participants experience is over different types of loss, for example, the physical loss of a foetus that had died (or embodied loss) or the inability to have had a child, as well as the hopes and dreams attached to each participant's personal life. Although their grief is not over the death of a person, it is indeed over the physically absent but psychological present loss. The impact this has on involuntarily childless people, therefore, needs to be better recognised.

The findings from the current study also indicate shifts in the participants' attachment to their own beliefs and dreams, and the positive impact that these shifts have on improving their ways of coping. For example, understanding and acknowledging that beliefs can be changed or rediscovered, and realising fulfilment can be found through care in different forms rather than continuing to follow unattainable dreams. What each of the participants has started to work on, on their own terms, is perhaps driven by their new hopes of establishing affectional bonds similar to those they had experienced through their own families in familial situations, as embodied experiences. From an adult developmental perspective, this will foster a sense of self-worth and generativity (Erikson, 1959/1980).

Bowlby (1988) importantly speaks of attachment in his seminal book "A secure base":

A feature of attachment behaviour of the greatest importance clinically, and present irrespective of the age of the individual concerned, is the intensity of the emotion that accompanies it, the kind of emotion aroused depending on how the relationship between the individual attached and the attachment figure

is faring. If it goes well, there is joy and a sense of security. If it is threatened, there is jealousy, anxiety, and anger. If broken, there is grief and depression. Finally there is strong evidence that how attachment behaviour comes to be organized within an individual turns in high degree on the kinds of experience he [or she] has in his [or her] family of origin, or, if he [or she] is unlucky, out of it. (p. 4)

The magnitude of attachment may possibly impact on the depth of grief; therefore, understanding attachment styles can be highly valuable. In relation to attachment and loss, Bowlby (1980) identifies an overall, yet non-linear “four phases of mourning”: 1) numbing, 2) yearning and searching for the lost figure, 3) disorganisation and despair, and 4) reorganisation (p. 85). Although these phases are developed through “observations of how individuals respond to the loss of a close relative” (p. 85), it is worth exploring who the most salient attachment figures are for involuntarily childless people and how they emotionally, psychologically and relationally impact on ways of coping in everyday lives.

Boss (1999) further suggests the importance that “psychological family” (p. 5) plays in helping people with ambiguous losses. What she means by family is an “intimate group of people whom we can count on over time for comfort, care, nurturance, support, sustenance, and emotional closeness” (P.4) regardless of whether they are biologically related or not. For involuntarily childless people living in a family-oriented social system, this concept is of great importance.

The overall findings elucidate possible clinical implications as well as resources for counsellors, life coaches, and health professionals in helping to maintain psychological well-being for people dealing with involuntary childlessness where meaning reconstructions are critically needed. Applications of meaning-centred and/or family therapies (Cooper & McLeod, 2011; Dallos & Draper, 2015; Vos, Cooper, Hill, Neimeyer, Schneider, & Wong, 2017) may promote better resilience.

Further, this research points to an educational application for younger people by offering information beyond an explanation of infertility and fertility treatment, helping to understand the lived experience of involuntary childlessness.

Childlessness influences all aspects of human development; it is a loss that connects the past, when one envisioned a life course with one's own children, with an expectation to grow a life together with children, and a future of leaving one's legacy with children. These entail existential concerns as well as external difficulties. I hope that this research has provided insights into the complexities that involuntary childless people face and have to deal with in every day life. My final thought is that I would be grateful if this thesis can add further meaning to the existing knowledge that concerns meaning in life.

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Appendices

(Part I)

Appendix 1A: Recruitment Information Sheet



Recruitment information

PhD research study

Being in midlife – living a life with involuntary childlessness

- Are you a woman, aged between 45 and 55, who wanted to have your own biological children and are no longer trying to have a child?
 - Are you in a long-term heterosexual relationship with no adopted, step-children, or children of a partner from a previous marriage/relationship?
 - Are you White British, resident in the UK, and not having any therapy or counselling, nor under fertility treatment?
- **Would you be interested in sharing your experiences?**

About the study:

This is a research study about women in midlife who are involuntarily childless. The study is conducted by Megumi Fieldsend, a PhD student in Psychology at Birkbeck University of London, under the supervision of Professor Jonathan A. Smith.

If you are willing to participate, you will take part in a face-to-face interview. It will take about 60 to 90 minutes talking about your thoughts, feelings, and experiences of being in midlife. All information will be kept confidential and anonymous.

If you would like to share your experiences, you would be most welcome to take part. The research aims to provide information that will help other people who have been through similar experiences in midlife. It will also add to the psychological understanding about what life means for people living with involuntary childlessness.

If you are interested in taking part, or would like more information, please contact:

Megumi Fieldsend
0778 026 3685
megfieldsend@gmail.com

PhD student (IPA Research Group)
Department of Psychological Sciences
Birkbeck, University of London

Appendix 1B: Ethical Approval Form



**Departmental Ethics Committee
DEPARTMENT OF PSYCHOLOGICAL SCIENCES
BIRKBECK COLLEGE UNIVERSITY OF LONDON**

CLASSIFICATION OF RESEARCH PROPOSAL

Date of approval: October 2014
Investigator: Megumi Fieldsend
Reference Number: 141512
Title of project: Making sense of midlife – A case study of a woman living with involuntary childlessness: An interpretative phenomenological analysis

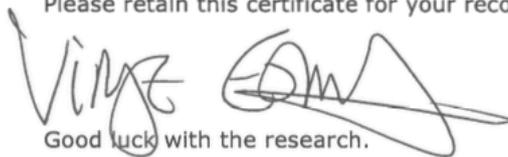
Dear Megumi

The above application has been given ethical approval by the departmental ethics committee.

You should be aware that it is your responsibility to report any unexpected problems or events arising from the research which might have adverse consequences for you and/or your participants. In the first instance, please discuss with your supervisor who will advise you as to whether the problem causes a change to the planned research and needs further ethical approval from the committee. If so, please submit a revised application giving details of why this is necessary.

Approval for this study expires October 2017. If the study is still ongoing at this time please submit a renewal of ethical approval form which can be found on the departmental webpage.

Please retain this certificate for your records.


Good luck with the research.

Virginia Eatough
Chair of the departmental ethics committee

Date: 29-10-2014

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Appendix 1C: Information Sheet for a potential participant

DEPARTMENT OF PSYCHOLOGICAL SCIENCES BIRKBECK UNIVERSITY OF LONDON

Making sense of midlife – Women living with involuntary childlessness: An interpretative phenomenological analysis

INFORMATION SHEET

Before you decide to take part in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. A member of the research team can be contacted if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

We are interested in hearing the experiences of women who wanted to have children but find themselves childless. The study is being conducted for Megumi Fieldsend's doctoral thesis in Psychology at Birkbeck, University of London, under the supervision of Professor Jonathan A. Smith.

You have been approached as a possible participant in this study because you have identified yourself as involuntarily childless (you wanted to have your own children and are no longer trying to have a child) and are in the age range 45 and 55. You are in a heterosexual relationship with no adopted, step-children or children of a partner from a previous marriage/relationship. You are also a White British woman who is not having therapy/counselling, nor under fertility treatment.

If you are willing to take part, you will be asked to take one, 60 to 90 minute interview, talking about your thoughts, feelings, and experiences of being in midlife from the perspective of a woman who is involuntarily childless. The interview will be conducted in a private, quiet, and comfortable place convenient to you. The interview will be audio recorded. Demographic details will be taken at this time. Even though you are willing to share your experiences, the interview questions involve reflection on past and current personal experiences. There is a possibility that you may become uncomfortable talking about personal matters. If you should feel this during the interview, you have of course the right to not answer any questions or stop the interview at any time and/or to withdraw from the study.

The interview will be transcribed, and labelled using a code number, and only be used for the research project. All the information gathered in this study will be kept confidential, will be kept in a password-protected computer or in a locked cabinet, accessible only to the immediate researchers. Any identifiable information that is specific to you will be changed and a pseudonym will be used to ensure confidentiality and protection of your identity. The results will be included in a thesis and may be presented at conferences and written up in journals.

Your participation is voluntary. If you agree to participate in this study, you will be asked to sign a consent form before starting an interview. You may withdraw your consent for the study without giving any reason up to 2 weeks after the interview has been conducted.

The project has received ethical approval from the Department of Psychological Sciences Research Ethics Committee of Birkbeck University of London

Contact:

If you have any further questions regarding this study, please contact me, Megumi Fieldsend, on TEL: 0778 026 3685 or megfieldsend@gmail.com, or my supervisor, Professor Jonathan A. Smith, on TEL: 020 7631 6520 or ja.smith@bbk.ac.uk

Appendix 1D: Participant Consent Form

DEPARTMENT OF PSYCHOLOGICAL SCIENCES BIRKBECK UNIVERSITY OF LONDON

Making sense of midlife – Women living with involuntary childlessness: An interpretative phenomenological analysis

CONSENT FORM

I have had the details of the study explained to me and willingly consent to take part. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that I will remain anonymous and that all the information given will be used for this study only.

I understand that I may withdraw my consent for the study without giving any reason up to 2 weeks after the interview has been conducted. I also understand I may decline to answer any particular questions during the interview.

I understand that audio recordings will be made, and the interview transcripts will be labelled using a code number, and will not be used or made available for any purposes other than the research project. The recordings of the interview will be erased after the research has been completed. If I wish to withdraw from the study, all the data provided by me will be destroyed immediately.

I understand that all information given will be kept confidential. All data will be identified by a code number, and any identifiable information that is specific to me will be changed and a pseudonym will be used to ensure confidentiality and protection of my identity. All information will be kept in a password-protected computer or in a locked cabinet with access only by the immediate researchers.

I understand how the results of the study will be used. Results will be included in a thesis and may be presented at conferences and written up in research journals. If any individual data are presented, the data will be totally anonymous, without any means of identifying the individuals involved.

There should be two signed copies, one for the participant, one retained by the researcher for records.

Name (participant):

Signature:

Date:

Name (researcher):

Signature:

Date:

Contact: If you have any further questions regarding this study, please contact me, Megumi Fieldsend, on TEL: 0778 026 3685 or megfieldsend@gmail.com or my supervisor, Professor Jonathan A. Smith, on TEL: 020 7631 6520 or ja.smith@bbk.ac.uk



Debriefing information

Thank you very much for taking the time to participate in my study. Your participation means a lot to me. Please remember that the data you provided will be kept confidential and anonymous. If you have any questions, please do not hesitate to contact me, Megumi Fieldsend, on 0778 026 3685 or megfieldsend@gmail.com.

Support Resources

If you feel that you would benefit from emotional support, there are a number of groups and organizations that might be of interest to you.

- Lesley Pyne: Offers support for childless women, and also provides useful links to other websites: <http://www.lesleypyne.co.uk>
- More To Life: Offers several courses to enhance the quality of life and provides connections with other people who are childless: <http://moretolife.org.uk>
- Gateway women: An online community for people who are childless by circumstance. Offers sessions, workshops, local group meetings with the motto "We may not be mothers but we're here, we care, we count and we rock!!": <http://gateway-women.com>

If you would like professional counselling sessions, please contact Mrs. Dominique Cornwall (MSc PG dip.) by email at dominiquecornwall@gmail.com or by telephone: 07789 608966. She is a registered counsellor (BACP), and offers private sessions.

It might also be helpful to contact your local GP if you need further assistance.

Thank you once again for sharing your experience.

Megumi Fieldsend
PhD student (IPA Research Group)
Department of Psychological Sciences
Birkbeck, University of London

Appendix 1F: Demographic Information Sheet

Demographic Information

Date consent signed:

Date of interview:

Name:

Address: (UK)

Phone:

E-mail:

* Age:

* Date of birth:

* Marital Status:

*How long have you been in your current long term relationship/marriage?

* Ethnicity/Cultural identification (How would you describe your cultural origin or ethnicity?):

* Education (What is your last/highest educational level?):

* Occupation:

* Please confirm each statement below by ticking in the [].

I am:

[] a woman, aged between 45 and 55, who wanted to have my own biological children and am no longer trying to have a child.

[] in a long-term heterosexual relationship with no adopted, step-children, or children of a partner from a previous marriage/relationship.

[] White British resident in the UK, and not having any therapy or counselling, nor under fertility treatment.

Thank you very much.

Appendix 1G: The Master Table of Themes for the 11 women

1: The intrapersonal consequences of loss

1.1: Going through disenfranchised grief

1.1.1 'That was a disaster': Failed IVF

Illustrative extracts (page.lines)

Heather:

Unsuccessful IVF as traumatic

That was a disaster. I'll tell you...but []...they all died, all the eggs died []. All the eggs had died []. (8.46/9.26)

Kelly:

Perceiving a felt sense of death over an unborn child [- sadness]

...the third time, I was pregnant []...the little embryo, the fetus had died... (1.24-27)

Lucy:

Failed IVF remains significant in life

directly after...erm...my second failed IVF...attempt [] it did really psychologically affect me [] such a big thing for me (17.32-39)

1.1.2 'keep the grief pop..jumps out at me': Embodied pain

Penny:

Being with grief [- the loss of legacy]

The path that we're on []...keep the grief pop..jumps out at me..at different times...[] sadness... [] I'm stopping the line [] what will be my legacy to the world (13.13-35)

Embodied grief over pain

When I saw a pregnant person, ...I used to feel like I'd actually physically been kicked in the stomach []...pain of complete jealousy and sadness and loss (7.36-40)

Clare:

Unable to have children as a punishment

I went through so many different emotions, but one of the emotions was, it's a punishment...I'd be a bad mother. (3.11-15)

1.1.3: 'at each stage you realise what you haven't got': Unspeakable losses

Renee:

Children as people go through a life stage [- realisation of the loss]

I still get upset...[] I think at each stage, you...realise what you haven't got (7.12-32)

Emily:

Being with children as being with an unavoidable trigger for pain

There's always a moment when...[] I've just been part of the...of the...erm...goings on []...it sort of hits me, and then it's hard. (7.16-21)

Maggie:

Hidden emotional struggles

for many years, especially after...er, I, I think we often wear a like a shield. [] I was wearing that for many years. Ermm keeping my life, my situa...my childlessness inside that shield (16.4-7)

1.2: Uncertainty: layers of worries and fears

1.2.1 'it feels like an onion': Endless fears

<u>Penny:</u> Endless fears appear as unexpected worries	<i>...it's like...[tearful] it feels like an onion...[] I've worked out one set of fears, I then just discover a whole another set of fears (15.47-49)</i>
<u>Renee:</u> Childlessness leading to emotional insecurity	<i>[] because I <u>had wanted</u> them [] ...always regrets and the negatives that come in. (10.41-44)</i>
<u>Susie:</u> Being with unresolved emotional upset	<i>I say things have changed and I can cope. There are times, there's always times when you feel a bit low. []. (22.1-5)</i>

1.2.2 'you're gonna die, never having experienced having a baby': Fear of uncertainty

<u>Heather:</u> Inseparable angst over the loss of pregnant embodiment	<i>...it's always on my mind [] ...you're gonna <u>die, never having</u> experienced having a baby, or feeling what it's like, looks [like]...and what it feels like to have baby...that is not gonna happen to you <u>ever</u> that's it. You get your one life. (12.15-20)</i>
<u>Penny:</u> Having an unresolved question over the self being childless	<i>...I don't know how I get...ended up...here...at this table having this conversation...with you... (1.18-22)</i>
<u>Alana:</u> Feeling defeated by childlessness	<i>I had <u>thought</u> that by now I would be fine...[laughs] so I feel disappointed that I'm not. I feel erm...concerned about the future...I don't want to carry this with me...for the rest of my life (11.18-21)</i>

1.2.3 'a consequence of everything that I went through': Long-term effects of suffering

<u>Denise:</u> Anxiety and depression results from broken dreams	<i>I was suffering from anxiety and depression. [] ...which was really...is a consequence of everything that I went through. (9.20-27)</i>
<u>Clare:</u> Long-term effects of angst aligned with a grief journey	<i>I was 34 [] I wanted children.[] it's been a...a huge...grief journey [] probably from 34 to 44, it was 10 years of...angst... (9.33-45)</i>

1.3: Losing life purpose

1.3.1: Meaninglessness

Penny:

Life unable to care for children as meaningless
[- prolonged depression?]

... sometimes when I'm down , I do think... 'Oh my life is meaningless...I'm not looking after...a baby...[] so what is my worth and value'. (26.12-15)

Maggie:

Intense sadness ascribed to inability to have children leading to a loss of direction

I was struggling, really. I was lost. I didn't really know what I wanted to do. What to do with my life (2.28-29)

Heather:

Having no goals [- go with the flow? or loss of self-esteem?]

Having goals..now...Goals...[] ...I don't know...[]. No, I don't really have any goals. (19.33-44)

1.3.2: Helplessness

Penney:

The self in-between emotional struggle and logical reasoning

So it's like I...I veer between my logical understanding of the situation and my emotional response (13.45-46)

Alana:

Struggling to be free from tangled emotions

there're a lot of very, very mixed and complicated feelings that I'm constantly trying to unravel (14.36-38)

1.3.3: Hopelessness

Renee:

Endless search for positives on childlessness

who do you know...who's found a life... '... now they are having a great life'. I want that. [] absolutely nothing. (21.30-34)

Clare:

The enormous impact of childlessness resulted in depression

The fact that I couldn't have children [] went to this deep, deep depression (6.17-22)

Kelly:

Stasis and wasted years

at the start of trying for children, I didn't have children, and the end of trying for children I don't have children (14.26-36)

2: Encountering relational losses

2.1: Unshared normative social values

2.1.1: Being judged

Illustrative extracts (page.lines)

Emily:

Sense of injustice over socially disapproving attitudes towards a childless self

I sense people pass judgement [] ...people do label you as... selfish (6.13-23)

Penny:

Fear over childlessness being socially labelled as an incomplete being

...because I haven't had children an am I never fully a woman? [] ...am I viewed as not having properly grown up somehow... (25.31-34)

Alana:

Doubt associated with others' views towards the self [- sense of misjudgement]

I sometimes wonder that ...my friends and family don't feel that it's...erm...I'm a suitable candidate to be writing children's books, because I don't have my own children (3.40-43)

Lucy:

Finding misconceptions in social values against childlessness

Some people say 'Oh, you know, you need to..you're not contributing...to the world, [] by having children you contribute... ' (18.40-42)

Heather:

Concern about social recognition towards childless people

...they probably think we're a bit strange, or I'm a bit strange [] (12.45-49)

2.1.2: Deviating from social expectations

Alana:

Questioning childless self over self-value in society

...not having children...has erm...[sighs] forces you to question your usefulness [] I feel...that I'm not... (10.16-22)

Emily:

Media pressure over age-related social expectations as problematic

constantly bombarded by the media [] ...there's an awful lot of pressure to conform. (10.39/11.1)

Maggie:

Breaking misconception over parenthood

...do tend to think that parenthood is a rosy picture, ... (21.6-16)

Renee:

Childlessness remains taboo

people are becoming more aware, but it's still almost a taboo subject. (21.48-49)

Denise:

Feeling disvalued over the decision to live a life without children

because they all had children, and they wanted us to have children, [] for them it..they were sorry, [] (10.41-48)

2.2: Being detached

2.2.1: Isolation

Renee:

Shrinking circle rather than expanding

it's difficult to make new friends...as I say more acutely, as we're losing people...shrinkage rather than expansion... (11.15-19)

Clare:

Avoiding friends with small children leading to isolation

I distanced myself from people who'd...were having babies or got young children, and I lost quite a few friends. (2.48-3.1)

Kelly:

Avoiding self from social connections with children

I've deliberately avoided my friends with children. (3.23-24)

Maggie:

Life without children limits social connectedness

when ordinary friends've got children []when you don't have children it's hard to find friends, because parents find friends at the school gate. (3.36-40)

2.2.2: Exclusion

Renee:

Common everyday conversation triggers a sense of exclusion

I can't talk about these things that all these other women have got in common (8.32-33)

Clare:

Finding self as an outsider

I still...feel a little bit...out of it. If you're with a group of mums and there're talking baby talk or children talk, it's quite difficult.. to join in the conversation. [] you do get excluded. (3.41-46)

Maggie:

Everyday conversation with people with children triggers a sense of exclusion

when people have children, all they wanna talk about is their children []...you can't join in [] feel really left out (20.39-43)

2.2.3: Separation

Kelly:

Finding a self different from social norms

realizing that I don't have children and a lot of people do have children [] I'm different from them...and also different from...what I perceived of society normal to be. (15.5-8)

Heather:

Finding divergence from a normative life course

It's a different way of life when it's just you and your husband and..and no family... (10.39-40)

Clare:

Children as informants for life

With children you can see your life's progress, can't you? (18.28-29)

Emily:

Getting married and having a family as an expected life path

I always had [], you know, you get married, you have a family..and...you move on... (2.13-16)

2.3: Losing affinity

2.3.1: Feelings of unshared life endeavours

Penny:

Feeling beaten by ‘the mother-baby love’

[] This is not like love Olympics [] the mother-baby love is the best kind of love [] ..., although it..it feels like there’s a love Olympics... (26.1-11)

Emily:

Having children as a symbolic achievement in life
[- a sense of failure?]

...this big experience of...of...of mankind [] ...the milestones...and I sort of passed it by. (4.21-24)

Alana:

Finding the loss of making meaning embedded with child-rearing [- envy towards mothers]

I’m envious of their potential...of...of them watching their children go through these next stages and []...role they have in their lives and in helping to shape their lives (7.8-15)

Heather:

Unshared feeling over others’ positive perceptions towards childless life

...she says..now that she’s happy now. [] I can’t imagine what that would be ever like [] whether that will ever happen...[] I wonder if she really is...[] over it [] (16.15-29)

2.3.2: Feeling inferior (Need for understanding)

Alana:

A strong sense of inferiority over parents

..., being a parent and me not being a parent...it’s them that I...I have trouble..the most trouble with... (4.5-15)

Sense of inferiority associated with childlessness over her brother with kids

Erm..my brother is quite celebrated within the family [] for his family [tearful].. [] my Dad and the wider family sort of celebrate him... (19.3-12)

Penny:

Want to be equal rather than feeling inferior to mothers

I’d like to be able to sit with mothers and feel an equal to them, [] ...at the minute...[] I feel..that I am less than they are... (34.10-15)

Denise:

Need for social awareness of involuntary childlessness

I don’t want people to think that I...didn’t want children. I...I...I want them to know (6.18-20)

Susie:

Feeling a lack of understanding towards childlessness in society

I’ve come to the point now where...I won’t be...spoken to or upset by people now. People have got to start thinking that a little bit more sensitively towards me. (25.47/26-1)

Kelly:

Suppressed denial towards others – ‘I don’t know’ to others

I don’t know...erm...I don’t know [] I want more genuine connection with people...not just...erm..I don’t know... (4.36-42)

2.3.3: Lost trust in intimate relationships

Susie:

Broken marriage resulted from
unsupportive relationship
[- over fertility treatment]

*[] when it comes to me getting to the top of the list, for
fertility treatments, that's when he left. [] he couldn't take it
[] he went. (19.46/20.3)*

Lucy:

Impact of infertility over divorce
[- with ex-husband]

*It must have put strain in our relationship [] he had met
someone else. [] subsequently, we um...we had a divor...we
divorced. (4.42-47)*

Denise:

Termination of a dream results from
unhappy relationship with her ex-
husband

*...when I was with..my first husband, I...I kind of wanted to
have children. []probably worth saying.[] I had an
abortion. Cos, I...I didn't want to be with him [] (1.46/2.6)*

3: Confronting internal pain

3.1: Evaluating internal conflicts

3.1.1: 'I didn't wanna own it, but it's me': Acknowledging the self

Illustrative extracts (page.lines)

Penny:

Reflection leading to self-understanding

...the problem was is at the time, I couldn't admit to myself that I was..I was one of them. []...actually...I really am.. [laughs] I didn't wanna own it, but it's me... (20.39-48)

Susie:

Shifting the perception of childlessness
[- the past self to the present self]

[] that was me then, and this is me now. [] (6.44-49)

Clare:

Conceptual shift ascribed to being a mother as 'a' role in life

...there is actually more to life than being a mum which for me, like, even five years ago I never thought I'd say that (5.33-39)

3.1.2: 'I'm still on various antidepressants': Accepting limitations

Denise:

Acknowledging and dealing with internal suffering

I tried...I...I've kind of...I'm still not...[] I'm still on..various... antidepressants and things. But [] I've kind of done with talking therapies, really. (14.41-44)

Susie:

Disclosure helps self-understanding and further to accept a childless self

I had a lot of it [talking therapies] in the past. But this is like...the last step to me...to to...to moving on. []. (7.1-10)

Lucy:

Dealing with rather than talking about anxiety in everyday life

I did have therapy [] I don't feel like I need it. Erm.. I do take antidepressants [] Well, I do have ups and downs but they're not so severe [] I just feel a bit more...a bit calmer. (18.4-21)

Emily:

Acknowledging the limitations of time and one's own ability to initiate a new view in life

I try to see..I see the limitations at the same time of...of...of what you can and cannot do as an individual. [] I don't have these illusions [little laugh] that I once had (19.27-35)

Heather:

Acknowledging the loss

[], you can't have it all, can you in life. (24.7-10)

3.1.3: 'I'll think about that later': Avoidance as coping

Maggie:

Avoiding fear over uncertainty of self-care in the future

When we get older, [] you do wonder who's gonna do that for us [] I'll think about that later (21.36-41)

Heather:

Avoiding change as avoiding fear of the unknown

...to be honest, I don't really like change. And I'll try and avoid 'change' wherever possible to be honest with you. [] (22.22-37)

3.2: Finding ways to move on

3.2.1: 'either stay or get on with it': Making choices

Clare: Trying to choose to move on	<i>I'd like to emphasise the choice [] either stay [] or... [] get on with it and find something else (9.5-10)</i>
Maggie: Becoming your authentic self	<i>...putting the past behind me and working out who I am [], ...being authentically me to my values []. (17.12-15)</i>
Kelly: Trying to manage inner conflict	<i>you have to be really kind yourself [] but equally [] to take more risks (5.20-27)</i>
Emily: Taking responsibilities for choices	<i>ultimately everybody...whichever.. choices you make []. So, these are the cards I've been dealt, and I'm trying to make the most of it. (17.37-41)</i>
Alana: Acknowledging childlessness makes the self shift [- choosing a direction]	<i>But. Now in fact I'm wanting to move into children's book illustration. (1.45-46)</i>
Lucy: Making decisions over childless life initiates a new direction in life	<i>Now I feel <u>good</u> and like I made the right decision [] I feel completely liberated [] I know my future and where I'm going (4.12-15)</i>

3.2.2: 'now...I look at what I've got': Positive self-affirmation

Lucy: Taking responsibility for an outcome in life generates a new, positive future	<i>Now...I look at what I've got...<u>you</u> did that, ...it's...because of what you've done, that you've got to where you are, []...I see a very bright future...it's looking very positive... (17.11-22)</i>
Alana: Affirmation as a challenge towards regaining self-confidence	<i>... [] you have to have quite lots of self-belief and keep... determination [] to convince yourself that you're still capable ... (17.4-14)</i>
Emily: Self-questioning as affirmation	<i>I made a list, you know 'why, <u>why</u> do you want to have children?' []...a matter of um self-affirmation (4.17-20)</i>
Keeping away from a downward spiral [- avoiding depression]	<i>...once I enter that spiral, I inevitably drag myself down further and further. And I see a future [] a lot more bleak [] ...better not to go down that route... (9.35-42)</i>
Renee: Self-compassion as coping	<i>sort of self-compassion...I've found that very, very helpful. Certainly after...we found out we couldn't have children. [] cope better with life (3.21-27)</i>

3.2.3: 'I guess that's only normal': Reframing self-belief

Emily:

Wanting to know the reality of childlessness

I'm really interested in the erm...the perception of women like me...portrayal of women like me... [] I guess that's only normal (21.1-7)

Renee:

Reframing self-belief as reconstructing life structure

you have to kind of reframe everything, you have to kind of start again and you have to come to terms with that... (14.37-39)

Maggie:

Self-reflection leading to self-understanding

...what I do now is it's not about me. [] what matters is the women that I can help. [] ...that perspective changed (7.8-13)

3.3: Self-exploration: searching for fulfilment

3.3.1: 'I'm not gonna get off this train': Refining a direction

Alana:

Finding self-motivation
[- no turning back]

...I don't want to fail again. [] I'm not gonna get off...this... train I'm going to stay on it until...until I succeed [] there's no alternative. (17.31-37)

Maggie:

Owning your story over your life

if you do own your story, you get to write the ending you become as you're subject of it [] (22.10-14)

Renee:

Restoring self in creativity

this sort of real thing I want to do things, make things, create things... (5.14-15)

Clare:

Looking for fulfilment in everyday life

I probably am still on that journey [] something to do with your time that gives you fulfilment (17.32-39)

Denise:

Opting to pursue a new life

So the only goal I really have is I would like to...I don't wanna live here forever. I would like to live near the sea. (18.19-21)

3.3.2: 'I haven't lost my sense of wonder...': Restoring a sense of self in possibilities

Emily:

Explaining unchanging qualitative features of the self

Even now that I'm twice that age, I still feel enthusiasm and still have interests and still have energy [] I haven't lost my sense of wonder... (18.39-49)

Kelly:

Starting to reconnect with her old self

I've started to feel like the same person, like the positive things of the same person [] when I was 25, [] and the same...erm.. connections that I wanted to creat [] I see, I fe...I feel...coming back is that same passion for life. (15.15-21)

Penny:

Starting to regain the wise self

There was a wise...there is a wise part of me, deep inside before I went to this weird journey. It's like I need to find the wise part and build a new life that's...fun and creative and spontaneous... (33.33-37)

Susie:

Finding a difference in the self towards children

[], It impacts on every aspect of your life [] it was gonna be like that for the rest of our lives. And it's not. It's not. [] I don't have to not look. (13.39-14.5)

Heather:

Realising possibilities for finding self-worth [-through 'befriending']

It just didn't work out. And..I suppose I can...[clap her hands] [] because that's..to me..maybe I will feel [] 'it's worth not having kids if I can help one child. (21.11-18)

4: Reconstructing the self through relational reconnections

4.1: Building new connections

4.1.1: 'our childless group belong to that': Finding belonging in a childless world

Illustrative extracts (page.lines)

Maggie:

Finding positives in belonging

...belonging to something [] our childless group belong to that, [] finding something to belong to is erm.. is really helpful. (8.3-11)

Renee:

Bonding emerges through experience-close relationships

...who obviously have been more perhaps down the same route as myself...are people I can talk to about it... (9.14-16)

Denise:

Finding similarities in others makes the self validated

I found out there are all these sort of divorced and single people [] I was like 'wow' [] a great place to be [] (21.38-48)

Hope to expand social world beyond good relationship with her husband

..do lots of things together...[] but it'd be nice to have some more people nearby who were in the same situation as us. (16.13-16)

Lucy:

Social sharedness arises through similarities in age and childless situation

she is a similar age to me, and she doesn't have any children either [] I'd say most of my friends don't either [] (2.17-32)

4.1.2: 'Looking for similarities': Trying to reconnect to a normative world

Clare:

Looking for similarities rather than differences

...don't keep saying you're different...Looking for similarities [] I'm just like these people you know. (19.23-32)

Susie:

A conscious decision to develop friendships in a new environment [- awareness of time]

...I'm gonna make more friends in the next job. [] it's make or break time for me. (3.1-3)

Emily:

Important relationships build upon shared personal values rather than social values

...one friends who is 60, a mother of 5 children [] she is one of my closest friends [] we share similar tastes...[] I have another friend who is single, a bit younger...[] we go to all kinds of stuff in town (13.38-49)

4.2: Power of disclosure

4.2.1: Making bonds

Penny:

Self-disclosure as a way of making close relationships

...my grief that's been so private...[] one of the reasons I'm here talking about it now...cos it gives me a chance. [] I'm trying to share my grief (20.23-27)

Heather:

Gaining acknowledgement of the loss results from breaking the silence

I told her she..she didn't realize I'd always wanted kids. Anyway, thank God I told her[]. She said "I'm really proud of you, Heather"[] I thought that was really nice...after everything I'd been through... (23.30-45)

Kelly:

Rebuilding trustworthy relationships through disclosure

choose to talk to people that I..I sort of fully trust. [] sort of empathetic to the situation [] either not pity but not judge [] actually we still have the same relationship afterwards (13.20-26)

Lucy:

Importance of sharedness as two-way interactions

we can talk about anything really and...[] ...they'll be able to listen [] it goes both ways thought [] I have to listen more [laughs] (12.3-6)

4.2.2: Raising social awareness & enhancing support for childless people

Maggie:

Disclosing own childless experiences guiding to raise social awareness

I'm you know quite happy to talk about my life now [] it helps to raise awareness about the situation... (18.42-46)

Suzie:

Trying to discover a new self in a new social environment

I'm gonna be totally open, and see what happens. [] (2.25-38)

Renee:

Self-disclosure as a way of helping other childless people

[] I suppose I'm hoping that by taking part in this [research], that this may produce some information that will be helpful for other people (20.44/21.6)

4.3: Connecting the self and the world

4.3.1: Making contributions

Lucy:

Finding new perspectives about values of being childless in the world

...by us not having a family [] ...in itself...not having children is a contribution [] (19.2-6)

Clare:

Making contributions to society

...we do contribute in many, many ways'. We don't take a lot from the society. We give a lot. [] I'm on my high horse now. (20.44-48)

Maggie:

Finding connections with other childless women through her work

My purpose [] to positively help other chi..other childless women []... (15.35-38)

Denise:
Regaining self-worth in new working environment *It's great..because erm..you know they really appreciate what I've done... (13.10-14)*

4.3.2: Finding care and love

Penny:
Finding new meanings in caring [- developing generativity] *I've started to think [] ...what was important to me...[] I care for the human race and I care for the planet []. It won't be for my children, but it'll be for other people's children and that's great. (32.2-17)*

Renee:
Finding positives in doing something for others *I could see myself doing something like...voluntary work... spend time, ...with my nephews and nieces. (12.24-27)*

Heather:
Finding love as care in different forms *it's not a substitute child, but...[] it's something to care for together, [] kind of, lives revolve around our care for our rescued greyhound. [] make your wee family in a way... (17.7-25)*

Kelly:
Married life as family life *my marriage...will be the central point []...is my family essentially. (14.3-6)*

Susie:
Gratitude towards supportive partner leading to reappraising the meaning of life together *[] he wouldn't have done that if it wasn't for me [] I had to respect that. [] I think that's what's made it work. (21.20-31)*

Having a sense of an embodiment of love empowers the self to shift *Once I went to the hospital, and picked him [her nephew's newborn son] up, [] It was monumental. []...I just knew... [pause] I just knew it was different. (14.15-28)*

Lucy:
Great relationship with her husband as Ying and Yang relationship *[] we're a little bit yin and yang [] he's really good at talking me around and making me..like see a different perspective [] lightening the mood (11.13-22)*

Alana:
Alternating relationships between the self and children: from insider to outsider perspective *...[], and trying to look at the world through their eyes..and..when I come across children more now...I'm looking at it almost from a research point of view... (3.22-30)*

(Part II)

Appendix 2A: Recruitment Information Sheet



PhD research study

Life without children – lived experience of a man who wanted to be a dad

- Are you a man, who wanted to be a dad, but wasn't able to be?
- Are you in a heterosexual relationship with no adopted, step-children or children of a partner from a previous marriage/relationship, and not having any therapy or counselling?
- Are you living with your partner/wife whose age is between 45 and 55?
- **Would you be interested in sharing your experiences?**

About the study:

This is a research study about men in a phase of adulthood who wanted to be a dad but living their lives without the children they hoped for. The study is conducted by Megumi Fieldsend, a PhD student in Psychology at Birkbeck University of London, under the supervision of Professor Jonathan A. Smith.

If you are willing to take part, you will be asked to take a face-to-face interview. It will take about 60 to 90 minutes talking about your thoughts, feelings, and experiences of being childless. All information will be kept confidential and anonymous.

If you would like to share your experiences, you would be most welcome to take part. The research aims to provide information that will help other people who have been through similar experiences in their lives. It will also add to the psychological understanding about what life means for people living with involuntary childlessness.

If you are interested in taking part, or would like more information, please contact:

Megumi Fieldsend
0778 026 3685
megfieldsend@gmail.com

PhD student (IPA Research Group)
Department of Psychological Sciences
Birkbeck, University of London

Appendix 2B: Ethical Approval Form

**Departmental Ethics Committee
DEPARTMENT OF PSYCHOLOGICAL SCIENCES
BIRKBECK COLLEGE UNIVERSITY OF LONDON**

CLASSIFICATION OF RESEARCH PROPOSAL

Date of approval: 05/01/2017
Supervisor: Jonathan Smith
Investigator(s): Megumi Fieldsend
Reference Number: 161737
Title: Life without children

Dear Jonathan Smith and Megumi Fieldsend,

The above application has been given ethical approval by the departmental ethics committee.

You should be aware that it is your responsibility to report any unexpected problems or events arising from the research that might have adverse consequences for you and/or your participants. In the first instance, please discuss with your supervisor who will advise you as to whether the problem causes a change to the planned research and needs further ethical approval from the committee. If so, please submit a revised application giving details of why this is necessary.

Approval for this study expires January 2020. If the study is still ongoing at this time please submit a renewal of ethical approval form that can be found on the departmental webpage.

Please retain this certificate for your records.

Good luck with the research.



Emily Jones
Chair of the departmental ethics committee
Date: 05/01/2017

Appendix 2C: Information Sheet for a potential participant

DEPARTMENT OF PSYCHOLOGICAL SCIENCES BIRKBECK UNIVERSITY OF LONDON

Life without children – lived experience of a man who wanted to be a dad

INFORMATION SHEET

Before you decide to take part in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. A member of the research team can be contacted if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

We are interested in hearing the experience of men who wanted to be a dad but weren't able to be. The study is being conducted for Megumi Fieldsend's doctoral thesis in Psychology at Birkbeck, University of London, under the supervision of Professor Jonathan A. Smith.

You have been approached as a possible participant in this study. Because you have identified yourself as childless (wanted to be a dad), are in a heterosexual relationship, with a partner/wife who is in the age range between 45 and 55. Also, you and your partner/wife are currently not having therapy/counselling, nor having adopted, step-children or children of a partner from a previous marriage/relationship.

If you are willing to take part, you will be asked to take one, 60 to 90 minute interview, talking about your thoughts, feelings, and experiences of being childless from the perspective of a man who wanted to be a dad. The interview will be conducted in a private, quiet, and comfortable place and will be mutually acceptable to both you and the researcher. The interview will be audio recorded. Demographic details will be taken at this time. Even though you are willing to share your experiences, the interview questions involve reflection on past and current personal experiences. There is a possibility that you may become uncomfortable talking about personal matters. If you should feel this during the interview, you have of course the right to not answer any questions or stop the interview at any time and/or to withdraw from the study. At the end of the interview, you will have a debriefing sheet with support resources.

The interview will be transcribed, and labelled using a code number, and only be used for the research project. All the information gathered in this study will be kept confidentially, will be kept in a password-protected computer or in a locked cabinet with access only by the immediate researchers. Any identifiable information that is specific to you will be changed and a pseudonym will be used to ensure confidentiality and protection of your identity. The results will be included in a thesis and may be presented at conferences and written up in journals.

Your participation is voluntary. If you agree to participate in this study, you will be asked to sign a consent form before starting an interview. You may withdraw your consent for the study without giving any reason up to 2 weeks after the interview has been conducted.

The project has received ethical approval from the Department of Psychological Sciences Research Ethics Committee of Birkbeck University of London

Contact:

If you have any further questions regarding this study, please contact me, Megumi Fieldsend, on TEL: 0778 026 3685 or megfieldsend@gmail.com, or my supervisor, Professor Jonathan A. Smith, on TEL: 020 7631 6000 or ja.smith@bbk.ac.uk

Appendix 2D: Participant Consent Form

DEPARTMENT OF PSYCHOLOGICAL SCIENCES BIRKBECK UNIVERSITY OF LONDON

Life without children – lived experience of a man who wanted to be a dad

CONSENT FORM

I have had the details of the study explained to me and willingly consent to take part. My questions have been answered to my satisfaction and I understand that I may ask further questions at any time.

I understand that I will remain anonymous and that all the information given will be used for this study only.

I understand that I may withdraw my consent for the study without giving any reason up to 2 weeks after the interview has been conducted. I also understand I may decline to answer any particular questions during the interview.

I understand that audio recordings will be made, and the interview transcripts will be labelled using a code number, and will not be used or made available for any purposes other than the research project. The recordings of the interview will be erased after the research has been completed. If I wish to withdraw from the study, all the data provided by me will be destroyed immediately.

I understand that all information given will be kept confidential. All data will be identified by a code number, and any identifiable information that is specific to me will be changed and a pseudonym will be used to ensure confidentiality and protection of my identity. All information will be kept in a password-protected computer or in a locked cabinet with access only by the immediate researchers.

I understand how the results of the study will be used. Results will be included in a thesis and may be presented at conferences and written up in journals. If any individual data are presented, the data will be totally anonymous, without any means of identifying the individuals involved.

There should be two signed copies, one for the participant, one retained by the researcher for records.

Name (participant):

Signature:

Date:

Name (researcher):

Signature:

Date:

Contact:

If you have any further questions regarding this study, please contact me, Megumi Fieldsend, on TEL: 0778 026 3685 or megfieldsend@gmail.com or my supervisor, Professor Jonathan A. Smith, on 020 7631 6000 or ja.smith@bbk.ac.uk



Debriefing information

Thank you very much for taking the time to participate in my study. Your participation means a lot to me. Please remember that the data you provided will be kept confidential and anonymous. If you have any questions, please do not hesitate to contact me, Megumi Fieldsend, on 0778 026 3685 or megfieldsend@gmail.com.

Support Resources

If you feel that you would benefit from emotional support, there are a number of groups and organizations that might be of interest to you.

- Lesley Pyne: Offers support for childless women/men, and also provides useful links to other websites: <http://www.lesleypyne.co.uk>
- More To Life: Offers several courses to enhance the quality of life and provides connections with other people who are childless: <http://moretolife.org.uk>
- The Dovecote: Offers support for involuntarily childless people and provides connections with other childless people. They also offer a shared platform for men - "the Men's Facebook community": <http://www.thedovecote.org>

Thank you once again for sharing your experience.

Megumi Fieldsend
PhD student (IPA Research Group)
Department of Psychological Sciences
Birkbeck, University of London

Appendix 2F: Lone Worker Policy for IPA Research Group

Current Lone Worker Policy for Interpretative Phenomenological Analysis Research Group

(being developed as part of the dept health and safety protocol)

1. The researcher will inform a family member or a friend every time she goes to a participant's home for an interview. The researcher will provide the family member or the friend of the date when each interview will be conducted, the start/end time of each interview and the address of each participant's home.
2. The researcher will keep her phone on throughout each interview. The researcher will call, using her mobile phone, the family member or the friend if assistance is needed.
3. The researcher will keep her personal belongings with her all the time and will NOT leave them unattended inside participants' homes.
4. The researcher will NOT be conducting interviews inside bedrooms nor in any private area of participants' homes. The researcher will NOT allow the door, where the interview will be conducted, to be locked although she will ensure the confidentiality of the interview.
5. The researcher will stay vigilant during the whole visit when conducting interviews in each participant's home.
6. The researcher will contact the family member or the friend at the end of each interview to inform him/her that she already left the interview site. If the family member, the friend or the study academic supervisor does not hear from the researcher after an agreed time, he/she will call the researcher. If no answer, he/she can seek help (e.g. report to the police).
7. In case the researcher needs to discuss any upsetting issues following her interviews with the study participants, support will be available through her GP (including referral to a psychologist) as well as through the Well-being Centre at Birkbeck, University of London, where the researcher is a full-time student.

Appendix 2G: Demographic Information Sheet

Demographic Information

Date consent signed:

Date of interview:

Name (Pseudonym):

* Age:

* Marital Status:

* How long have you been in your current relationship/marriage?

* Ethnicity/Cultural identification (How would you describe your cultural origin or ethnicity?):

* Education (What is your last/highest educational level?):

* Occupation:

* Please confirm each statement below by ticking in the [].

I am:

[] a man, who wanted to be a dad, but wasn't able to be.

[] in a heterosexual relationship with no adopted, step-children, or children of a partner from a previous marriage/relationship, and not having any therapy or counselling.

[] living with my partner/wife whose age is between 45 and 55.

Thank you very much

Appendix 2H: The Master Table of Themes for the four men

1: The personal impact of loss

1.1: Despair and anger

Illustrative extracts (page.lines)

George: (treatment experience - Yes)

Chronic grief aligns with an ongoing 'hopeless task'

it just sort of felt more like you were just sort of...at...you raising your own hopes, kind of, you know, falsely every month, [] it was sort of increasingly it felt like a, kind of you know, er...er... sort of hopeless task, really [little laugh] (13.13-34)

David: (treatment experience - Yes)

Need of warning for uncontrollable outcomes rather than standard treatment information

you get plenty of information, but the information is just about what happens, the information is not...about...how stressful it can be, [] I think the treatment should have a massive health warning...emotionally as well as physically [] (35.11-26)

Victor: (treatment experience - Yes)

Intentionality towards a family life unintentionally remains in the personal history

My history is erm...I had a cancer, when I was 19, which meant I was infertile...going infertile... But, I had erm some sperm stored at that time for the future. [] And we had...five attempts at IVF erm...and we were, had a pregnancy once, but we lost that through term...erm mid-term. Erm, then we tried two more times and then decided...it wasn't gonna work [] (1.9-20)

Alan: (treatment experience - No)

Getting angry results from the self feeling out of control

when I feel out of control...of, of situations and that, that can manifest in, in anger and frustration. erm.. I'm not very good with.. not...not feeling that I'm in control...of...what's happening to me, or what er...you know, what I...what I want to do. (26.13-36)

Wistfulness to have own children turns into jealousy

erm, it's a little bit possible, kind of, resentment sometimes, erm...little bit...erm...sort of, you know kind of...wistfulness, kind of, yeah, maybe, a little bit, sort of, you know, er lit...little bit jealousy maybe. (9.25-33)

1.2 Living with profound grief (deep-routed internal suffering)

Alan:

Uncertainty towards a childless life remains as an unresolved consequence [still difficult to accept]

quite few different, sort of erm...emotions. [] yeah an element of...a sense of loss I suppose that at some point erm...you know, I'll...it will be a final situation, [] and I'll have to deal with that then, so I don't think I kind of, completely, fully resolved that the that that sort of, the..the final feelings [little laugh] (11.6-14)

George:

Ending the journey of trying for a baby results in self-contradiction [relief vs. depression/paradox]

there was a sense of relief, [] but on the other hand it was, it was, it was...kind of very, erm...depressing and upsetting. (14.4-8)

The loss of his own imagined baby remains deeply without a concrete solution for the pain
[abstract - remoteness]

there's an abstract notion of it, which I think is...is what..act in a way, is kind of harder to...erm...it's more painful to deal with. (18.1-15)

David:

Total confusion over the consequence derived from unnatural order

Er...and that treatment was successful.. and the baby didn't... make it. So... [on the verge of tears] (16.5-6)

Victor:

Emotional impact of the loss aligns with the depth of hidden desire to have his own children

erm...emotionally, the biggest change...was when I realised, erm...yeah...that I wanted to have children with...with Helen, [] it was...it was definitely the right timing. (12.44-50)

1.3: Groundlessness

David:

"Get shaken up" by traumatic treatment experiences results in a loss of faith

It...everything sort of gets shaken up in the air. Er...and...and I don't have the religious faith that I used to have, because of of, of what happened.[] (30.26-37)

George:

Regret over the wasted years

We should've just...[little laugh] carried on and got on with our lives anyhow [] it was a lot of.. a lot of trauma and pain, and, and...erm...for for no reason ultimately (16.14-21)

Victor:

Emotional impact of the loss aligns with the loss of self-belief

the sperm I, I...was stored at the time, []We're not...I'm [not] sure about why that didn't come to er..to erm...to produce a child, that, that, and I, that's that I guess that is the, the...the one that's...the potential loss there [] (5.28-36)

Alan:

The absence of children keeps the self in 'emotional' stasis

I think there's, yeah, there's good and bad about, about not having children, as you, you kind of, in the middle of, you don't have either of those things, so [little laugh]... (16.26-29)

2: Losing interpersonal connections

2.1: Being a social outcast

Illustrative extracts (page.lines)

Alan:

Childlessness results in social angst
[missing out]

I'd, you know, probably sometimes feel, you know, might be missing out a little bit as well, er... [] I also sometimes feel that...people...kind of...maybe think you, kind of, you don't sort of...count as much if you haven't got [little laugh] if you haven't got children (10.12-18)

Friends with children drift out of social life

I think people do...you know, friends who've got...children do kind of drift out of it a bit, [] we don't avoid them [laughs]. (21.19-27)

George:

Social stigma on childlessness results in having a sense of rejection from society

...you realise so acutely when you're, when you're failing to have children, just how much...er...a society, kind of, expect you to do that..that kind of thing [] we don't want to be defined by whether or not we have..we've got kids erm..and then, but, but you can't, you know. (14.10-22)

David:

Inability to raise children leading to social exclusion

if people are talking about their young children and what they're doing, then you can't join in, because you've, you've no experience of it. (9.1-4)

Lack of consideration on the impact that the treatment has on men

I don't think...really that that anyone really gives much consideration to...how that...process, that treatment, might affect men, too. (31.21-24)

Life in stasis rather than in progression [social comparison with contemporaries]

The thing about the situation that we're in is that... [] it will come to us again in a few years time when our contemporaries...er..., their...when their children are grown up and they start having grandchildren, and we'll be missing out on that, too (26.35-42)

2.2: Feeling alienated

David:

Finding father-son bonding through caring for his own father initiates future worries
[Aloneness in the future]

last year when my dad ended up in hospital [] I rushed up there just be with him, just to spend..time with him. Because I...I like my dad very much. [] All I could do was sit with him, and just hold his hand [] But...we won't, that won't be happening. [] perhaps the scariest thing of all actually [Int: mm]...being alone. I, I think for...for...for me... (25.26-26.33)

Childlessness creates isolation within own family

It's something that we haven't shared even with my parents. [little laugh] []...there's a certain sort of isolation. [] erm...my brother knows, which is, which is good. But again, he can't...he hasn't had the same experience. (15.23-31)

Alan:

The importance of family bonding with his parents turns into a future worry [fear of being alone]

I think...it...a big thing will be...erm...you know when when I have...my parents are not here anymore as well. Cos...at the moment I still feel very much...part of a family, cos I've got, I've got parents (11.28-35)

George:

Social comparisons in everyday life result in having a sense of inferiority

there was a, you know, you, you'd feel like, kind of people at work you know were sort of falling pregnant left, right and centre, while we were kind of...failing...erm...and that was very hard. (17.11-17)

2.3: Grieving the biological discontinuation

David:

Sadness over the loss of legacy (the family line)
[loss of existential continuity]

There's no one to pass these memories on to, you know. It's...so it's...it's almost like the history sort of ends with...with you really. I feel quite sad about that sometimes. (11.36-12.11)

Negative childhood experiences inhibit having one's own family

[] my mother suffers quite badly from anxiety, [] I was always a little nervous about, passing some of that on as, as my mother did with , with my brother and I. (10.11-38)

Alan:

Realisation of biological discontinuity initiates existential concerns
[existential discontinuity]

my, the sort of...the genes that've been passed down to me [Int: mm...] erm...have been gone on for like centuries and thousands of years, and they kind of end with me...[little laugh] so that's, that's a big thought [] (8.26-43)

Victor:

The loss of his father results in an on-going search for his own identity as a man

I didn't have many...male role models when I was younger, cos my dad died when I was 20. Not long after I came out from hospital. So, there's a massive loss there, losing him.... erm...as someone to help me through my life. (14.29-36)

3: Turning the loss into inner strength

3.1: Trying to understand: re-evaluation and explanation

Illustrative extracts (page.lines)

George:

Learning from survival results in finding a way of dealing with life [survived – “I”]

I just frankly was just depressed about everything. Erm...and having kind of come through that, and survived it [] and that sense of having you know experience that's kind of you know, taught me to not take it for granted, and also experience has...has given me...er...a better set of tools to do something with it, I think. (26.13-34)

David:

Re-evaluating the unexpected life path opens up opportunities to be free from a sense of being in debt to life

in a way, it [re-evaluation] opens up opportunities, too. [] you have to get rid of any guilt...that that we can do things that other people can't, cos we didn't choose it. So, you know, that...that you shouldn't feel bad. (28.25-41)

Trying to explain about an unfulfilling sense over the absence of children [Latent manifestation]

I think the difficult thing to explain that I have struggled to explain is...[] sort of deeper sense that that things that there's something missing...in...in a kind of less tangible way. [] we can only do the best we can with words that we've...we've got... (33.13-27)

Victor:

Re-evaluating self-belief associated with manliness frees himself from emotional struggles

So, currently, erm, yeah, it's O.K. er...it's O.K. to be a man without having a child. And I feel fine with that...erm...so for myself...yeah, there's, there's nothing left to...to have pain really. (16.3-6)

Explaining own grief reflects as a part of the process of being human [beyond manliness?]

I think it is important to...have er...for us not to hide...[] it releases, releases erm...those emotions of grief or loss...erm...quite quickly. Erm...so, it, it's a very...powerful way to, to stay as a human being, I think, to understand that. And, yeah, there's no, I have no problem with explaining...those reasons. (7.6-12)

Alan:

Keeping the sense of longing to have children leads to a gradual perceptual shift in accepting the loss

I thought about it [becoming a sperm donor] seriously, erm.. er but I didn't do it [] Erm, and then, kind of, all...now I kind of thought..I almost feel, well it...it's slightly different in that, if I had done that, it would be quite good. The thought that someone of mine to come to find me [little laugh] kind of thing, but then, I don't know...it's all...erm it's all pie in the sky er...yeah. (17.16-30)

3.2: Finding ways to deal with emotional pain

Victor:

Being open to your emotions enables the self to own the pain and the ways of relational connections
[A process towards becoming authentic?]

it's about erm...being open...[] that's that's the big, big, big, big part of erm me, now. And er...yeah [sighs], realising that that pain can't, I can, I can own that pain and understand it. And erm, for myself and for my erm...relationships with other people. (13.45-14.15)

George:

Restoring a core self-value results in finding a meaningful direction

I think there's a...there's a kernel of me [] I think when I was 25 years old me, you know, [], you were sort of full of optimism and hope and self-assurance, [] I do kind of feel that I've had almost the chance to start again, actually, I mean, as a...you know, creatively as a musician [] I actually feel, you know, mentally I probably feel closer to, to that, you know. (24.14-42)

David:

Philosophical thinking as a way of accepting life

I'd like to think [] that I can be more philosophical about life...now...now than I was at that time...perhaps more accepting of things.. than I, than I was at that time. [little laugh] (32.15-18)

Alan:

Focusing on what one has rather than dwelling on disappointment

You've got to enjoy...life...you've got to think about how you lucky you are, and enjoying what you have. Rather than...rather than worrying about what you what you haven't got and that and I think that's how...I...try to deal with it. (12.38-44)

3.3: Self-actualisation: acknowledging changes and moving on

George:

Working towards self actualisation

I think I've kind of regained some of the kind of the vim [] I just have a stronger idea of what I want to do, and I think I have a stronger sense that I have...the ability to do it, I think. So yeah (25.33-46)

Starting to live in time

People's lives change as they get older...[] life moving on now, you know, of its own accord. (10.43-11.4)

Turning the emotional struggles into a memory as a way of reconciliation [a process of individuation?]

I think everything eventually it becomes...just the, you know, part of you...a thing that happened..it's part of your life, [] ...like any memory it's something just kind of brings it into focus, [] but mostly yeah, it's, I feel reasonably at peace...about it really... (18.31-47)

Victor:

Acknowledging life as living through an ever changing world [Temporal shift]

[] this world's changing, but...it always changes through time, doesn't it? But, erm...it's more of an understanding now of erm...that's important, I think, really...to be finally settled ...the past is moving on quite a lot, and try new things so... (11.32-37)

Exploring the loss opens up ways of finding new possibilities [temporality – past into present / self-reconciliation]

So...exploring it...I...for me, the loss of not having...erm...a child or children erm...well that er the loss only started when it didn't work, and before there was always the hope, or the right timing. (8.24-27)

Alan:

The self evolves going through different experiences in life [Acknowledging the fluidity of life]

I think...I think you do become a different person as you go through, through, through life, cos you, you're kind of shaped by, your experiences in life really, [] you kind of evolve...so... you, you don't kind of, you know, it's a change from one year to the next, [] a lot's happened and you change, change a lot. (25.22-32)

Finding usefulness in self-disclosure results in feeling content

One of the things was that .. erm..I really was keen to participate. Erm so, cos I thought 'Oh no one...no one's really looked at this that I'm aware of' so I think I'm...I'm quite pleased that erm that..that...that...that you are looking into it really (28.2-6)

David:

Moving on as moving forwards in life [time for individuation]

I'm very much one...for...for moving forwards in..in life, and [] I don't want to look back after I've finished my working life, and think I wasted it... (29.20-35)

4: Reforming identity through nurturing relationships

4.1: Reclaiming the self through relational connections and engagements

Illustrative extracts (page.lines)

Victor:

A new connection with a small niece results in establishing a relational continuation in life

...have a real...a real joy to be part of er...erm...a sort of er... a baby nine months now with her [looking after a niece for a whole afternoon, once a week] [] she's a part of our lives, so...to counterbalance that potential of not having a kid till I die, something's come into our lives (16.8-15)

Alan:

Finding 'our children' in relational connections with nieces and nephews

we like seeing our kind of children that we're related to, our nieces and nephews... (21.30-32)

George:

Finding possibilities of establishing corporeal connections with people with their children
[self-involvement]

I think possibly actually what was probably worse is people talking about their children, and I think actually maybe being with people with their children isn't so bad somehow. (8.39-49)

David:

"Generosity of spirit" bonds and protects childless people as with life's progression

these people that we've met have...er...er...er generosity of spirit [] there's a connection [] and that we all continue to.. experience some of these same things as we go through our daily lives. And, you know, and as we get older, too. (24.25-36)

4.2: Discovering fulfilment in caring for others

David:

Need for having a caring responsibility

the situation that we're in...ahh...[sighs] [] where there is that, that hole, []...gap in your life...if you haven't had... children there's a...I feel a need, that sort of caring need [] it needs to be fulfilled in another way. (18.10-35)

Helping people as an innate

It's...helping people. Just, silly small things...really. [] it's just the most basic instinct [] that probably makes me happier than anything. (3.16-32)

George:

Discovering personal meaning in helping his music students leads to developing a sense of generativity

being particularly gratifying [] just doing, you know, you...a...a little part of, of...helping that the...the students to, to, sort of progress, and...and start off their, you know, get through their degree and start off their careers, is...really erm...really satisfying (23.43-24.3)

Victor:

Working within the social world generates new goals

Well, this work with the, the young men, [] it...it's a new world for me to be in er, er, er working within a social world, erm, which is really, really exciting. Erm, yeah, I can see that leading to somewhere. (10.44-46)

Alan:

Entertaining own parents and family rather than engaging with friends

I probably don't meet up with friends so much actually [] we kind of spend we qui...visit sort of family quite a lot [] so it's kind of like entertaining family or visiting family. (2.38-3.8)

4.3: Developing a deep marital dyad

George:

The compatible marital dyad beats social judgments

[] *we're not defined by...whether or not we've got children, and in the end we're just us, and we have our life and, it's not other people's lives, but...there's nothing wrong with that.* (22.47-23.9)

Victor:

Strong emotional bonds with his wife empowers the life without children

it, it...as every day, the, the, there will be a time at some point when that comes up again, and er, for both of us separately or together...but it's it's it is about us, us, erm myself and Helen, to spend the time, when helping each other. And er...yeah we do that very well now. (5.39-44)

David:

Respecting wife's independence as a form of mutual understanding

I almost wouldn't want to tread on her toes with this [his wife being involved with a children's wildlife group]. [] I just think it's really good for her, that she does, yeah, something that's truly hers. (3.4-9)

Alan:

Finding happiness in a shared life course with his wife

I really...am happy about, you know, I, I just...I can't imagine...not having her, really, [] I thought I was kinda...happy before, but I'm much happier now. [little laugh] (19.39-20.7)
