

Therapy Today

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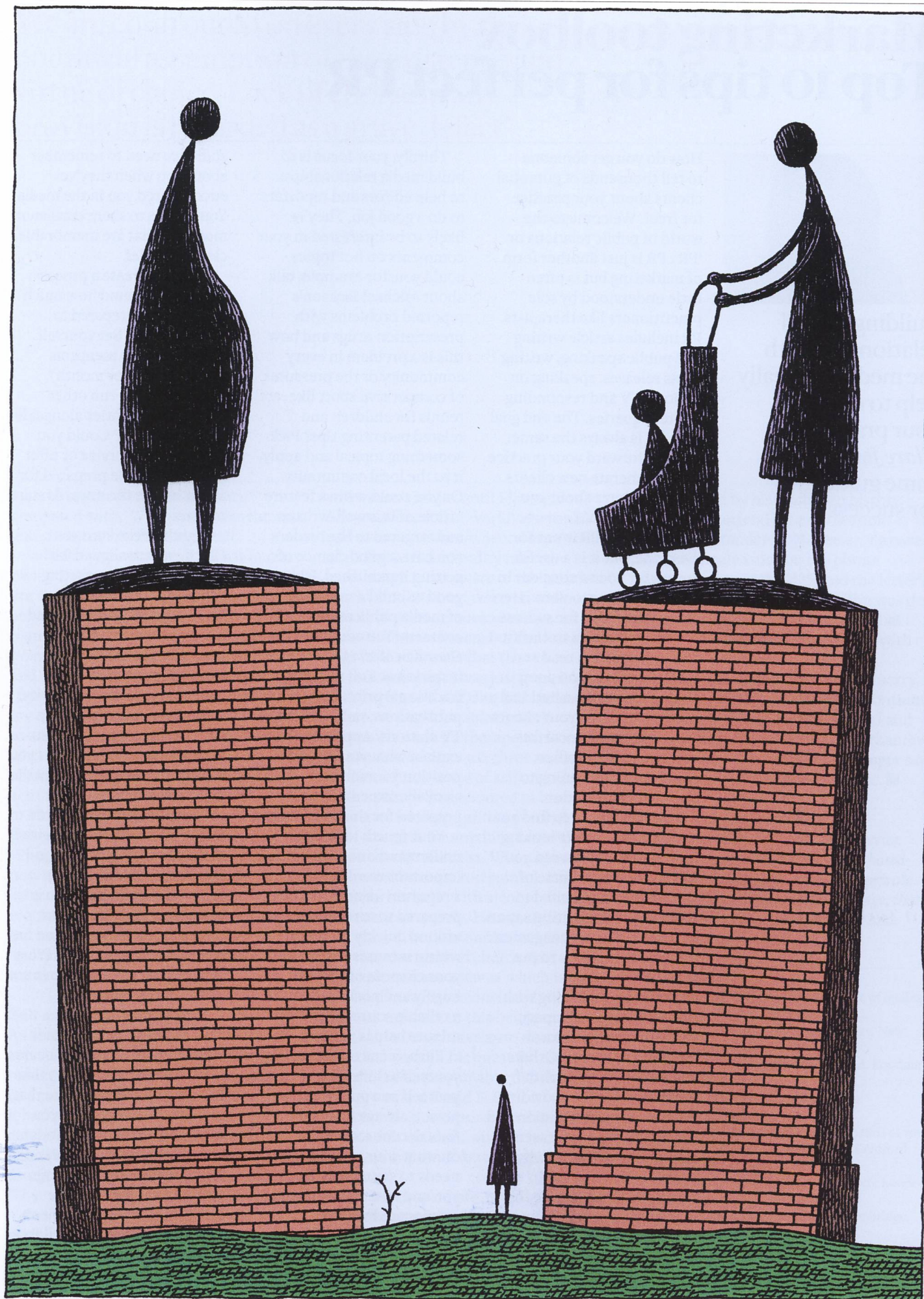
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A new vision for counselling?

Emotional eating: working with overeating and obesity

Choosing to be childfree: the implications for therapy



For a wide range of reasons more and more women will remain childless. Whilst much of this childlessness is involuntary, an increasing number of women are choosing to live childfree lives. What are the implications of this for our work as therapists?

By Kamalamani

Illustration by Tom Gauld

An increasing number of women in Europe and the USA are choosing to remain childless for a wide range of social, cultural, political, environmental, spiritual, economic and technological reasons. As a 38 year-old woman who has chosen a childfree path, I have, for several years, been living with the implications of this decision on a personal level, experiencing first hand the responses, doubts and questions (my own and others') to my own voluntary childlessness and researching and reflecting upon this changing social phenomenon. This seems a timely theme to bring into the therapy arena.

Of course, it raises more questions than it answers, given the lack of detailed research in this area and the complexity of the theme. What are the implications of this trend for our work as therapists? How do we best understand and support those who decide to remain childfree? How can we most effectively support that decision-making process with clients in a society which is still largely pronatal? How do we work with female clients in the face of the wide-reaching – although now perhaps more implicit and covert – societal assumption that motherhood remains central to adult female identity and notions of femininity and maturity? How do clients respond to those of us who have decided to remain childless, particularly if it is a very different path from the one they have chosen? How do we work effectively with men and women, heterosexual and same sex couples, with regard to this theme?

A growing trend

'More women in England and Wales are reaching the end of their reproductive careers without having had a live birth. The figure rose from one in 10 women born in 1945 to around one in five women born in 1960... The 2002-based national population projections assume that the percentage of women remaining childless

*will increase a little further, to about 22 per cent of those born in 1990 and later.'*¹

These figures give a sense of the increasing trend of childlessness. Yet this phenomenon is still extremely under researched. As McAllister and Clarke² point out, studies have often failed to even distinguish between voluntarily and involuntarily childless women. The area of childlessness is a very sensitive one, particularly for women who are involuntarily rather than voluntarily childless. The fact that much research has neglected to distinguish between the voluntary and involuntary aspects reflects the lack of understanding of the process behind deciding whether or not to try to conceive and perhaps a lack of sensitivity and care in researching this area.

The area of voluntary childlessness seems to provoke strong views from both mothers and non-mothers alike. My aim here is to highlight some of the themes for exploration and greater awareness within and outside the therapy room, rather than to add to the generalisations, polarisations and misunderstandings which I have been saddened to sometimes encounter.

Voluntarily childless women

To begin with, the definition 'childless' itself points to what a woman lacks, rather than to her breadth and depth of qualities as a human being. This notion of absence is central to the debate around childlessness. Letherby and Williams³ point out that voluntarily childless women are often seen as selfish. They argue that mothers are seen as 'proper' women, whilst childless women are seen as improper and treated as 'other'. The use of the word 'childfree' implies a positive choice not to have children, which again, many consider a selfish option.

'Childfree', as Letherby and Williams³ point out, has associations with 'carefree'

Choosing to be childfree

which implies a childlike state. Lisle points out how the theme of childlessness is unusual, given that no exact words or phrases describe it: 'The existing vocabulary is unrelentingly negative, descending from a mythological or distant past when being childless was rare, inadvertent, and most often unlucky.'⁴ For the purposes of this article, I have opted to use the word 'childless', specifically meaning voluntarily childless.

Choosing a life without children

There have always been a minority of women who have chosen a life without children, most visibly those drawn to religious and other vocational life. There is a very wide range of motivations as to why women and their partners decide to remain childless. Lisle cites UK research undertaken in 1983 by Baum⁵ which divides childless couples into four groups based upon their temperament and circumstances: altruistic idealists, easygoing hedonists, partisans of a particular lifestyle and ill or older people.

Ireland⁶ makes three distinctions between women who remain childless: those who are traditional, transitional and transformative. Women in Ireland's 'traditional' category are not childfree by choice. They have been unable to have children for biological reasons. 'Transitional' women are, in Ireland's words, 'living in the stream of social change. They want to pursue the social and career possibilities that are now open to women, but they also want, or think they might want, to have a family.'⁶ For a wide range of reasons, 'transitional' women delay childbearing until it is too late to conceive. 'Transformative' women are those women who positively chose a childfree life and would be defined as 'active' decision makers, often deciding in childhood to remain childfree. So women appear to arrive at a decision

as to whether or not to have children in very different ways, from ambivalence through to risk aversion, through to a definite decision made early in life.

Whilst it is interesting to look at people's reasons for not having children, it can be arbitrary to try and categorise individuals based on one life choice (deciding to remain childless) or categorise people together when their decisions seem similar enough, when each of our lives are so rich, with a multitude of choices and possibilities. There is the inherent danger of failing to capture the diversity of an individual's life, because you are choosing to look at it from one particular angle, when in fact most lives are a more complex web of interconnected events, people and phenomena.

Beyond stereotypes and labels

'We are self-centred, immature, workaholic, unfeminine, materialistic, cold, neurotic, child-hating,' reports Terri Casey⁷ with regards to the responses towards herself and the childless women whom she has interviewed and writes about in *Pride and Joy*, which records the lives of 25 childless women. Sadly this list concurs with some of my own experience of others' responses to my choosing childlessness – a sense of misfortune about my life and my choices. The fact that I have committed my life to practising Buddhism adds to this sense of being 'other' – slightly alien to some – so this is familiar territory for me.

Voluntarily childless women have been reported as deviant and presumably, as a result, a threat to the status quo.⁸ As therapists, I am sure we would have the awareness to look beyond such strong judgements. A further stereotype is that women who choose not to have children tend to be career driven 'superwomen'. This is not borne out in the studies. McAllister and Clark report that 'highly qualified women are more likely to remain childless but career identity did not

emerge as central to personal identity or personal fulfilment for the majority of voluntarily childless people. On the contrary, early retirement proved a popular goal.'²

Morell⁹ points out that an unexpected finding of her study of childless women in the US was that 75 per cent of the participants described themselves as coming from poor or working-class backgrounds. The participants themselves commonly linked their upward mobility directly to their decision to remain childless. A further dimension to this stereotype is research undertaken by Hewlett into 1,168 of the highest earning US women executives who wished to bear children but were unable to for a range of reasons. She found that 'the brutal demands of ambitious careers, the asymmetries of male-female relationships, and the difficulties of bearing children late in life, conspire to crowd out the possibility of having children'.¹⁰ So perhaps this is the unseen, and for the individuals involved, sad aspect of the stereotype of the oft-called 'selfish' career woman.

A pronatal culture

What are the implications for voluntarily childless women given that women are still primarily defined in relation to motherhood or non-motherhood? How do the growing number of women who choose not to become mothers make sense of their place and identity in the face of a pronatal culture? This will be of particular interest to those therapists who work with clients around issues of identity linked to gender, culture and sexuality. They are also questions which acutely affect those who are involuntarily childless.

Gillespie¹¹ points out that resistance towards pronatal cultural discourses amongst the voluntarily childless women she interviewed, signifies the potential for the transformation of these discourses. Yet, I agree with her in saying that there are high personal costs in constantly being in

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this 'resistance' role, without coming across as reactive, polemical or reinforcing one's 'otherness' (particularly if the deviant label lingers). I am aware of this in my own personal experience of being a childless woman. I have no interest in going round preaching the benefits of voluntary childlessness, as I see this as a personal decision and I would prefer it if my decision-making process and final decision to remain childless were equally respected.

I find this one amongst many fascinating areas of debate at the interface of our public and private realms. Personally, I choose not to question a person or couple's decision to try to have children, so I am intrigued as to the social rules and norms that apply that mean a relative stranger feels free to question my decision not to bear children or to tell me with some certainty that I shall live to regret my decision.

I am intrigued that very few people who question my decision are sufficiently curious to ask what I have chosen in my life as an alternative path, or in fact, whether I wished to have children but was unable to do so, as would be the case for someone who was involuntarily childless.

Of course, cultural factors have a strong bearing upon the issue of voluntary childlessness. For therapists from some cultural backgrounds, the concept of not becoming a mother is almost beyond belief, often for what are sound economic reasons – the survival of the family. Having worked throughout sub-Saharan Africa in my 20s and early 30s, I became accustomed to being met with disbelief that I had no plans to marry and have children. These cultural factors and assumptions and norms have a strong bearing upon this issue and I have found it useful to reflect as deeply as I can on these changing social phenomena more broadly in light of my own cultural, religious, social, political and economic conditioning.

Themes around identity and childlessness are complex. As Gillespie points out, 'Cultural discourses on femininity and identity may never have adequately encapsulated what it means to be a woman, in childless women and equally importantly in mothers.'¹¹ As therapists, it is highly likely that we work with women living with their ambivalent attitude towards motherhood. It is certainly a recurring theme in my therapy room. As Campbell¹² points out, the fact that a woman is a mother is no indication of whether she wanted to be one, so the decision as to whether or not to try and bear a child, and living with that decision, is a lifelong one. This also raises questions around identity and how we may conform to, and be affirmed by, socially ascribed roles, whilst feeling a great deal of intra-psychic conflict in that role.

In the therapy room

So where does this leave us in our work in the therapy room, where, for example, we may work with heterosexual women who are deciding whether or not to try to conceive, or women who wish to support their same-sex partner to conceive, and men who are deciding whether they wish to be fathers?

The obvious starting point is to know our own conditioning, biases and preferences and to be aware of how these can affect our work. This theme understandably engenders strong feelings and it can take courage to face those feelings in ourselves. These matters extend from the personal through to the archetypal dimensions of what it means to be alive and our potential to procreate. They have certainly challenged me to look deeply at my own conditioning, assumptions, beliefs and purpose and those of others around me.

Perhaps it is particularly important to be honest about how we each feel with regard to the potentially deviant or

'otherness' of this cultural phenomena, especially working with clients who do not fit into the more traditionally socially acceptable category of those who choose to remain childless, eg nuns and vocational workers.

In working with clients facing the decision as to whether they wish to try to conceive (the other often made assumption is that we are actually fertile and able to conceive, when this may or may not be the case), perhaps the most important thing is to provide a spacious and supportive context for this process. This is a complex decision-making process which can take many twists and turns. As with all our clients, perhaps providing the conditions for them to become more authentically who they are is most significant, rather than living ascribed roles and rules. Supporting conscious decision-making about whether or not to have children seems like an incredibly important role for therapists, particularly at this moment in global history, given that it is a private decision with such public consequences. As with every client who enters our therapy room, each person's story and life is unique and precious.

As I draw to a close, I am reminded of some research by Anderson and Hopkins¹³ who interviewed women whose experience of childbirth was seen as a 'gate to the divine'. They conclude that childbirth is but one gate to the divine, ending with a quote from a former nun who had borne several children: 'The whole universe is a miracle. The idea of an infant developing in you being a special mystery... well that's no more wonderful than it would be developing in somebody else... Why can't we become ecstatic over developing life, period! We're constantly participating in it whether we're pregnant or not!' ■

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