

**An IPA exploration of women's experiences of  
being undecided about motherhood in their late  
thirties**

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## **Abstract**

As women's roles in society have changed and they have had more freedom to pursue other life-goals, decisions about having children are frequently delayed. Consequently, some women find themselves in their late thirties and undecided about motherhood in the face of the relentless ticking of the biological clock. This research explores women's experiences of being undecided about motherhood between the ages of 35 and 40 when fertility levels begin to decline sharply. Interpretive Phenomenological Analysis (IPA) was used to analyse semi-structured interviews with five participants. Three major findings were identified. The first was that being at an age where fertility is decreasing and finding oneself undecided about the pursuit of motherhood resulted in feelings of panic and fears regarding the future for some participants. This was influenced by the second major finding – that of societal discourses impacting on the participant's experience. The third finding was the changing sense of identity and emotional impact experienced by participants in the face of their uncertainty. This suggests a multi-faceted experience which encompasses the intertwining of biological, social and psychological factors. These findings are discussed alongside existing literature in the field to suggest how Counselling Psychologists may support and empower women who are experiencing this stage of their lives as a challenging time.

## **Reflexive Statement**

Implicit in the ethos of Counselling Psychology is the premise that as researchers and practitioners, we are inextricably linked to the process and outcomes of our work (Strawbridge and Woolfe, 2010). I therefore reject the idea of a detached, objective stance, and am aware that my entire approach to this review will be influenced by how I situate myself relevant to the topic area. For this reason, I deemed it important to begin this paper with a reflexive statement which outlines my rationale for this research, and will allow the reader to recognise explicitly the inevitable biases which form part of the research process. This statement outlines the experiences and values which inspired the research, and how my beliefs have been challenged and modified throughout the research process.

Finlay (2002) argues that our personal interests influence our research agenda. My interest in this topic originates from a growing awareness of some women's experience of uncertainty and distress when they consider the issue of whether or not they will pursue motherhood. Through my clinical and personal relationships, I have witnessed many women reach a critical juncture in their lives having delayed decision-making (consciously or unconsciously) regarding motherhood, and are subsequently faced with the time-bound reality of fecundity. This forced me to reflect on the experiential nature of this issue, its uniqueness to women, and led me to the belief that for some women this is a pertinent and very relevant issue.

To contextualise my position further, my personal family background has contributed to my interest in this area as I recall my mother's recollection of her experiences prior to having a family. I have early memories of her recounting the distress she felt at reaching an age which was generally considered beyond that which was acceptable for child-bearing, whilst finding herself confused regarding whether to continue with a lifestyle she loved or pursue motherhood.

Furthermore, although I have not wanted children myself, I am now in my late-thirties and although comfortable with my decision, I am conscious of the many media and medical articles which stress the urgency of decision-making about motherhood from the mid-thirties onwards and warn of the potential regret if one does not have children. Naturally this prompts me to ponder how my future self will consider my decision, and increases my empathy towards women who relay their confusion about

whether to pursue motherhood before fertility ends. As a Counselling Psychologist in training, I sought to find literature to assist me in working with clients who were presenting with this issue in therapy, but I found little guidance which is why I felt this a subject to be worthy of enquiry.

I am aware that in conducting this research I am influenced by the beliefs and experiences I recounted above, and this will have impacted to some extent on the process. These factors potentially biased the research, for example in terms of the papers I selected to review, the interview questions I constructed and my interpretation of the data collected. My epistemological stance leans towards a phenomenological position, which inevitably influences the way I critique the literature and means that my formulation of potential research questions prioritise rich subjective experience (Willig, 2008). There is frequently an emotional connection to chosen fields of investigation, which in my case raised hopes that this topic would be represented in a way that highlights women's experiences and guides practice if necessary. Not finding this to be the case, it was vital to guard against making assumptions about the prevalence of this potential issue for women. I have therefore endeavoured to employ 'epoche' as a method to attempt to withhold my presuppositions (Langdrige, 2007). I have deliberately searched for literature which opposes my stance, and taken a discovery-orientated approach, thus helping to avoid selecting only literature which supports my inferences. At the analysis stage, I kept a reflexive diary in order to examine my response to the emerging themes and ensure my interpretation remained close to the voices of the participants. Attempting to 'bracket off' preconceived ideas and remaining vigilant in scrutinising my reactions during the research process has hopefully reduced the potentially compromising effects of my own biases.

Due to my orientation towards the values of Counselling Psychology, it was important to me that the life-world of women who are undecided about motherhood was explored, with a view to finding out how women experience this matter and what it means to them. This became especially important to me when I became aware that the primary source of literature was from the medical field, which highlights biological factors and treatment and medical interventions for women wishing to pursue motherhood. However, I am interested in this area, not merely as a biological consideration, but as a very real phenomenon for women.

Conducting this research has raised questions and emotions, as I increased my knowledge of the various viewpoints pertaining to this topic. In terms of the literature, feminist perspectives (e.g. Ulrich and Weatherall, 2000; Meyers,2001) increased my awareness of the cultural and societal narratives with which women are faced in relation to motherhood, which made me question how this impacts on women's experience. The mechanistic models developed to establish the ideal timing of becoming a mother (e.g. Keeney & Vernik, 2007; Jeckhuasen and Wrosch, 2001) left me with deep concerns about the uncharted territory of the related emotions which can accompany this phenomenon. Furthermore, I was surprised that a matter which could be considered part of the life-span and effects so many women did not appear to have been considered in the Counselling Psychology field. The emphasis on making sense of existential issues in the life-course without pathologising the experience was one of many facets of Counselling Psychology which drew me into the field. My goal as a researcher was therefore to explore the lived experience of women in this position, an aim which aligns with Counselling Psychology values which, 'pay particular attention to the meanings, beliefs, context and processes constructed both within and between people, which can affect the psychological wellbeing of the person' (BPS, 2010).

Conducting the analysis deepened my awareness of the complexity and multi-faceted nature of being uncertain about pursuing motherhood during a particular age-span. I was astounded by the often negative influence of societal and familial factors on women's experiences, which contradicted my earlier assumption that this was largely a matter of individual preference potentially complicated by the biological reality of declining fertility from the mid-thirties. Again, it was vital at this stage to reflect on my response to the data in order to distinguish my own views and help prevent them from influencing the analysis.

This research has allowed me to explore an area to which I feel personally connected, and my hope is that it will provide insight and clinical guidance to a previously neglected area of research.

# **1 The literature review**

## **1.1 Introduction**

Over the last fifty years, women's roles in society have changed, giving women more freedom to pursue a career, and more scope in the decision-making process regarding motherhood. In contrast to women's traditional roles in Western society which generally centred around being a wife and mother at a relatively young age, women now have the freedom to establish a career, meaning that making decisions about having children are frequently delayed (Morell,1994). Women may also defer making a choice about becoming a mother due to other priorities such as building a social network, economic considerations or the absence of a partner (Keeney & Dinah, 2007). Often women find themselves in their late thirties experiencing the relentless ticking of the biological clock.

Women are increasingly having children later in life. The Office of National Statistics (ONS, 2009) reports that over the last two decades, births to mothers aged over 40 has nearly trebled from 9,336 in 1989 to 26,976 in 2009. The number of babies born to mothers aged 35 and over now accounts for 20% of all births. This reflects the current trend to delay motherhood. However, there are complications accompanying the increasing choices women have in contemporary society. The chances of conceiving and giving birth to a healthy child change with a woman's age. Fertility levels are not constant, but begin to decline after the age of 25 and significantly after the age of 35 (Dunson et al. 2004).

The trend for childbearing later in life, and the related pressure of decreasing fertility has been covered widely in the media and in self-help literature (e.g. Francis-Cheung, 2001; Paulson & Sachs, 1998; Red Magazine, 2014). This indicates that this is a current and relevant issue for many women, which could give cause for concern as attempts are made to negotiate the potentially conflicting goals of motherhood, social factors, and the development of a career against a backdrop of societal expectations. Although the issue of fertility has always been a factor in a woman's life-span, relative to their personal, historical and cultural context, from the current wealth of public literature on the subject it appears to be more pronounced in the current social climate.



Counselling Psychologists seek to situate the life-world of clients within a social and cultural context (BPS, 2010). It is therefore important to note the added pressure from cultural narratives which suggest that women who do not become mothers are viewed as unnatural (Morell, 1994). This prevailing attitude could invoke anxiety in some women who are undecided as to whether or not to have children. Women have also been warned about the regrets associated with postponing, and possibly missing out on motherhood (Hewlett, 1991), which is a further contributing factor to possible difficulties in the decision-making process.

An added consideration is balancing the possible pressure of beginning motherhood with other goals in the life-course. May (1995) states that research into reasons for voluntary childlessness revealed that the overwhelming majority of women cited 'freedom' as their main reason for remaining childfree. There is also the backdrop of the 'superwoman' image, which creates the expectation that women can 'do it all', including establishing careers, experiencing motherhood, becoming homemakers and serving the community (Rapping, 1996). Whilst there are increased opportunities for women in contemporary society in comparison with earlier stages of history, this prevailing attitude can produce unique pressures for women who embrace this ideology.

In general, the literature regarding fecundity is from medical fields, focusing on physiological aspects (e.g. Balasch, 2010). Guidelines from the National Institute of Clinical Excellence give recommendations for the treatment of mental disorders during and following pregnancy, and for women who have a mental disorder who are planning pregnancy (NICE, 2007). However, there appears to be very little literature regarding women's experiences of considering motherhood and even less to highlight and assist with any potential anxiety surrounding the issue.

It is of paramount importance from a Counselling Psychology framework to gain an understanding of lifespan development (HPC, 2009). The potential issue of being undecided about motherhood in the face of decreasing fertility is therefore a relevant issue for investigation in the field as the finality of fecundity is an inevitable stage in the life-span which is unique to women. Furthermore, Counselling Psychology questions the 'medical model' which has dominated the area of health and well-being for years, favouring instead a focus on the emotional meaning of events for clients

(Strawbridge and Woolfe, 2010). A review of the relevant literature is therefore considered to be useful in identifying which theories and research have been undertaken in order to identify gaps which could be investigated from a Counselling Psychology perspective.

There are limited studies examining the decision-making about motherhood, so the literature review which follows will encompass related research in the field. There are different theoretical frameworks relevant to this topic area. Traditionally, feminist and psychodynamic perspectives have examined decision-making about motherhood, so this review will begin with a review of the literature in these areas. There is also literature regarding childlessness. This was considered relevant as sections of this include the choices facing women, and the consequences of childlessness which could have a bearing on the decision-making process. Finally, a summary of the research and the identified gaps are discussed, leading to the research question.

## **1.2 Literature search method**

To access relevant literature, I used specialist databases including EBSCOhost, PsychINFO and MEDLINE. Search terms used included ‘fertility’ ‘biological clock’ and ‘fecundity’. The search was extended with the use of additional terms such as ‘motherhood’ and ‘thirties’. No exclusions were made for the date range. Some articles which were not available from these databases were obtained from the journal section of Senate House Library and The British Library. Manual searches were undertaken using London Metropolitan University library and The Women’s library to obtain further resources. Additionally I utilised the research technique of ‘snowballing’ which involves scrutinising the reference lists from literature obtained in my initial searches (Ridley, 2008). This enabled me to extend my knowledge of the field by identifying further relevant literature.

### **1.3 Critical Literature Review**

Much of the literature regarding women's choices about motherhood originates from feminist theorists, so this review will commence with an overview of feminist contributions.

#### **1.3.1 Feminist Contributions**

A leading theorist in the feminist field is Rich (1976) who argues that the concept of 'womanhood' is virtually synonymous with 'motherhood'. Childless women are a contradiction to the prevailing discourses which promote motherhood as an idealised role for women. This promotes a dichotomous view of women as either mothers or childless, ignoring the wider possible roles and identities for women beyond motherhood. For this reason, she proposed a distinction between motherhood as 'experience' and motherhood as 'institution' referring to the identity of women as being primarily a maternal one, rather than one of the possible experiences in women's lives.

Drawing on Rich's work, Wager (2000) presents a feminist commentary arguing that a woman's identity is inextricably linked to motherhood, which results in what she terms 'maternal ambivalence' for women regarding their choices about this. She argues that career women without children can be seen as 'selfish' and that childlessness is viewed as a flaw in female identity. As stated in the paper, this reflects the broader gender identities and expectations which are constructed in society. It is likely that women are aware of these societal pressures, and this could be a potential source of anxiety surrounding contemplation of motherhood. Although this is a theoretical feminist perspective, this paper suggests a potential internal conflict which can form part of the process of considering the possibility of having children. Nevertheless, it does not illustrate the experiences of women, and therefore does not speak of how women actually feel if or when they consider the prospect of motherhood.

Feminist research has examined the link between childlessness and psychological well-being. This is considered relevant to this review as it reflects on the process of decision-making for women considering motherhood. For example, Morell (2000)

supports the view that female identity is determined through current discourses and argues for a political goal of reproductive freedom. Morrell is a feminist poststructuralist whose epistemological stance is that, 'language actually constructs social reality' which subsequently needs to be re-evaluated to provide an alternative reality (Morell, 2000, p.314). She argues that women are often viewed as 'deficient' in the absence of children, rather than having made a choice. Through thirty-four interviews with childless married women, Morell identified two main experiences articulated by the participants. She states that for some there may be occasional concern about the decision not to have children, but for many women the experience of childlessness often culminates in a sense of freedom. This is supported by another study which reported that women who choose not to have children experience only curiosity or minor concern rather than feeling a sense of regret (Jeffries & Konnert, 2002). However, as this is not the dominating discourse in what could be considered a pronatalist society, discourses highlighting a deficiency in women who do not have children could possibly have an impact on the decision-making process when women consider pursuing motherhood. Women considering motherhood are subject to these prevailing discourses which could increase pressure to fulfil expectations that form part of their identity.

Ulrich and Weatherall (2000) interviewed nineteen women, predominantly from New Zealand, who wanted children but had difficulty for a variety of reasons. They used feminist discourse analysis to examine the ways in which women draw on language and metaphor to construct an understanding of their situation. Although the study's main focus is infertility, it is broadly relevant to this review as it includes the decision making process, and highlights how women's feelings about motherhood are linked to the sociocultural values in society. Ulrich and Weatherall's findings illustrate how motherhood is constructed as 'completeness' for women. The identified themes included viewing childbearing as a 'natural instinct' and 'social expectation' which reflected participants' use of language in expressing the pressure they felt in pursuing motherhood. Ulrich and Weatherall suggest that discourses surrounding biological drives and social pressure neglect the importance of women's agency, and suggest that positive decision-making provides an alternative to a discourse to those which portray women without children as 'unnatural'. Thus, they argue that prevailing attitudes about motherhood are socially constructed through discourse, and this can

add to women's confusion about their identity. This supports Wagner's assertion that there is an ambivalence associated with pursuing motherhood due to the constructions of motherhood and identity in society. Whilst this study draws on a Western population, there are inevitably cultural differences which may prevent generalisability to UK culture. This study also uses discourse analysis focusing predominantly on infertility. Therefore, the area of decision-making itself could be brought into focus in its own right by carrying out further research in this area, perhaps using a different qualitative method which would capture the richness of women's experiences.

The timing of motherhood is investigated in research conducted by Sevon (2005). She suggests that decision-making surrounding motherhood is a 'multilayered process' which is therefore experienced relationally, emotionally and in an embodied way. According to Sevon, the decision-making process involves timing motherhood, the pressure of social and cultural ideals about the female life-course, and the quality of the heterosexual relationship. The interrelatedness of these factors can produce ambivalence as well as desires about the state of motherhood or non-motherhood. This study employs a narrative research method, using seven Finnish women who are interviewed at four different stages during pregnancy and following childbirth. All participants referred to the timing of motherhood during interviews, drawing on the cultural narratives which suggest a 'right' age to commence motherhood. This issue is also raised by Woollett and Boyle (2000), who argue that pronatalist attitudes in society influence women's thinking regarding the correct stage in the life course, and the ideal circumstances in which to commence motherhood without any consideration of the unique lifeworld of the individual. Whilst Sevon's study acknowledges the consideration of timing, it does not address the increasing issue for women who are considering having children later in life when fertility is in decline, but who remain exposed to the same cultural narratives which advocate motherhood as the ideal feminine identity. Furthermore, this study focuses solely on women in apparently secure relationships, without considering the possible additional complexities for women without partners. This is an area which could be addressed by research investigating the issue of timing motherhood for older women, and women not necessarily in a secure relationship. This would inform the research base by describing how the experience may be different at a later age and perhaps when

women are not in the traditional heteronormative situation.

Meyers (2001) stresses the importance of the decision-making process stating that, ‘a woman’s motherhood decision is crucial to her personal well-being, definitive of her social persona, and predictive of her economic horizons’ (p.736). She argues that there is limited autonomy for women in this process due to the dominant discourses in society regarding motherhood which influence gender identity. Meyers advocates the development of agentic skills (such as introspective, communication and analytic skills) which would aid women in separating social demands from individual desires and values. Thus she argues for a theory of self-determination which would enable women to find their own voice. Meyer’s theory and suggested interventions go beyond some feminist theorists in terms of providing a framework which could aid women to differentiate between social pressure and personal values in reaching a decision which reflects their unique circumstances. This would also assist women who Meyers terms ‘postponers’ who may believe that motherhood will eventually occur, but do not engage in any depth of analysis regarding their situation. However, the use of agentic skills has not been tested empirically, and therefore lacks reliability and validity and leaves the effectiveness of these skills open to question. In addition, although Meyers uses abstracts from interviews conducted in other research to illustrate her argument, there is scope for further research conducted from a Counselling Psychology perspective which captures the experiential nature of this phenomenon. This could serve to illuminate the particular lifeworld of women facing decisions about motherhood, which subsequently may assist in developing therapeutic practice.

### **1.3.2 Psychoanalytic perspectives**

The area of decision-making about motherhood in the face of declining fertility has been a subject of debate within the psychodynamic framework. Kalinich (1989) described the poignancy of women who are single, childless and aware of their fertility declining, and states that their presentation in therapy is a unique challenge to the analyst. Kalinich states that this experience is frequently complicated by psychodynamic processes such as feared identifications, ego-ideal pathology and

unresolved sibling rivalry which can contribute to the distress women feel at this time. It is suggested that women seeking therapeutic intervention may sense that they have avoided finding a partner, and seek therapy to help them overcome the unconscious factors which may be driving this. However, there could be an assumption here that if this does lead to a crisis for women it is due to internal conflict within the individual, whilst potentially overlooking external factors such as societal changes which have resulted in women delaying motherhood. Perhaps research is needed to capture what factors women themselves draw on if they are contemplating the possibility of having children.

Ireland (1993) takes a different stance, and argues that women's identity, and therefore life is bound up with expectations about motherhood. She challenges classic psychoanalytic theory which has viewed childless women as deficient women who do not fulfil their gender role, an attitude which has been influential in society due to the dominance of the psychoanalytic tradition for many years. Ireland argues that if women remain childfree, they are seen as 'lacking' and unnatural. Ireland is a psychoanalyst, and conducted a study interviewing 100 women from California who are childfree and aged 38-50. From her investigation, Ireland represented these women in three categories – traditional (those who could not have children), transitional (those who waited too long and subsequently were unable to have children), and transformational (those who never wanted children). Drawing on Lacanian and Object Relations Theory, she challenges the assumption that women's gender role is synonymous with motherhood and proposes an identity of 'completeness' for women regardless of whether or not they have children. Ireland highlights the different paths to childlessness, and argues for a gender role in which motherhood is just one facet. Her work is conducted from a psychoanalytic perspective which is a distinct theoretical framework, meaning that her studies are interpreted through this particular therapeutic modality. Although it describes how women came to be childfree, it could be valuable to visit the preceding stage when women are still in the process of contemplation prior to motherhood or non-motherhood, to identify how this is experienced.

Focusing more specifically on the issue of fertility, Chodorow (2003) discusses the relevance of this in relation to ambivalence about motherhood. She states that the trend of delaying making decisions about motherhood arises partly in response to a

society in which there have been significant changes resulting in late motherhood, longer life and new fertility treatments. According to Chodorow, this can lead women to the fantasy that there is no end to fertility, until it is 'too late'. This fantasy of unlimited time is unconscious, and the eventual realisation that motherhood is no longer an option is a painful one. She describes how as an analyst, she has observed that women presenting in therapy with this particular experience have particular difficulty in overcoming guilt and self-blame about their postponement. Chodorow believes that resolution can be found if women can create a meaningful identity which accepts the absence of motherhood, but states that many women have great difficulty forging an identity of this kind. Chodorow captures something of the distress clients may experience when facing this issue. Whilst Chodorow highlights the potential suffering for women, it would be informative for the field of Counselling Psychology to understand more about the nature and reasons for clients' distress through in-depth qualitative research at varying stages in the pathway to the end of fecundity in order to help clients presenting with this issue to make a decision which suits their particular desires.

Psychoanalytic theory also addresses the issue of identification with ones mother when contemplating motherhood. Chodorow (2000) investigated the mother-daughter relationship and how this is created and subsequently recreated internally. She argues that a woman's identification to her mother is pivotal in contemplating having her own children. According to Chodorow, what becoming a mother means will be contextualised by her internal relation to her mother, whether this is conscious or unconscious.

This is further argued by Domash (1988) who claims that the underlying motivations for motherhood are not given enough scrutiny. Women may experience a physical drive and desire to have children, but this is complicated by identification with the mother, which could take the form of denial or an insufficient identification. She argues that difficulty in the decision-making process about motherhood must involve some conflict in terms of identification with the mother, and there must be an accumulation of conflicts influencing contemplation of motherhood. Therefore discussion of motivation for motherhood can assist a woman in uncovering her true desires.



The psychodynamic literature highlights areas which are highly relevant to this topic, however it is generally theoretical rather than empirical. An area of the literature which encompasses empirical studies is that of childlessness which will be considered next.

### **1.3.3 The literature concerning childlessness**

Some empirical studies regarding childlessness are relevant to this review, as they examine decisions related to motherhood, and discuss the possible consequences of delaying or avoiding motherhood. It has also been suggested that literature regarding voluntary childlessness is questionable, and may not be examining the real issue. In writing about childlessness, Rowland (2007) raises the issue that many studies investigating voluntary childlessness have actually overlooked the fact that childlessness was a result of delaying decision-making about motherhood rather than making a decision not to have children. He highlights the potential impact of this, citing Beets (1996, p.16) who states that childlessness as a result of delay is 'one of the most traumatic experiences people have to live with'. This supports the case for more rigorous research which is clear about participants' cognitive and affective processes when considering motherhood, as possible earlier intervention could prevent the distress Beets highlights above.

Other research has investigated what leads to childlessness, and the potential problems with the decision-making process. Dykstra and Wagner (2007) introduced the idea that there are different pathways to childlessness, and therefore childlessness should not be viewed as, 'a deviation from a cultural script' (p. 1490). Keizer, Dykstra and Jansen (2008) investigated these pathways from a life-course perspective, and argued that for many, childlessness is a consequence of not making a decision about having a child, as opposed to a decision against parenthood. This is often due to prioritising other areas of life and delaying parenthood, which eventually results in childlessness which may or not be an issue.

However, it highlights that there are common pathways into childlessness which are sometimes the result of deferring the decision, rather than a something choice. More awareness and insight into the decision-making process could empower women to make informed choices, instead of unwittingly delaying a decision which could be an important one for them.

The above findings are consistent with a study carried out by Somers (1993) who compared the experiences of parents with non-parents. Various measures were used to investigate different areas of participants' lives, including stereotype perception, marriage and life satisfaction. Results indicated that non-parents experienced higher levels of life satisfaction in some aspects. Many of the female participants without children perceived negative stereotypical responses from others regarding their childlessness. For the childless sample, this study focused exclusively on couples who stated at the outset that they were satisfied with their decision not to have children. However, this paper raises a significant problem with research of this nature, that of dissonance. Somers acknowledges that individuals both with and without children may feel internal dissonance about their decision, which is managed through adopting attitudes which protect their decisions. This limitation may be a factor in both qualitative and quantitative studies, and could potentially distort the real nature of the phenomenon being investigated. This strengthens the case for more in-depth qualitative studies, which may yield deeper insights into the subjective experiences of participants who are making or who have made decisions about parenthood.

#### **1.3.4 The development of models to assist with the issue of declining fertility and decision-making about motherhood**

The dilemma regarding the decision of whether or not to have a child has resulted in some researchers developing models to aid the decision-making process. Working from a framework of decision analysis, Keeney & Vernik (2007), acknowledged the importance of this dilemma for women, and identified a lack of guidance to assist the decision-making process. They developed a model encompassing the relative impact of professional, familial and social elements of a woman's life for each year of the fertile period. They argue that this serves to highlight the best time to conceive given

the importance placed on each of these areas given by individual women, and present sample cases to illustrate the model. This paper goes on to explore the consequences of delaying motherhood beyond the age of 35, and argues that despite this being the preferred option for many women, it is preferable to try and conceive much earlier.

This paper does alert women to the optimal age for child-bearing and the possible consequences of delay, as is the aim of the study. However, although it seeks to address the complexity of women's lives by including professional and recreational components in the decision analysis, it nevertheless reduces the decision to a few considerations and suggests a formulaic process to aid arrival at a decision. A model of this kind also neglects the fact that some factors are beyond immediate control, such as financial considerations, relationship issues and societal pressure. It therefore neglects the unique circumstances of individuals, which are valued in Counselling Psychology, and it overlooks the unique circumstances and experience of women who are undecided about or considering motherhood.

Another model developed by Heckhausen, Wrosch and Fleeson (2001) examines the span of fertility using an action-phase model. The model encompasses pre-decisional, non-urgent, urgent and post-deadline phases progressively, in relation to fertility. The critical stages are the decision-making stage (which develops from a non-urgent to an urgent phase), and the deadline (meaning the point after which motherhood is considered by the authors to be unlikely). The authors suggest at this point that goal-disengagement and self-protection strategies are required to avoid a loss of self-esteem. However, some limitations can be identified with this study. The researchers used a quasi-experimental design from an internal validity perspective. As the paper states, there are disadvantages with this approach, for example the extent to which participants are motivated towards motherhood is variable, and therefore could be a confounding factor in the results. In terms of the ages of the participants, the 'urgent group' was set at age 27-33 years, whilst the deadline after which the goal was having a child was unlikely was fixed at age 40, despite the 'met deadline' (had a child) encompassing ages 19-44 years. This could influence the findings, since many women are commencing motherhood at a much later age than the 'urgency' phase would suggest, a fact that is verified by the 'met deadline' group where the highest age is 44 years. If women are not of the same opinion as the model suggests, that this

is a critical period for them to have children, this could have a significant bearing on the results.

Interestingly, the language used in this study reflects the criticisms made by feminist theorists that the decision-making process regarding motherhood is characterized by terms such as ‘success’ ‘failure’ and ‘deadline’. This strengthens the general feminist argument that terms used to describe motherhood suggest that an integral part of a woman’s identity is motherhood (e.g. Ulrich and Weatherall 2000).

The models developed above suggest an optimal age for motherhood, and highlight factors leading to delay. However, the use of these models tends to neglect the emotional and circumstantial factors which accompany the decision-making process about motherhood, and therefore do little to inform us of what this experience is like for women.

#### **1.4 A Summary of the Research**

This review has summarised the feminist position in relation to decisions about motherhood, and has outlined issues raised from this theoretical perspective. The literature indicates that cultural narratives and societal pressures are relevant factors which impact on the decision-making process as they generally take a pronatalist position (e.g. Morell, 2002; Wager, 2000). Other feminist research examines discourses which indicate that childless women can be viewed as ‘unnatural’ which is a possible contributing factor to the pressure to become a mother (Ulrich and Weatherall, 2000). The development of agentic skills in order to assist the decision-making process was put forward by Meyers (2001) in order to help women separate social demands from personal values. In contrast psychoanalytic literature focused on the internal conflicts and unconscious delay which can result in regret at the end of the biological clock period (Chodorow, 2003; Kalinich, 1989). The papers regarding childlessness have highlighted the possible pathways to childlessness, and point out the danger of passively deferring a decision without an awareness of the broader factors involved in this (for example Keizer, Dykstra and Jansen, 2008). Finally, models have been developed to help make decisions about motherhood in relation to the biological clock, (Keeney & Vernik, 2007) and highlight the need for coping

strategies following the end of fecundity (Heckhuasen, Wrosch and Fleeson, 2001). Whilst these studies have contributed to our understanding of the subject matter, there are areas left unaddressed which require further research. These will be identified in the next section.

### **1.5 Limitations of the existing research and identified gaps, incorporating the research question**

Much of the literature pertaining to contemplation of motherhood is theoretical in nature. Psychodynamic literature emphasises the distress experienced by some women who are towards the end of their fecundity period, however the papers are theoretical and draw on psychodynamic concepts to explain the difficulties. This is also true of many feminist papers which offer insight into cultural and social pressures which women face, but do not capture the potential internal conflict which can form part of the decision-making process. Feminist theorists have employed discourse analysis (Ulrich and Weatherall, 2000) to give credence to these pressures. However, there is scope for other qualitative methodologies which could focus on the nature of the experience, thus highlighting a new area of the phenomenon.

A further gap in the research involves the focus of studies. Many papers investigate voluntary and involuntary childlessness, parents, and those in relationships, but few focus specifically on single women and their experience of contemplating motherhood alongside the physical reality of a time-bound fecundity period. Furthermore, some studies investigate women who are still at a relatively early phase of fertility, despite defining them as being in a 'critical period' (Heckhuasen et al, 2001). What has not been examined is the issue of timing motherhood for older women. In addition, much of the research has been conducted outside the UK (eg Sevon, 2005; Ireland, 1993; Bures, Koropecj-Cox and Loree, 2009 and Heckhuasen, Wrosch and Fleeson, 2001). Due to the cultural variations and samples used, the applicability of the findings to UK culture may be questionable.

The use of models to aid decision-making in the face of the declining fertility is examined in some literature (e.g. (Keeney & Vernik, 2007). However, models such as these advise women about the optimal age for childbearing, but do not consider

what the experience of contemplating motherhood is like, particularly if they are in a stage which the literature defines as urgent. More in-depth qualitative research could examine the neglected areas outlined above, and provide insight into the nature of the phenomenon. There does not appear to be any studies in the Counselling Psychology literature, either in the UK or America, which consider this experience. Although delaying decision-making about motherhood and motherhood has been shown to be increasingly common, this has been discussed more in medical, popular literature and the press. Much of the literature presents contemplation of motherhood in the late thirties as a potentially distressing experience and considered problematic, but how do women experience this phenomenon? Research conducted from a Counselling Psychology perspective could help illuminate this and discover to what extent the research findings presented above are supported or challenged. In considering the gaps in the research identified above, it could prove valuable to conduct an exploratory study investigating women's experiences of being undecided about motherhood in the mid to late thirties.

### **1.6 Relevance of the subject area to Counselling Psychology**

This review is conducted from a Counselling Psychology standpoint, encompassing the principles outlined by the British Psychological Society (2010). This has important implications as Counselling Psychologists have a distinct viewpoint when reflecting potential areas for research. There is an important focus on life-span issues, which is why contemplating the pursuit of motherhood is potentially an important consideration if women experience it as an important choice in their lives, especially given the physical reality of declining fertility in the late thirties and beyond. Sugarman (2010) states that many life events are age-related in terms of onset and duration, although the experience of these events can be similar or different to others. Counselling psychology therefore unites these concepts with its appreciation of events in the life-course and respect for subjective experience.

As has been discussed above, traditional responses to fecundity have emerged primarily from medical literature addressing the physicality of the issue, and subsequent treatment if a medical condition is diagnosed. Counselling Psychology departs from the medical-model, taking a critical stance towards 'psychopathology',

and focusing instead on wellness. Thus, the focus is not to look through a lens which seeks to diagnose and treat, but rather to appreciate the existential nature of these kinds of difficulties, with reference to the unique lifeworld of the client. Orlans and Van Scoyoc (2009, p.22), emphasise this value in Counselling Psychology, stating that difficulties can be ‘part of the human condition’, rather than being categorised as an illness or disorder. Thus, the subject of this review is precisely the kind of area that Counselling Psychology theory and practice engages with.

In human experience, social, psychological, biological and cultural facets merge to produce a unique experience for the individual (Strawbridge and Woolfe, 2010). Counselling Psychologists recognise the multi-dimensional nature of a phenomenon, and incorporate this awareness into their therapeutic encounters. The feminist contributions outlined above have highlighted the fact that women making decisions regarding childbearing operate in a society which has particular prevailing attitudes regarding women’s roles and identity (Morell, 2000). They may feel unnatural if they do not conform or feel that their life contradicts societal expectations. Therefore, should there be difficulty or confusion regarding contemplating motherhood in the face of declining fertility, as is suggested by much of the existing literature in the field, this study could help to inform Counselling Psychologists engaged in therapeutic practice. As Sugarman (2010, p.287) states, ‘An understanding of the life stage can help therapists orient themselves in relation to their clients’ lives’.

### **1.7 The research question**

How do women in their late thirties experience being undecided about whether or not to pursue motherhood?

## **2 Method**

This chapter will discuss the rationale for the chosen methodology, situate the research within the wider epistemological and methodological context, and outline the research design.

### **2.1 Methodology, method and rationale**

The aim of the research is to understand women's experiences of contemplating motherhood in their late thirties. For this reason, qualitative methodologies were considered to be the most suitable approach for investigating the research question. Qualitative research methods employ a 'bottom up' approach in order to explore new areas and describe experiences and events (Willig, 2001). This is in contrast to a quantitative approach, which tests pre-existing hypotheses through quantification and experimental methods. A quantitative approach was not deemed suitable for this research as it could not capture the complexity of women's experiences of being undecided about motherhood. The exploratory nature of the research question called for a qualitative 'inductive' methodology with a view to exploring and describing this phenomenon (Smith & Osborn, 2004).

As the aim of this research was to capture the lived experiences of women who are undecided about having children in the late thirties, Interpretative Phenomenological Analysis (IPA) was considered to be the most suitable research method. IPA as a methodology lends itself particularly well to research topics which are innovative or under-represented in the research base (Smith and Osborn, 2008). Furthermore, it is particularly suitable for research which aims to elicit particular experiences, as it focuses on encapsulating the subjective life-world of the participant. In addition, it aligns with the philosophy of Counselling Psychology, as it emphasises the uniqueness of the participant's experience (Strawbridge & Woolfe, 2010).

Two other qualitative approaches were considered to explore the focus of the research question. Discourse Analysis as a research method investigates patterns in language and identifies the discourses people draw on to give meaning to an object or event (Braun & Clarke, 2013). However, this method does not examine the meaning individuals give to their existential experiences and therefore would not yield results



which meet the aim of the study. Grounded theory is considered the main alternative to IPA (Smith, Flowers & Larkin, 2009) as it also takes an interpretive approach in exploring the experiences of individuals in the context of their particular world. However, it prioritises the development of theories, psychological process and the construction of a conceptual model (e.g. Charmaz, 1995), rather than the lived experience of participants.

The selected method for this study was therefore Interpretative Phenomenological Analysis (IPA). IPA is ideographic in focus, and emphasises the active interpretative role which individuals play in making sense of their lived experience (Smith, Flowers & Larkin, 2009). In IPA, the researcher attempts to enter the life-world of the participant, and seeks to describe and interpret the phenomenon in question, in order to highlight the unique subjective experience of the individual. These features suit the essence of the study which places particular emphasis on how this phenomenon is experienced, and what it means to the participants to be undecided about having children at this stage in the life-span.

## **2.2 Interpretive Phenomenological Analysis - Philosophical and epistemological underpinnings.**

Interpretative Phenomenological Analysis (IPA) is an approach to qualitative investigation derived from a branch of philosophy called phenomenology (Smith, 2003). Transcendental Phenomenology was developed by Husserl (1931) who emphasised the importance of subjective experience in making sense of the world. The central aim of this philosophy is to return to the world 'in its appearing' by bracketing off preconceptions in order to view phenomena from a state of 'pre-reflective consciousness' (Willig, 2007).

IPA itself was founded by Smith (2003) and advocates a more interpretative approach than other branches of phenomenological method (Langdridge, 2007). It emphasises the active interpretative role which individuals play in making sense of their lived experience. As a methodology therefore, IPA seeks to analyse how people create meaning in their world. IPA is a dynamic process in which the researcher attempts to enter the life-world of the participant, and seeks not only to describe, but to interpret

phenomenon in order to highlight the unique subjective experience of the individual (Spinelli, 1989). This enables a deeper and richer understanding of the phenomena to emerge.

It is acknowledged in IPA that there can be no direct access to the clients' world, and thus the process is dynamic in the sense that the researcher is inextricably linked to the research procedure (Smith & Osborn, 2008). The subsequent analysis is one possible interpretation of the participant's lifeworld. This two-fold process is known as 'double hermeneutic' (Smith & Osborn, 2008), in that both researcher and participant are actively involved in interpreting the experience of the participant. This dual interpretation allows for a deeper analysis, which incorporates concepts beyond the participant's awareness (Smith & Eatough, 2007).

The epistemological orientation of IPA contrasts sharply with the dominant hypothetico-deductive approach, as it rejects the scientific criteria and the formulation of hypotheses used in quantitative methods. Instead, a discovery-orientated approach is embraced which seeks not only to describe, but to interpret phenomenon in order to highlight the unique subjective experience of the individual. This aligns with my personal epistemological stance that meaning and knowledge are constructed through interpretation of events and experiences. This reflects the epistemological position of constructionism (Braun & Clarke, 2013), which posits that our reality is constructed through the meaning we give to events in the context of the broader social and cultural frameworks we operate within. As a researcher, it is vital to practice reflexivity in relation to one's views regarding how knowledge is constructed and generated, in order to understand how this impacts on the interpretative analytic process (Finlay, 2006). In my role of researcher, I recognize that I am inseparable from the focus of the research, and adopt the position that I co-construct the participant's view of their reality through my engagement with them in this interpretative research method.

### **2.3 Research design**

This study collected qualitative data through semi-structured interviews with five participants which were subsequently analysed using Interpretative

Phenomenological Analysis (Smith & Eatough, 2007; Smith and Osborn, 2008; Smith et al, 2009). The explanation of research design will begin with a description of the rationale for and process of selecting a sample.

### **2.3.1 Sampling, selection and participant profile**

The number of participants recruited was in accordance with Smith et al's (2009) guidance for IPA research which suggests four to ten participants. The sample size for this study was five participants, the rationale for which was to allow for deep idiographic analysis and to 'do justice to each participant's account' (Smith & Eatough, 2007; p.327).

Although results from IPA studies are not considered generalisable given the epistemological underpinnings of the methodology, a homogenous sample is necessary in order to reveal the heart of the phenomenon from the perspective of the participants in the sample. To ensure homogeneity, participants must share particular characteristics pertaining to the research question. Therefore, this IPA study utilised the recruitment method of purposive sampling using criteria delineated by the research question, in this case the shared experience of being undecided about motherhood alongside the demographic criterion of age and gender.

The inclusion and exclusion criteria determined by the research question were applied to the sample. The decision to recruit women in the 35-40 age bracket was informed by medical literature that states that 35 is the age after which fertility falls rapidly, and that after 40 there is an even sharper decline (Dunson et al. 2004). Thus the 35-40 age bracket represents a distinct stage in the fecundity period which this study aims to investigate. It was also deemed necessary to exclude women who have decided against having their own children or who already have biological children, as the aim of the study is to uncover the experiences of women who are undecided. The stipulation that this study include only women who consider themselves single was informed by a gap in the literature. Studies have been conducted regarding decision-making about parenthood in a partnership, but not with single women. In addition, consideration of motherhood may differ significantly in the context of a relationship, therefore only women of single status were included in the sample. A further

criterion was that participants have no known biological impediment to conception, as including women with known fertility difficulties would introduce another focus, which is outside the objectives of this study. Further inclusion criteria were that participants identify as heterosexual, as considering diversity in sexuality would again introduce another angle beyond the scope of this research.

The method of recruitment used was snowballing (Creswell, 2009) which involved the researcher contacting colleagues and associates and informing them of the aims of the research with a view to establishing the level of interest in the subject and engaging potential participants. The final sample of participants consisted of five women between the ages of 35 and 40 who were undecided about having biological children of their own. The participants were either born in England or moved to England in early adulthood. All participants identified as heterosexual and of single status. The following table outlines demographic information and information gathered from participants such as how they identified in terms of ethnicity and occupation.

Table presenting an overview of the five participants

<b>Participant</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Occupation</b>
Robyn	37	White English	Project Manager
Diana	39	White English	Mental Health Nurse
Emma	36	White European (Greek)	Psychologist
Barbara	37	Black African	Entrepreneur
Linda	37	White Irish	Lecturer

### **2.3.2 Materials**

To inform participants about the study and gain informed consent, an information sheet (Appendix A) and consent form (Appendix B) were used. Smith et al. (2009) recommend the use of a semi-structured interview schedule for data collection. A semi-structured interview allows researchers to ask questions which are pertinent to the research question whilst allowing participants to respond openly with their personal story without being constrained by a rigid line of questioning. Questions to prompt and clarify are used as necessary to augment participants' accounts and facilitate exploration. Prompt questions varied between participants according to how the interview unfolded. The interview schedule for this study comprised of ten questions which were designed to be exploratory, thus letting the details of the phenomenon in question emerge from participants. A copy of the interview schedule is attached (Appendix C). The interviews were recorded using a digital recorder. Following the interview, a de-briefing sheet (Appendix E) was handed to participants which detailed information concerning access to counselling services, and myself and my supervisor's contact details (see 'ethical considerations').

### **2.3.3 Data collection procedure**

Following the development of an interview schedule and other associated materials outlined above, a pilot interview was carried out, the purpose of which was to assess the suitability and effectiveness of the questions in addressing the research question. Adjustments were made and further prompt questions were added to improve the clarity of the questions and encourage elaboration from participants if necessary.

Participants were then recruited through the 'snowballing' recruitment method (see 'sampling and participants' above). Interested parties who were informed about the study through colleagues contacted me directly by email. Due to the large amount of interest in the study, participants were selected according to the earliest contact date and the application of inclusion/exclusion criterion. The remaining interested parties were informed that they would be contacted should other participants withdraw. An interview was arranged with participants according to their availability and convenience. The choice of location was decided by the participant as it was

important that the location was somewhere they felt comfortable and free from disturbance to enable them to feel at ease while they discussed this personal subject. All participants chose to be interviewed at their homes. I therefore gave details of my whereabouts to others in order to protect my safety.

At the commencement of the interview, participants were reminded of the contents of the brief and told how the interview would proceed. They were then encouraged to ask any questions in order to gain fully-informed consent. Participants were then asked to read the consent form and sign if they were in agreement with the terms of participation. Interviews were then conducted which were approximately one hour in duration. A de-brief was then undertaken in which participants were thanked for their contribution and encouraged to discuss their reaction to the interview process and voice any queries or concerns. They were then given a debriefing sheet with the contact details of myself, my supervisor and counselling organisations (as explained in 'ethical considerations').

#### **2.3.4 Ethical considerations**

It is the responsibility of the researcher to consider the welfare and protection of participants throughout the research process. This research objective, design and procedure was therefore conducted in accordance with the British Psychological Society's ethical guidelines (BPS, 2005) and approval was obtained from the Research Ethics Review Panel (RERP) at London Metropolitan University.

In order to be fully aware of the research process and what the study entails, participants were informed of the aims of the study and how the data is collected and used from the outset through the participant information form and participant consent form (appendices A and B) and through the brief and de-brief. Confidentiality regarding anonymity and security of data was ensured in line with the BPS code of ethics and conduct (2009) and the Data Protection Act (1998). Participants were informed that their involvement was voluntary and that they could withdraw from the study at any time without explanation or consequence for up to a month following the interview date, and that their audio file and consent form would subsequently be destroyed. The rationale for this was to allow participants sufficient time for

reflection, and the opportunity to withdraw their data before the analytic procedure commenced.

Researchers are required to safeguard the confidentiality of participants and protect their anonymity (BPS, 2010). Participants were therefore advised that they would be given a pseudonym to ensure that they could not be identified in the study. They were also informed that the interview data would be held in the strictest confidence and would only be accessible to the researcher and researcher supervisor, however excerpts from the interviews may be used in the final paper. Participants were made aware that the only exception to confidentiality would be if participants expressed their intent to harm themselves or others. In line with the Data Protection Act (1998) the researcher held consent forms in a locked filing cabinet and audio files were password protected. Participants were informed that all data relating to the study would be destroyed after five years.

It is important to monitor the emotional state of participants throughout the interview process in order to respond promptly and appropriately to any signs of distress. As the research topic was considered to be potentially upsetting for participants this was particularly important. In order to monitor the emotional state of the participant throughout the interview process, a distress protocol was prepared (Appendix D). Participants were given the opportunity to discuss their emotional response to the interview during the debrief, and ask any further questions in relation to the study. A list of support networks was detailed on the debriefing sheet in addition to the researcher and research supervisor's details. Participants were encouraged to engage with these services should they experience distress following the interview process.

### **2.3.5 Analytic procedure**

The data analysis was carried out according to the guidelines suggested by Smith et al. (2009). Although the process appears linear in format, IPA is an iterative process in which there is much movement between stages and re-visitation of earlier analytic phases as engagement and understanding of the data set develops. However, the overall analytic procedure was as follows. Upon conclusion of the interview, the researcher reflected on the process, content and any arising issues in order to improve

subsequent interviews and highlight observations which could prove pertinent at the analysis stage. All interviews were audio-recorded and subsequently transcribed verbatim. The transcripts were analysed chronologically using the following procedure. Each transcript was read, re-read and annotated in the left hand margin with initial thoughts regarding key experiences, linguistic observations and conceptual reflections derived from the voice of the participant. With repeated readings, emerging themes were identified and written in the right hand margin. Themes from each transcript were then compared in order to perform a cross-case analysis. A comprehensive list of all themes was compiled, and connections identified in order to organise the themes into clusters as part of an overarching superordinate theme. The clusters were reviewed and checked for consistency against the text to establish their prevalence in the data. Any themes which were not adequately supported with textual evidence were abandoned. The themes were presented in a table in order to provide a visual illustration and help identify overlaps and tensions between themes. The table of themes was revised several times during the analytic process, and again during the writing-up stage as deeper analysis was undertaken and greater understanding of the material developed. The findings are presented in the chapter 'Analysis'.

### **2.3.6 Validity**

Validity in qualitative research differs from that of quantitative research since objectivity is not central to the approach rendering evaluation criteria such as reliability inappropriate (Yardley, 2008). However, the importance of evaluating the process and outcomes of qualitative research is not disputed. Finlay (2006) outlines how qualitative research needs to demonstrate 'rigour' which refers to the integrity of all aspects of the research process. Throughout the study, rigour through credibility, auditability and fittingness was considered and applied (Henwood & Pidgeon, 1992). Reflexivity regarding interest in the research area and all subsequent stages of the process was practiced throughout and is articulated in the reflexivity statement. This transparency is vital in qualitative research since the influence of the researcher will inevitably impact on the analytic process. Additionally, rigour was adhered to by letting participants guide the interview process, using quotations in the analysis



chapter in order to remain faithful to their accounts, explaining the rationale for the research question and subsequent design, and providing an example of emerging themes in the appendix (Appendix F). Fittingness was demonstrated by providing a description of the sample containing information relevant to the aims of the study.

### 3 Analysis

#### 3.1 Overview

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*Table 1: Summary of Themes Forming the Analysis*

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*Superordinate theme:*

**The significance of age**

The thirties – a time for reflection

Awareness of ‘a deadline’

Contemplation of future regret

*Superordinate theme:*

**The impact of societal factors**

Freedom and dilemma for a  
new generation of women

Societal pressure and judgement

Labelling and definition

*Superordinate theme:*

**Inner change and affect**

Living with tension

Challenged expectations and sense of  
self

The emotional impact: experience and  
management

As shown in the above table, the analysis revealed three superordinate themes. The analysis begins with the superordinate theme of ‘the significance of age’ which charts participants’ gradual awareness of their age and how this relates to their contemplation of motherhood. These experiences are then examined in a broader context through the recurrent themes relating to ‘the impact of societal factors’. Following this, emergent themes relating to the inner world of participants are presented through the superordinate theme of ‘inner change and affect’. The experiences described in participants’ quotes frequently span numerous superordinate and subordinate themes. These links are indicated within the analysis.

### **3.2 The significance of age**

This superordinate theme explores how participants’ contemplation of motherhood intensified when they reached their thirties, and describes their lived experience of this.

#### **3.2.1 The thirties – a time for reflection**

Many participants described a change in the frequency and extent to which they thought about the possibility of motherhood, particularly in the late thirties. However, the meaning this held for them differs significantly. For Robyn, reaching the mid-thirties was perceived as a new phase in her experience of being undecided about motherhood:

Robyn: I guess obviously there’s there’s a sense of getting older and the approaching deadline, em.. and obviously once you get past 35 I think that’s a bit of a erm, a bit of a a what do you call it, not a deadline, a sort of a barrier and you think, and you’re on that sort of way down to 40 and I think people perceive, you know, people do, people see it differently then, you know, em.. early thirties is one thing and then once you’re gone past that 35 mark, erm, so it just it just enhances.. that that feeling that, that oh you should be, you should be pregnant so...what do you do, uh, how can I say, you know should you be doing more, should you be trying harder, should you be, that that that’s that sometimes the feeling yeah, should you be *doing* something about it.

The above extract illustrates how Robyn views reaching the age of 35 as a significant turning point. Her use of the phrase 'way down to 40' indicates that she perceives this as a period which is slipping away from her with a decreasing sense of control. Additionally, the importance of how she is perceived by others is evident in this passage as she refers to how 'people see it'. This and her repeated use of the word 'should' suggest a reference to external expectations in addition to her own preferences. Robyn describes how in the eyes of society, the late thirties is a critical period which requires action to ensure that the opportunity for motherhood is not lost. Robyn's struggle to articulate her thoughts in the latter part of the excerpt indicate that this is an experience she is struggling to conceptualise. There is perhaps a difficulty in distinguishing her own desires from those she perceives to be prevalent in society. This links to the superordinate theme regarding the impact of societal factors and indicates a variety of influences impacting on Robyn's experience of being undecided about motherhood.

Expectations regarding the timing of certain life events appeared to be embedded in the minds of the participants. Most of the participants described long-standing fantasies regarding how life would unfold, which were reconsidered as part of the experience of being undecided about motherhood. This was powerfully described by Barbara:

It's just not something I ever thought to worry about. I was sure that Mr Right would turn up, children would follow and that that my life would take the usual pattern, and I, I remember thinking one day when I was about 38, like hang on a minute... this somehow isn't happening and I was truly shocked. I really had been certain that 'the Gods won't fail me' sort of thing sort of, you know you can trust fate it's not something you have to think about (laughs), it's weird as I don't think like that about any other area of my life.

Barbara's use of phrases such as 'it's not something I ever thought I had to worry about' indicate a complacency, or even a deterministic reasoning that finding a partner and having children would be an inevitable event in the lifespan. The implication from her words is that this would occur naturally and thus would not require deliberation or instigation on her part. These firmly held beliefs were subsequently challenged in her late thirties with the realisation that what she

envisaged had not materialised, culminating in a sense of shock. Her laughter appears to accent this contrast between her previous assumptions and her current circumstances. Barbara's assumptions about Mr Right 'turning up' and life taking 'the usual pattern' suggest that she had an unquestioned image of a conventional life unfolding. However, in her late thirties she became conscious that her reality contradicted this fantasy, and Barbara appeared to reflect on her situation as an awakening to her real world in which, as she stated in other excerpts, she is not only without a partner and child but additionally is undecided as to whether motherhood is something she desires (see 'Changing expectations and sense of self').

Furthermore, Barbara's talk of the 'God's providing' suggest a belief in 'destiny' and a fairytale ending which perhaps originates from popular discourses which girls are exposed to in their developmental years. This manifests in a passivity in relation to this matter, which does not necessarily apply to other areas of her life, a phenomenon common to most of the participants. This raises questions regarding how decisions about motherhood are made, if at all. In this sample of participants, there appears to be a lack of deliberate contemplation regarding this matter in comparison with other areas of decision in women's lives.

However, the participant that differed was Diana, who appeared to have postponed consideration of motherhood while she pursued other objectives.

Diana: No to be honest when I was younger I never really.. thought about having children it was never really something I considered until about the age of 30. I I was very much, it wasn't that I was really ambitious and focused on a career, it wasn't that

Interviewer: mmm

Diana: but I did kind of have a few milestones where I thought I'd like to get my career sorted

Diana's comments indicate more of a conscious reviewing of her priorities during her thirties. Contemplation of the question of whether or not to have children appeared to be deferred while other meaningful goals were pursued. Diana emphasised that this was not due to being career-driven. This can be interpreted as not wanting to be associated with the dichotomy that women who are not seeking motherhood are

focused on their careers, another theme which is considered later in the analysis which focuses on the impact of societal factors.

Participants were convergent in describing how their reflections regarding whether or not to pursue motherhood changed in their thirties. However, they varied in terms of the factors and contexts contributing to their experience. Notwithstanding these differences, an underpinning factor appears to be an awareness that fertility is finite – a further subtheme which emerged from participants' accounts.

### **3.2.2 Awareness of 'a deadline'.**

At the root of this phenomenon appears to be the biological reality of declining fertility in the thirties. All participants describe a conscious awareness of a 'deadline'. Robyn is explicit in highlighting this. In her interview she contrasted consideration of motherhood with other areas of her life such as career and finance. Robyn subsequently described how contemplation of motherhood differs as there is an eventual end to the fertility period:

...in this particular case there's a deadline on it em, and it's and it's looming, you know, and there's nothing you can do to go, the deadline isn't going to be extended because it's your body.

Robyn's descriptions capture her understanding of a physical reality; that there is a point after which there is no longer the capacity for choice. Her use of the word 'looming' suggests that this 'deadline' is experienced as something threatening which is hanging over her. Robyn's narrative conjures up a sense of foreboding, which may mirror what this deadline means to her. Also note the use of the phrase, 'and there's nothing you can do', which conveys a sense of powerlessness and an awareness of an eventual finality. This awareness is shared by Emma:

Yeah I think.. yeah I think it's because er I'm getting older and the clock is ticking and I'm worried that I might go past, you know that stage that I can have children you know, and I'm thinking that maybe I should have children now while I can just in case I cannot later.. em that's the main change I think [...] Don't want to miss the train (laughs).

In the first excerpt, Emma engages with the possibility of resolving this issue by making the decision to have children in order to avoid potential disappointment in the future. This possibility is explored solely in relation to biological factors, as again, there is a very real sense of the temporal factors arising from her narrative. In one instance this is revealed in the metaphor of a ticking clock, which acts as something like a warning. This is revealed further by her second metaphor of ‘missing the train’ which symbolises fertility as a transient stage which, once departed, cannot be reclaimed.

Both the above participants appear to experience contemplation of the end of the fertility period with some measure of disquietude. This also formed part of Linda’s experience:

It just gives me a sense of panic because I’ve never been in a situation where I’ve had to make such a final decision on something with such a very clear deadline hanging over me.

Linda’s extract indicates a sense of alarm both in terms of the end of fertility, and with regard to decision-making about motherhood. The fact that she described a ‘final decision’ demonstrates the meaning of the issue for her, as she clearly adopts the view that there is a point of irreversibility. These factors induce a sense of panic in Linda. Her emphasis on ‘never’ having faced a decision with such finality before again indicates a uniqueness with this issue in comparison to other decision-making processes.

Inherent in participants’ comments is the recognition that in contrast to many other choices, decision-making about motherhood is potentially complicated by the conscious awareness that the decision cannot be postponed indefinitely. The impact of this on the self for participants appeared to be a decreasing sense of agency as this end approaches. As is seen in the next sub-theme, for some participants this prompted contemplation regarding the possibility of future regret.

### 3.2.3 Contemplation of future regret

It has already been shown above that consideration of motherhood has sometimes been suspended, both consciously and unconsciously, by participants. However, ultimately there is a juncture after which decision-making is no longer possible. This has led some participants to contemplate whether having or not having children would be cause for regret in the future. For example:

Diana: whilst at the moment you may have relative kind of, you know you're OK with the decision you're making, but sometimes I do think am I going to regret that in the future

Robyn: I guess one of the things you do worry about more than anything is that if you don't like if you don't, you'll have this intense feeling of regret later, like at the moment, it doesn't feel like it would be the end of the world, but you do you read articles where people say that actually oh, they wish they had, you know, actually if only if only you know and it's all too late, and you worry that you'll feel like that in the future even if you don't feel desperate for children now.

Here, both participants are projecting themselves into the future and speculating about how they could feel if they chose not to have children. Both consider the possibility of future distress in the form of regret. This appears to be felt more acutely by Robyn whose use of words such as 'intense' and 'desperate' suggest significant apprehension about how acute this regret could prove to be. Reference to 'if only' articles detailing women experiencing regret about not having had children contribute to Robyn's concern. It can be seen how both reflect on the possibility of a significant change in their views about motherhood at some point in their future which, as yet they cannot foresee. These fears appear to be underpinned by a sense of uncertainty as it is impossible to predict or control one's future viewpoint.

However, Linda's view diverges from that of the other participants. Regret, she observes, can take a different form:

Linda: I just, I just worry that I'm going to have regrets if I do have kids, what if I don't like being a mother then it's too late, you can't just give your children away, and what if I don't have a maternal instinct, em.. cos people do regret it sometimes. People do make bad decisions and have to live with them and I don't want to be one of those people, but then if I don't have kids am I



going to have regrets about kids for the rest of my life and envy other people around me who have kids?

Whilst some of Linda's reflections mirror those of Diana and Robyn, conversely she contemplates the potential regret of having children – a further irreversible experience. This extract captures the dilemma of being undecided about motherhood as it is punctuated with a theme of 'what if' as Linda engages in fantasies about possible outcomes resulting from different actions. Her narrative suggests she is ambivalent about the idea of motherhood as she contends with co-existing thoughts regarding the possibility of regretting whether she does or does not have children.

The extracts in this subordinate theme collectively reveal how some participants' lived experience of being undecided about motherhood included fantasies regarding future regret once they have passed the stage in the life-course where having children is possible. The way in which participants considered this potential future regret varied, with some focusing specifically on how they could feel if they did not have children, and other participants envisaging possible regret in either case.

The subordinate themes contained in the superordinate theme of 'the significance of age' collectively reveal how participants' lived experience regarding contemplation of motherhood changed in the thirties. Many participants developed an awareness of the time constraints in relation to reproductive capacity and experienced this as cause for concern, particularly when considering the possibility of future regret as to whether or not motherhood is pursued. A further point implicit in some participants' comments was the impact of societal pressures, which add a further angle to the phenomenon. This is the focus of the next superordinate theme.

### **3.3 The impact of societal factors**

Prevalent in participants' accounts of being undecided about motherhood was the significance of society. They largely cited family, friends and the wider influence of the media in their dialogue. Participants' references to these social factors are explored in this superordinate theme to provide a rich portrayal of how these have impacted on their experience. The term 'societal factors' incorporates the various

social systems operating in participants' lives. These were family, friends, peers, popular media such as television and magazines, and the broader discourses inherent in society.

### **3.3.1 Freedom and dilemma for a new generation of women**

Social changes in the twentieth century have produced wider opportunities and greater freedom for women. The analysis finds that although the benefits of this are acknowledged, greater choice has generated particular difficulties as women consider the possibility of motherhood. These difficulties are explored in this subordinate theme.

Two of the participants described how they felt the experience of being undecided about motherhood is unique to this generation due to the broader range of opportunities for women in contemporary society.

Linda: And even it's actually specific to our generation because like I said before, people of my parents' generation they don't understand because there were less choices available to them in life and so a lot of them did settle down and have families because that's just what women did and now there's so much choice and so many different things that you can do in your life that I almost feel like we're the first generation that have this dilemma, em.. and it is a dilemma.

Linda highlights the contrast between past and present generations with increasing choice for women in the roles they adopt. However, she states as women engage with other roles, contemplation of motherhood is often postponed which has led to a new dilemma for this generation. Essentially, whilst women's lives have changed, their reproductive capacity has not. Linda concludes here by emphasising that this *is* a dilemma. There is an insistence in her words here, which suggests that she does not feel this issue is given the prominence it justifies. Barbara echoes Linda's concept of this being a new dilemma:

It's like it was assumed in the past that women wanted to marry and have children but now, yes it's good that we, we have so much choice which is great but it does mean we put the motherhood thing to the back of our mind. So it's like really it's tough as we have a tough dilemma to think through unlike previous generations, which is confusing in itself, never mind the

lovely extras like parents, women who think motherhood is everything, and society like like like.. em like arrows striking me from all directions.

Here Barbara states that women have more opportunities regarding how to live their lives in comparison with previous generations, but this means that contemplation regarding the possibility of having children is postponed. She highlights the benefits of this, but her words suggest that choice and opportunity has brought a complexity to the lives of women who are undecided about motherhood. Again, the term 'dilemma' is used which demonstrates how the ensuing alternatives are viewed as mutually exclusive. There a suggestion of sarcasm in this passage as Barbara highlights the 'lovely extras' which she defines as the views held by parents and other women. This indicates a possible bitterness regarding how other people's values and preferences further complicate an already difficult issue.

Furthermore, Barbara's narrative includes a powerful symbolisation of 'arrows striking from all directions'. Her perception of being undecided about children would appear to include not only her own confusion and indecision, but other 'arrows' in the form of parents, peers and societal discourses. Her use of this symbolisation suggests that she experiences these other influences as invasive and wounding, as potential pain is incited as the arrows pierce. This relates to another emergent theme, that of social pressure and judgement. This theme will be considered next.

### **3.3.2 Social pressure and judgement**

This subordinate theme explores participants experience of being undecided about motherhood in the context of their social world. All but one participant described how social pressure from family, peers and social discourses had a significant impact on their self-concept, and added a sense of confusion to their experience. Participants attributed this to feeling they were negatively perceived in the eyes of others for being undecided about motherhood. The constancy of this pressure from external sources is highlighted by Barbara:

The worst thing by far is the constant pressure from society and em, others like family, and other women in your life. If we don't have 'em we are looked

down and like found wanting as a woman. It's not like we're making this choice for ourselves independent of other factors, I can't imagine what it would be like making this decision in a world where society didn't care either way.

For Barbara, her experience of feeling under pressure from society is the 'worst thing' about being undecided about having children. The phrase 'found wanting' implies a deficit, something not yet achieved in the eyes of society. Indeed, the phrase, 'looked down' invokes the image of being gazed on and scrutinised by a pair of eyes. It could be interpreted from this that Barbara feels this undermines her sense of identity as a woman, and it is interesting to note that she talks collectively of women throughout this passage using 'we' rather than 'I', indicating that this is a shared experience and an injustice against women generally. The final sentence in this excerpt demonstrates that contemplation of motherhood, far from being purely a personal choice, is inextricably linked to the social world. Barbara's words, 'I can't imagine' suggest that it is inconceivable to her that she could consider having children without the complication of existing in a society which appears to be pro-motherhood. Furthermore, her phrase 'if we don't have 'em' perhaps illustrates how she views society as representing children as a possession which one either does or does not have. This appears to trivialise the experience of considering motherhood, as it fails to acknowledge how meaningful and profound this decision can be for women.

The interplay of societal influence and female identity could also be seen cross culturally. Emma is of Greek origin and although she has lived in the UK throughout her adult life she continues to feel significant pressure from her family and friends in Greece. In the interview, she recounted the significance of motherhood in Greek culture:

It's almost unacceptable if not abnormal you know to reach the age of 36 and not have kids, you know marriage and children in the Greek culture.. amongst other things is a is a is a matter of status you know they they just, you're not good enough if you haven't got a marriage and you haven't got kids you know you're not important enough in society you've basically failed.

Emma described Greek culture as more extreme in terms of the prevailing attitudes about motherhood. Essentially, marriage and children are a prerequisite to status and esteem in society. There appears to be a dichotomy in operation whereby conforming to these assumptions about the roles of women results in acceptance whereas non-conformance, for whatever reason, means you are classified as 'abnormal' and have failed in what you are expected to achieve as a woman. Emma's description adds a contributing factor to the experience of being undecided about motherhood, as a consequence of this appears to be non-acceptance in the eyes of Greek society. For Emma, to be unmarried and without children signifies personal inadequacy from which there is no redemption. This implies that contemplation of motherhood can be multi-faceted, involving consideration of factors such as social-standing and identity in addition to the matter of whether pursuit of motherhood accords with personal inclinations. In terms of Emma's background, this also suggests that the experience of perceived pressure regarding motherhood could be transcultural, albeit with variance across different societies.

Feelings of pressure also contributed to Diana's experience of being undecided about having children:

For quite a significant period of time and there was to a degree almost like that feeling of really now I should, you should have kids...but that's a pressure I think I put on myself if I'm honest, I didn't actually really, there is a society pressure there, that is there, but I never really had anyone like family members or friends saying oh when are you going to have kids?

Apparent here is the word 'should' which could be interpreted as anticipation of disapproval from others for not conforming to the norm, rather than consultation of her own desires. Again, there is a shift between 'I should' and 'you should' in her narrative similar to the above extract from Robyn, which suggests vacillation between internal and external points of reference. However, Diana's experience diverged to some extent from other participants. She acknowledged the presence of societal pressure, but explained that she did not experience enquiry from family or peers, seeing the main source of pressure as being within herself.

The perceived judgement from others about being undecided about motherhood appears to be a primary factor contributing to the distress experienced by participants, and it is a theme which emerges frequently. This is strongly captured by Robyn:

Yeah, that's my main issue is other people. I think my main, I mean it is a dilemma in my head and I do think about it, em, but I think a lot of it comes from other people's opinions which I wish I could just get out of my head because I do, I do think people, I always feel like people are judging me harshly, judging me badly.

Again, Robyn cites other people's opinions as being a primary concern. Her words suggest a preoccupation with this as she struggles to detach the opinions of others from her own thinking. It is as though the anticipation and fear of judgement from others about being undecided about motherhood is a regular feature in her mind. Robyn's anguish is apparent in her final sentence in which her description suggests feelings of condemnation, as if her indecision is an offence. This links to the concept of agency and raises the question of the extent to which she feels she is free to choose her own pathway in life, and whether she is able to resist the views she perceives from others.

Once again, Diana marks a departure from the other participants' experiences when she relates how she responds to being asked about children:

...and I think actually I don't have kids, but actually I'm fine with saying, no I don't have kids, I don't get that ooh, you know so yeah I suppose I've mm yeah I've got my head round that.

Diana's narrative here reveals an active voice that is confident and unperturbed about answering questions about this area of her life. Using the word 'actually' could be interpreted as confidence regarding her present circumstances which translates into a self-assured response independent of the views of others, when she is asked about motherhood. Interestingly, her later comment, 'I've got my head round that' indicates that this has not always been the case. It suggests that Diana went through a process of contemplation regarding whether or not to have children before reaching her present state of equanimity. As the oldest participant in the sample, this could

indicate that she has emerged from an introspective process which other participants are still engaged in.

### **3.3.3 Labelling and definition**

A further subordinate theme emanating from this superordinate theme is the concept of being 'labelled', which was raised by three of the participants. All participants expressed frustration at how indecision about motherhood led to them being assigned to other 'categories'. As Emma explains:

Em, I think different people have different perceptions of me, em.. so I I think some people see me as a failure because at the age of 36 I haven't managed to have a family. Em, other people see me as someone who isn't interested, who doesn't want to have children, other people see me as em, somebody who is only interested in her career, em, and make certain assumptions about my lifestyle.

Emma depicts this theme clearly, outlining the various assumptions she has been subject to due to being undecided about children in her late thirties. There appears to be a sense of resentment regarding this, as these 'theories' are conjecture, constructed without knowledge of Emma's circumstances or preferences. The impact is therefore disconcerting, and again there is a sense of injustice emerging from the narrative. The underlying issue here is the implication that the categories to which she feels she is being assigned, that of pursuing a career or not wanting children, are judged as inferior to that of being a mother. A possible interpretation of this is that the role of motherhood is idealised and privileged above other roles for women. Robyn also felt herself to be categorised. She described how whenever she told someone she was undecided about motherhood, they instantly responded that she must be a 'career woman':

Robyn: but I've never thought of myself as that in my entire life.. so em.. so I think sometimes yeah like if you don't have children, and especially if you're single as well, people think you're just sort of climbing the career ladder and that's what, that's what your interest if you, if you if you haven't got children you must therefore by default be.. em, a career woman, and quite hard.

This represents a kind of dualism whereby if you are not in one role, you must by default be in the other, in this case, the role of 'career woman'. Associated with this label are negative traits such as being 'hard' which reflect broader stereotypes pertaining to women in particular roles. Robyn emphasised that this labelling is more pronounced if women are single. These factors collectively suggest that certain assumptions, some of which are negative, are made about women who are single and without children. However, this contradicts Robyn's view of herself. She goes on to describe how she feels when the subject of motherhood arises in conversation and she feels she is being negatively perceived.

Just feel I just well when, when I'm confronted with it it just feels it's quite depressing it's a low feeling really, just that you know you somehow you've come up short. It doesn't matter what else you do in your life, it doesn't matter if you're a good person, em, if you could be the best person ever and do loads of different things and, and help people and do all these sorts of things, but if if you haven't ticked those boxes then somehow you will always be judged negatively, and I think that's as true in today's society as it was back in the 1940's, 50's, without question.

Robyn describes how she experiences feelings of depression when she considers that she is viewed as having 'come up short' in the eyes of others. She reflects that while there are multiples roles and avenues which women can pursue, these are considered of less value than that of motherhood which is seen as the ultimate accomplishment. Robyn described how other qualities and achievements and even being 'the best person ever' are inconsequential if the mother role is not attained. She uses the analogy of ticking a box to illustrate how motherhood is seen as a requirement for women, which, if left unticked renders all other achievements meaningless. It is as if the role of mother eclipses all others. Additionally, the symbolism of 'box-ticking' can be interpreted as reducing motherhood to a simplistic task which women are required to meet. This could be said to undermine the role and the intricacies involved in considering it. Robyn's expression 'without question' and her reference to earlier decades at the end of this passage underscores her conviction in this state of affairs for women. This view is virtually mirrored by Barbara:

I, I just can't believe that when I say I'm not sure about whether or not I want to have children people say like, oh, so you're a career woman, what's that



about, honestly, it's it's it's as if there is no place for just being a woman, if you're not a mum you've aggressively pursued a career instead. Like, can you imagine a man being called a career man (laughs) it is like literally, at this age, you are defined against whether you have children.

Barbara's answer encapsulates the view held by many of the participants that women in their late thirties are defined by whether or not they have children, and assigned to the role of 'career woman' if they do not. The responses she has received when stating that she is undecided about motherhood indicate that there is a dichotomy of 'mother' or 'career woman' with no vision of other life choices. There is a powerful reference to gender within this extract which illustrates the difference between how men and women are classified. Barbara's disbelief and frustration regarding these gender differences are evident from her laughter and fervent description of this. This is perhaps an illustration of how women's roles in society are more rigidly and traditionally defined than men's.

This superordinate theme has explored the impact of social factors for participants undecided about having children. The analysis finds that discourses in society and the reactions of peers and family are a significant influence for women contemplating the subject of motherhood at this age, and adds to the complexity of the situation. Many of the participants refer explicitly to the distress inherent in this phenomenon. This is explored in more depth in the following superordinate theme.

### **3.4 Inner change and affect**

This superordinate theme encapsulates the psychological facet emerging from participants accounts. It focuses on the inner world of each woman, their reflections and contemplations, and the emotional impact of being undecided about having children at this stage in the life span.

#### **3.4.1 Living with tension**

Many of the participants described how the question of whether or not to have children presents tension in their lives. Embedded in this tension are numerous

factors that the participants consider to be contributing to their indecision. This subordinate theme explores these factors.

Each of the participants described an enjoyment and contentment with their lives aside from being undecided about motherhood. This potentially adds confusion to their position as Emma explains:

You know I sometimes even think that I might get postnatal depression if I had a child, because my life would drastically change and I love my lifestyle.

Emma's use of a medical diagnostic term illustrates the extent of her vacillation as she anticipates the experience of having children as compared with her current lifestyle. The overarching concern is derived from recognition of the enormity of the change from a way of life she currently reveres. There is an acknowledgement here that having a child may not only be life-changing, it may be a challenging or even regrettable experience. There appears to be a polarisation in the images she holds of her life now, and her life should she have children, which presents her with a predicament.

This sense of tension was also highlighted by Robyn who described the psychological impact of being divided about whether to pursue motherhood. She stated:

...you don't reach a state of peace, it's not like when you're grieving for something and then you get to the end of it, em, it's actually in some ways it could get worse as the years go by.

Here Robyn distinguishes between grief following an 'ending' as compared with the anguish of an ongoing plight. She suggests an eventual peace associated with a negative but conclusive event which cannot be attained in a situation in which the self is torn between alternatives. This is exacerbated by the prediction that this state could worsen over time rather than reaching resolution, which links to the earlier theme of 'contemplation of future regret'. It is as if she perceives this as a predicament that she will never be free of.

In the above extracts, there is a sense of a divided self as each woman battles with their conflicting desires regarding motherhood. However, in addition to this is the complication of disentangling one's own desires from those of others. This was

explored in the previous superordinate theme, but the relevance of society is seen again here as another factor that contributes to the tension participants described.

As Emma explains:

...I think the main thing for me is that I don't know whether I want to have children because I *really* want to have children because I have this maternal instinct that's kind of coming all over me and I really want to have kids, or it's because other people expect me to have kids and society expects me to have kids and this is the normal thing to do so I I'm not sure which one it is, and this is the most distressing thing.

Here Emma contemplates the question; if I did have children, who would I be having them for? She struggles to identify whether the tension she is experiencing would be based on inclinations located within the self, or to fulfil the expectations and wishes of others. This passage illustrates firstly the power of external forces such as society and family on the self, and secondly the extent of the intertwining of inner desires with societal expectations. On a deeper level this may indicate how a tendency to seek approval and acceptance is a possible cause of tension and can influence decision-making about motherhood. For Emma, the inability to separate inner and outer preferences, and the tension this creates, is the primary source of distress.

This subtheme reveals how some participants have experienced indecision in relation to motherhood as an ongoing tension with possible negative outcomes whichever path one takes. The difficulty is multi-faceted: participants experienced shifting tensions regarding whether the mother role would enhance their life, whether it could be potentially unsatisfactory, and the additional tension of knowing that not having children is frequently problematised in society.

### **3.4.2 Challenged expectations and sense of self**

Participants reported a changing sense of self as they progressed to this stage in the lifespan and felt undecided about the pursuit of motherhood. Their expectations were also challenged as their assumptions regarding how life would develop did not

eventuate. Barbara vividly describes how she never questioned her long-established beliefs that ultimately she would marry and have children.

Like I said a bit earlier...er, I always thought life would unfold into eventual marriage and kids, I never never never gave it a thought that things wouldn't fall into place and now there is the stark reality that that hasn't happened. My like taken for granted images have gone, like, what am I now, I'm single and I still don't know whether motherhood is for me. It's it's like a hard thing to come to terms with seeing yourself differently, or I guess, really to be honest seeing the reality of yourself compared with what you assumed would happen thanks to the fairy tales we were all subjected to (laughs)..and then there was prince charming and ten children and happy ever after.

Here, Barbara recounts her complete conviction that motherhood and marriage would inevitably materialise. It is of note how she repeats the word 'never' demonstrating a complete absence of doubt. Barbara experienced something of a rude awakening when fantasy and supposition were replaced by engagement with reality. Barbara's sense of who she is changed with increasing clarity of her situation, and she was therefore forced to review her self-concept. Her use of the phrase 'coming to terms' indicates that this was a gradual and painful adjustment. Barbara indicates the primary source of her early assumptions with her reference to fairy tales. She infers that these fantasy tales condition our beliefs towards marriage, motherhood and a 'happy ever after' which in reality does not always transpire.

Linda's experience is convergent with Barbara's, who discussed her expectation that she would have clarity at this stage of her life regarding whether or not she wanted to become a mother. She specified the emotions experienced as a consequence of realising this has not occurred:

Quite lonely, so I feel quite lonely and I feel quite low, my mood can feel it can make me feel a bit depressed and a bit anxious and panicky because I think I thought that by my age I would feel quite sure of myself and know what I want and you know people often say that when you get out of your twenties and into your thirties you, as a woman you're more sure of what you want and you know what you want from life and and that's not how I feel.

Linda depicts how her changing sense of her reality is accompanied by a spectrum of emotions such as anxiety, depression and panic. These emotions manifest as a consequence of her uncertainty about her current desires which contrast with her expectation that she would have a clear sense of herself and her aspirations in relation

to motherhood by this age. The discrepancy between the fantasy of knowing what she wants and the reality of being uncertain appears to be quite destabilising for Linda, as the reality represents a derailing of her expectations. Another significant point from the above extract is Linda's reference to feeling 'lonely' which could imply that she perceives herself to be different from women who have clarity regarding the pursuit of motherhood. Linda's final comment, 'that's not how I feel' is a clear statement which suggests she is facing and owning this change in her self-concept, and perhaps accepting that she may never feel certain.

For some participants, a changing sense of self arose from the realisation that in being undecided about motherhood they were diverging from a social group. This became apparent to them through conversations with friends and colleagues of a similar age who discussed their children, and from visiting social media sites. For Linda and Diana this resulted in feelings of exclusion.

Linda: ...I just question who would I be if I'm a woman without children, it's like this club that I can never quite join because you know things like Facebook and social networking sites I see people I used to go to school with that have all got kids and I think should I, you know I'm never going to be quite part of that I'm never going to know how that feels if I don't have kids...

Diana: em, at at times it can feel, em, like you're not part of something, so when you kind of like hear other people of a similar age talking about children and children things...sometimes you can feel a little like em, perhaps left out because you can't, you can't relate.

Linda and Diana both express a feeling of being divided from a group who discuss or have children. The extracts accentuate what it means for them to view themselves as members of a minority group, outside the majority. Diana's experience is one of exclusion when the conversation turns to children as the experience of having children or being decided about motherhood is outside her frame of experience. This is particularly evident from her phrase 'left out' which indicates a lack of affinity with her peers in relation to this subject. Linda uses the analogy of a 'club she can never quite join' again indicating a sense of separation as she experiences herself as being on the periphery of something she cannot fully access. There appears to be a suggestion in her words that this club is something privileged, and that somehow as a

non-member she is not just in the minority group, but the inferior group. Linda also refers to social networking sites from which she makes comparisons of her life to that of her peers. These sites are possibly viewed as a social barometer which serve to reinforce the minority position she judges herself to be in. For Linda, these comparisons lead her to pose the question ‘who would I be if I’m a woman without children?’ as if she is insignificant if she does not fulfil this role. Her identity is irrelevant if she does not become a mother, yet unquestioned if she does. On a broader level the participants’ accounts indicate the power of social comparison on a woman’s sense of self.

### **3.4.3 The emotional impact: experience and management**

Emerging from participants’ accounts of being undecided about motherhood are a range of emotional states such as anxiety, depression and shame. Participants also describe ways in which they seek to manage these emotions when they arise. Emotional reactions in participants are evoked through various situations and events. Barbara depicts how her ambivalence about the question of motherhood impacts on her emotionally:

It is always there somewhere like the anxiety or depression just waiting to be triggered fully, like I don’t want to sound dramatic but it’s like a time-bomb before the next comment or thought or whatever and it’s weird as I often find myself in floods of tears when on a rational level I lean toward it it like not being something I want. It is so much tied to fear of being different I think, of being left or alienated and and it just isn’t a straightforward kind of knowing what you’re upset about.

Barbara describes how emotions such as anxiety and depression are continually simmering and subsequently boil over when triggered by particular thoughts or remarks pertaining to motherhood. She used the metaphor of a time-bomb which symbolises time ticking away prior to another potentially explosive trigger event. This suggests that she regularly anticipates and fears having thoughts or hearing comments which may culminate in an emotional experience. Interestingly, her rational mind contradicts her emotional experience as she states that she may be in ‘floods of tears’ whilst being aware that motherhood is something she leans towards

renouncing. A possible interpretation of this is that she was not aware of what the underlying cause of her distress is, that there are unconscious processes arousing feelings of anxiety and depression. It is possible that she avoids exploring the origins of her emotions for fear of what she will discover.

Robyn also describes how the emotional component of being undecided about motherhood is linked to 'trigger events'. She fears being questioned about the subject due to the feelings this will generate.

Because they might ask something yeah, they might ask something and then yeah and you just know that your feelings will crash through the floor if they, if if you get a funny look or funny comment.

Robyn relates how being questioned or given particular 'looks' in response to her answers culminates in an emotional reaction. She powerfully illustrated her feelings with the metaphor of 'crash through the floor'. This metaphor suggests a complete obliteration of Robyn's mood when the subject of motherhood is raised publicly. This metaphor also implies that she fears exposure, hence wanting to 'crash through the floor'. This raises the possibility that concerns about the pursuit of motherhood are magnified when raised in the social arena. Comments and expressions from others which are interpreted as negative appear to reinforce Robyn's apprehension about the subject.

The intensity of the emotion experienced has led some participants to behave in ways which reduce or prevent the pain generated when the subject of motherhood is raised. Participants describe avoidant behaviour and pretence regarding their situation in order to avert comments from others and evade situations which incite pain. As Barbara states:

I have found myself avoiding stuff that is probably going to erm, spark the issue off or upset me. Like, like an old school friend on Facebook who constantly goes on about the wonders of motherhood to the exclusion of everything else, and you know, I avoid certain people who go on about their kids or who who start the line of inquiry like with a sense of bewilderment about how you could possibly be in any doubt about wanting them. It's like sometimes I just can't be doing with the emotion or having to justify my decision once again. Sad that I have to do this though.

Barbara chooses not to put herself in situations which she knows will ‘spark the issue off’, thereby exerting some control over situations which could prove painful for her. She is therefore actively managing her emotions through changes to her behaviour to avoid further upsetting experiences. Her reference to how people ‘start the line of inquiry’ conjures up images of an investigation in which she is duty-bound to give an account of her propensity for motherhood. For Barbara this appears to be experienced as an obligation to justify herself. Indeed, her phrase regarding justifying her decision ‘once again’ conveys a weariness at the regularity of these ‘inquiries’. Again the role of mother is perceived as being the ‘ultimate’ as Barbara refers to friends who ‘go on about the wonders of motherhood to the exclusion of everything else’. She uses a sarcastic tone here which implies resentment as she contemplates that motherhood is prized above everything, and any doubt regarding its pursuit is met with ‘bewilderment’. This suggests that Barbara questions why her standpoint is not equally valued. This is echoed in her final poignant statement in which she reflects on her avoidant behaviour with sadness. It is as if she is asking why this cannot be otherwise.

Emma also cites a change in her behaviour which takes a different form:

..I’ve caught myself lying, or hiding things from people so for example when when people make the when people make the assumption that I don’t know very well make the assumption that I have kids, because they see photographs of my nephews on my phone for example, and when they make the assumption that these are my own kids, I let them believe that. I don’t say that actually I don’t have kids because I’m ashamed, you know especially when people know my age or roughly my age.

For Emma, distress originates from a feeling of shame that she has not fulfilled the role of motherhood at this stage in her life. This shame has culminated in behaviours such as lying or not correcting people’s assumptions in order to avoid embarrassment and shame. Emma’s comparatively extreme behaviour perhaps reveals the extent to which being a mother is ingrained in women as being a ‘requirement’ or a fundamental part of being a woman. Emma’s actions suggest that she anticipates approval by letting others believe she has children, whereas by correcting them she



could risk disapproval. Also of note is Emma's reference to age which is significant in its implication that she perceives that she would probably be expected to have children at this point in her life. It could be interpreted that by not having fulfilled this expectation, she feels that others will view her negatively.

This theme has explored the inner psychological life of participants, and how their sense of self has been challenged through inextricable links to biological and social influences. The analysis finds that participants' experiences are generally convergent in expressing a significant amount of distress associated with indecision about motherhood at this age. For some, this experience led to avoidance behaviour in an attempt to manage their anxiety. At the end of the interview, some participants outlined some factors which they felt would improve their experience of being undecided about having children. These comments are considered in the discussion chapter.

## **4 Discussion**

### **4.1 Summary of results**

The aim of the research was to understand women's experiences of being undecided about motherhood between the ages of 35 and 40 when fertility levels begin to decline sharply. Three major findings have emerged from the analysis. The first is the significance the participants put on being in their late thirties and being uncertain of whether to pursue the role of motherhood. The experience of being at this age with an awareness of decreasing fertility resulted in feelings of panic and fears regarding the future for some participants. This was complicated by the second major finding – that of societal factors impacting on the participants' experience. The women in the study were united in their enjoyment of their current lifestyles, but found themselves to be entangled in a struggle between managing their own experience of being undecided about motherhood and dealing with the perceived judgement and pressure of family, peers and societal discourses. This experience was reported to be exacerbated by the perceived labelling and categorisation from others as a result of their ambivalence. The third finding from the analysis was the changing sense of self and emotional impact experienced by participants as they attempted to make sense of this 'dilemma'. Broadly speaking, the analysis finds that biological, social and psychological factors reflected in the superordinate themes merge to produce the experience of uncertainty about the pursuit of motherhood. This discussion will examine the findings by integrating them with existing theory and research. The clinical and research implications will also be considered, and limitations of the current study will be discussed.

### **4.2 Comparison with existing research**

One of the most surprising findings from the current study is the extent to which the participants' contemplation of motherhood was influenced by societal factors. The analysis suggested that the role of mother is seen as the ultimate, eclipsing other possible avenues for women. Uncertainty about seeking this role was therefore felt by participants to be problematised and even pathologised. This aligns with feminist literature regarding the concept of motherhood (Rich, 1976; Wager, 2000, Morell,

2000). Rich (1976) for example cites how the role of motherhood is idealised and is considered the central role in a woman's identity superseding all others. When women do not fulfil this role, or in the case of this study are undecided about it, they are labeled and categorised. As Wager's (2000) paper states, women who are without children are frequently viewed as 'selfish' career women, a finding mirrored in this study. This indicates a tendency in society to default to a dichotomy where if women are not mothers, they must be focused on their careers. The above authors present theoretical feminist perspectives in their papers, in which the privileged role of motherhood is spoken about generally. What this study adds is the real voices of women who describe the very prejudice these feminist papers suggest, showing how uncertainty about motherhood is problematised in society.

Furthermore, most participants described feeling under pressure from family, peers and media influences to seek the role of mother. This pressure was highlighted by many participants as being the most distressing factor in their experience of being undecided about motherhood. A discursive study by Ulrich and Weatherall (2000) which analysed interviews with women who had wanted children but experienced difficulty serves to illuminate the responses from participants in the current study. Although their study focused on childless women who wanted children, their findings illustrate how through societal discourses, motherhood is constructed as 'completeness' for women resulting in pressure to fulfil this role. Ulrich and Weatherall suggest positive decision-making as an alternative discourse which empowers women to choose for themselves. Aspects of this study mirror the current research despite the difference in focus. Many participants felt pressure from family, peers and wider society to be a threat to their sense of agency as they feared disapproval if they questioned the idea of pursuing motherhood. The analysis also found that this pressure adds a further complication for women contemplating the role of mother due to the difficulty of separating societal pressure from their inner desires. Whilst Ulrich and Weatherall's study demonstrates how prevailing attitudes about motherhood stigmatise childless women, the current study extends this by demonstrating that societal discourses impact on women's experience even at a contemplative stage. This perhaps shows the extent to which dominant discourses about motherhood have resulted in women's identity being bracketed with motherhood.

Whereas the feminist literature has highlighted the impact of societal discourse, psychoanalytic papers have emphasised the unconscious factors and internal conflicts which can impact on women who are undecided about motherhood. A paper by Kalinich (1989) has a similar focus to the current research and highlights the challenge for analysts who encounter clients who are childless, single and at an age where fertility is declining. However, as suggested in the literature review, this application of psychodynamic processes to this phenomenon tend to locate the cause of distress within the individual without considering the broader trends in society and the impact of family, peers and dominant discourses. Indeed, the psychoanalyst Ireland (1993) challenged the classic psychodynamic view of women and argued for an identity of ‘completeness’ for women whether or not they have children. The rationale for the current study and research method used was to allow women to talk freely about their indecision about motherhood to allow their lived experiences to be voiced without applying an existing framework to explain their narrative. Thus, the current study has highlighted the inter-relatedness of biological, psychological and social factors as contributing factors to the ambivalence some women feel about pursuing the role of mother.

However, a key finding of the current study was that participants held assumptions that their life would follow the traditional trajectory of marriage and motherhood. Consequently, the question of whether or not to seek motherhood was not consciously examined until participants reached the stage in the life-course where they were confronted with the biological reality that fertility was of limited duration. The complacency resulting from fantasies of life unfolding in the conventional way was replaced by shock when participants’ reality contradicted the fantasy, and additionally they found themselves questioning whether motherhood was actually something they wanted to pursue. This links to Chodorow’s (2003) suggestion that many women hold a fantasy that there is no biological clock in part due to a society in which longer life, new opportunities for women and a range of fertility treatments are seen. Whilst the fantasy proposed by Chodorow differs from what the women in the current study describe, the unconscious belief of unlimited time and the assumption of events working out neatly at some future point is common to both Chodorow’s contentions and the current study. Chodorow focuses on assisting women who are distressed once the fecundity period has ended. However, the current study indicates that some

women become aware of the finite period of fertility at a point where it is still possible to consciously consider their desires and options regarding motherhood, thereby potentially preventing future distress.

In the literature, the link between childlessness and psychological well-being has been investigated (Morrell, 2000, Jeffries and Konnet, 2002). These studies reported that women who chose not to have children often experienced a sense of freedom and felt only occasional concern rather than regret about their decision. The above studies focus on women who have already been through the decision-making process regarding whether or not to have children. However, for the women in the current study who are still undecided, fear of regret emerged as a significant concern. This appears to be due to the irreversibility of the decision at a specific point in the future, after which the possibility of motherhood ceases. This study therefore highlights how decision-making about motherhood is perhaps a comparatively unique decision to many other decisions made throughout the life course as a result of the time-bound element. Furthermore, the current study aligns with the above studies in its suggestion that decision-making about motherhood is prevented from being a predominantly autonomous decision due to the pronatalist discourses in society. For Morrell, women without children are seen to be deficient as opposed to having made a choice. The participants in this study are united in their awareness of these discourses and their prediction that they will be cast in a negative light if they do not fulfil the traditional component of female identity; that of becoming a mother. What this calls for is an appreciation of the intricacy of decision-making regarding motherhood, and a re-examination of discourses surrounding female identity and autonomy.

Also of note in relation to societal discourses are the cultural narratives women draw on regarding the timing of motherhood (Sevon, 2005, Woollett and Boyle, 2000). Sevon's interviews with women at various stages of pregnancy indicated that women drew on social narratives in discussing the ideal age to commence motherhood. These studies further highlight how dominant discourses can impact on women's consideration of motherhood. However, the focus is on women in secure relationships at an earlier stage in their reproductive life and therefore do not consider the experiences of women at a critical point in their fecundity period, or women who do not have a partner. In the current research, participants described an acute awareness of their age and the corresponding decline in fertility, an awareness which

was frequently reinforced by family and peers as well as prevalent discourses communicated through the media. Thus, although this research found similarities in terms of drawing on narratives and an awareness of age, the findings of this research differ by showing how an awareness of the ideal timing of motherhood can fuel anxiety as women approach or pass this point in time. Some participants in the current study also refer to their expectation that they would be in a secure relationship at this stage in the life-span, the absence of which adds to their uncertainty. The contrast between how participants make sense of their current reality against a backdrop of idealist constructions regarding the circumstances and age at which to commence motherhood may explain the distress experienced by some participants.

There are few outright commonalities between participants in this study. However, most referred to the experience of being undecided about motherhood as a dilemma with some negative emotional consequences. The experience of being torn between two alternatives was repeatedly described by participants as generating ongoing anguish. This was exacerbated by the prediction that non-pursuit of the role of mother may culminate in regret at some point in the future. Hence, the dilemma of being undecided about motherhood was experienced by most participants as a painful, ongoing event in their lives. Participants concerns regarding future regret may not be without foundation. Beets (1996) reported that childlessness occurring as a result of delaying decision-making is particularly traumatic. Distress following childlessness as a result of delaying motherhood may be more common than has been acknowledged in the literature. This view was put forward by Rowland (2007), who questioned the extent to which literature regarding childlessness examines the real issue, and suggested that many participants in these studies experienced childlessness as a consequence of delaying motherhood rather than a conscious decision not to have children. This suggests that by living with the dilemma and delaying the process of consideration of motherhood, women could unintentionally find themselves on the path to childlessness which may or may not prove to be the right decision for them. This reinforces the case for raising awareness of this potential issue for women, and assisting those who are experiencing this phenomenon as a distressing event.

Several participants spoke of the emotional impact of being undecided about motherhood. They described experiencing emotional states such as depression and anxiety in response to 'triggers' such as their own thoughts, conversations with peers

and media events. This highlights an important point which is rarely considered in the literature, that there is potentially a high level of distress associated with uncertainty about motherhood in the face of declining fertility. Participants reported being subjected to regular reminders regarding their 'biological clock' from the media and through discourse with peers, which they experienced as an unnecessary reminder which is discussed pragmatically without appreciation of how complex and personal the matter is. This is seen to some extent in the literature in which models have been developed by researchers to assist with the decision-making process of whether and when to have children (eg Keeney & Vernick, 2007, Heckhuasen, Wrosch and Fleeson, 2001). These models attempt to reconcile familial, social and professional factors against women's fertility levels in order to identify optimum periods to conceive. Whilst these models aim to assist women with timing motherhood and specify the consequences of delay, as suggested in the literature review chapter, they reduce the experience of decision-making about motherhood to a simplistic formula which fails to take account of some particulars of a woman's life such as their partner-status and economic state. In addition, they do not consider the significance of emotional factors which can accompany the decision-making process. Whilst it is acknowledged that this is not the aim of these models, what the current study offers is insight into the intricacies of decision-making about motherhood and the possible apprehension and confusion associated with the phenomenon. Participants in the current study were united in describing how their life has unfolded in ways which did not accord with their expectations, and experienced shock when a conventional life of finding a partner and wanting children did not occur. The current research suggests that women's experience of contemplating motherhood can sometimes be reduced, in the literature and in society generally, to singular or simplistic factors without consideration of the unique circumstances and emotional experiences of the women concerned. The current study indicates how this can be an alienating experience for women in which their particular needs and concerns are not understood or addressed.

This section of the discussion has outlined some of the significant findings of the current research and how they relate to the existing literature in the field. A key finding is that for some women, the experience of being undecided about having children is a complex and emotional experience. Therefore, the following section

examines the implications for Counselling Psychologists working with women who seek help with this phenomenon.

### **4.3 Implications for practice**

The original finding of this research is that decision-making about motherhood in the late thirties, far from being a straightforward choice, can prove to be a complex interplay of many different issues. Furthermore, the research has revealed that the desire for motherhood is not a dichotomous yes or no. It is multi-faceted, often drawing a woman in different directions due to the many different and often conflicting influences.

This research aims to inform Counselling Psychologists, and clinicians and professionals in the broader medical field by suggesting new insights and perspectives regarding how women experience uncertainty about pursuing motherhood based on the findings in the analysis. Suggestions are therefore made below as to how these insights might be translated into practice to assist women who are living with this experience.

The women in this study were asked explicitly at the end of the interview what they felt would improve their experience of being undecided about motherhood. Some participants suggested that counselling which involves unravelling the influence of society from personal aspirations in order to establish one's own position regarding motherhood may serve to reduce anxiety and move towards some form of resolution. Taking a conscious, analytical approach to uncertainty about motherhood was suggested by Meyers (2001) who emphasised how important it is to become aware of the decision-making process regarding motherhood as this has direct consequences for a woman's social, economic and psychological experiences. She argued for the development of agentic skills which would facilitate clarification of women's true desires regarding whether or not to seek motherhood. Meyers refers specifically to 'postponers' who have not engaged in a conscious consideration of their feelings about motherhood, a point which is discussed above.

This suggestion mirrors a theme which emerged from the analysis in the current study pertaining to counselling and guidance. One participant found that the very prejudices



with which she perceived herself to be facing were reinforced by her counselor. There are clear implications for practice here as being subjected to the same assumptions and prejudices at the hand of professionals as some women have had in their personal lives could exacerbate the issue and leave them feeling isolated in their experience. It is therefore essential that psychologists and other parties who women may seek help from are aware of the biases that women who are undecided about motherhood may be exposed to. Furthermore, there is limited literature in relation to the subject of consideration of motherhood, but a fair proportion of what does exist originates from the medical field. This literature generally focuses exclusively on biological elements such as tracking the decline in fertility with little focus on how this manifests at an emotional level. This approach possibly influences practice in the medical field and indeed some participants expressed frustration at how their indecision about motherhood was discussed by medical professionals without reference to emotional support or personal aspirations. Some participants expressed their dismay at having their physical state discussed clinically without any reference to their personal circumstances or perspective. Again, participants' descriptions indicate a need for an integrated approach, in this case encompassing psychological and physical aspects when discussing the possibility of motherhood. An approach such as this could also prove useful in directing women towards the right form of assistance, should they need it, on the basis of a more holistic assessment of their needs.

#### **4.4 Guidance for Counselling Psychologists working with women who are undecided about motherhood in the face of declining fertility**

As discussed throughout, although the analysis of this study found that the experience of being undecided about motherhood can sometimes be a distressing experience, this will not be the case for all women of this age who are uncertain about motherhood. However, a major reason for exploring this field of research was due to a significant amount of women presenting to me in therapy with difficulties in relation to this issue (as is discussed in the reflexivity statement). Therefore, how can the results of this study contribute to knowledge and practice in Counselling Psychology?

At the heart of Counselling Psychology is the premise that it is the relationship between client and therapist that provides the vehicle of change and empowerment (Strawbridge & Woolfe, 2010). The analysis found that participants were subject to attitudes in their familial and social circles which were suggestive of motherhood being the ideal state. This compounded their distress as some participants experienced this as isolating and that they were somehow 'less than'. Therefore, therapeutic intervention needs to start with a therapeutic alliance in which the woman's indecision and experience are respected and validated. As Counselling Psychologists, we must consider reflexivity regarding the attitudes we ourselves hold, and how our ensuing discourse could either empower clients, or perpetuate the experience of feeling marginalised. Indeed, some participants felt that they were viewed as inferior or unnatural for not feeling certain about the pursuit of motherhood. A therapeutic alliance rooted in acceptance and respect for the unique world of the client could facilitate de-pathologisation of the experience.

The women in the sample referred frequently to discourses in society which privilege motherhood and culminate in a feeling of pressure. Counselling Psychology philosophy views the individual as inextricably linked to their wider social context rather than locating distress within the individual. This philosophy is important in assisting women who feel under pressure to have children. In order to accept uncertainty or arrive at a decision regarding motherhood, Counselling Psychologists need to hold an awareness of the influence of the social world and help women to recognise and attempt to separate discourses which are influencing them and consider these in relation to their own individual desires. This would help them to resist societal discourses and pressure to pursue a course which is meaningful and right for them.

One of the themes emerging from the analysis was a fear of future regret. It could prove beneficial in Counselling Psychology practice therefore, to explore what having children means to the client. Exploring the area of uncertainty could mean deciding on action to potentially prevent regret in the future, such as by freezing eggs. Exploration could also take the form of considering alternatives to having biological children when fertility declines. Discussing other means of having children, whether this comes as a result of a definite decision made or whether to explore other potential

paths, could prove empowering and enlightening by opening up other avenues of choice which may not previously have been considered or were discounted.

The experience of being undecided about children was experienced by some participants as a stage in their lives in which they felt disempowered due to the pressure they felt from others and their own confusion. It appeared to challenge their sense of agency with some participants stating that this pressure was unique and unlike any other decision facing them due to the complication of biological and social factors. The practice of Counselling Psychology involves encouraging a sense of agency in clients, in order to empower them to make choices and resist pressure and find the right path for them. Exploring the barriers to agency perceived by the client is essential to assist them in feeling empowered to find peace and meaning in their experience. This empowerment could take the form of making a decision, renegotiating their sense of identity, or finding the experience of being undecided one that can be borne.

The aim of therapeutic intervention is not necessarily about resolution and arriving a decision. Indeed, the research has shown how multi-layered the phenomenon can be for some women. The aim of therapy, therefore, should be to assist women in understanding the various influences and pressures to which they are subjected, and to acknowledge the complexity of the issue. This can also involve facing the idea that future regret is a possibility, to accept uncertainty, and to be able to 'sit with' the difficult feelings and learn that they can bear the conflict. Practice can also help women to clarify their situation and feelings, and facilitate an exploration of what they truly desire. Exploration within the therapeutic alliance may not mean absolute clarity or arriving at a decision, but instead enable the client to better understand the conflict, to be realistic regarding the pressures that exist, and to be able to manage these so that the experience is less painful.

#### **4.5 Reflexivity, limitations and directions for future research**

This section outlines my reflexivity during and on completion of the research, and identifies the biases I held and how this has potentially influenced the results. It also considers the limitations of the study, and indicates directions for future research.

Although I was aware on a personal and professional level of the discourse and external pressure which could impact on women contemplating motherhood, my initial standpoint was that this would be less significant than individual preference and the awareness of decreasing fertility levels from the mid-thirties. However, this focus changed during the data-collection and analysis stages as I heard and considered the participants' description of significant familial and societal pressure. I felt somewhat defensive on behalf of women experiencing this pressure, believing this to be an impediment to women seeking to make decisions in accordance with their true desires. I acknowledge that my use of 'epoche' in an attempt to bracket my own reactions to the research has limitations, and that my bias may have led me to privilege extracts pertaining to this theme. However, I took rigorous steps (outlined in section 2.3.6 Validity) to ensure my interpretation was as closely aligned as possible to the voices of my participants.

With regard to the literature review, I did not initially consider research regarding identification with one's own mother. A subsequent review of some of the psychodynamic literature revealed that identification with the mother can be a potent factor in the decision-making process (see section 1.3.2) and it may have provided insight had a question been included regarding the participants' relationship with their mother in the interview schedule. This was omitted as I felt exploration of identification with the mother would be better suited to a psychodynamically focused study. However, for some participants, the mother-daughter relationship may have been a significant contribution to indecision, therefore future research may benefit from including such an angle.

In relation to the research method, IPA as a qualitative research method has the limitation of offering one interpretation of the data through the lens of the researcher, and according to a particular epistemological stance. As Willig (2012, p. 165) states, 'it is essential that we remember the act of interpretation is both a responsibility and a privilege'. Although the analysis has been supported by extracts to strengthen its validity (Smith, 2009) the act of interpretation constitutes a construction from the view of the researcher viewed through an Interpretative Phenomenological Analysis lens.

Furthermore, IPA appeared to be an effective method of inquiry due to the newness of this area of investigation. However, the small number of participants means that the findings of the study are limited to the participants involved in the study, and the proposals made are reflective of this sample. This means the findings cannot be generalised to other populations and it is necessary to examine the extent to which the results apply to other groups or the wider population of women in their late thirties who are undecided about motherhood.

It should also be considered that this study may have attracted participants who were experiencing confusion or distress regarding being undecided about motherhood and welcomed the opportunity to discuss this, thereby unwittingly omitting women who meet the inclusion criteria but do not experience this as a significant phase in the life-course or who embrace choices regarding motherhood. This could result in an analysis based on a sample of participants who are experiencing difficulty in relation to their indecision, which may therefore distort the phenomenon under investigation by presenting it as more problematic and distressing than it is generally experienced by women. This is one possible limitation of the 'snowballing' technique as a strategy for securing participants. Furthermore, by adopting this method, one of the participants included (Emma) was a friend who had knowledge of my ideas about the study. It could be argued that her knowledge of this could have biased her answers rather than producing a spontaneous and untainted account of her own. Additionally, there is the possible issue of being a stimulus myself as a woman of a similar age to my participants. This raises the question of whether they had expectations regarding what I was expecting them to describe, which may have influenced their contribution.

A further point of interest in the current study was that the matter of not having a partner when contemplating uncertainty about motherhood was hardly raised by participants. A possible reason for this is that if the participants were decided about motherhood, they would probably have taken some action in terms of seeking a partner or an alternative route to becoming a mother. I eliminated women with partners from the study as I considered that this would add another dimension to the study which was worthy of research in its own right. However, a question regarding whether absence of a partner was a factor in being undecided may have been illuminating, and further research could consider how the absence or presence of a secure relationship has an impact on decision-making about motherhood. The current

study has demonstrated that qualitative research can produce insightful angles in relation to this topic, therefore research into this area could build on the results of this study and explore whether having a partner increases or reduces the impact of societal influences on decision-making about motherhood, especially given the significant impact of societal factors on women undecided about motherhood found in this study.

This study took a heteronormative stance, examining the experience of heterosexual women in relation to contemplation of motherhood which has limitations in terms of understanding how this is experienced by gay people or same-sex couples. It could be valuable to investigate from the perspective of people who identify as being in this group given that these are sometimes marginalised groups in society and there is little research investigating their experience. Additionally, the experiences of women from different cultures could be examined. The Greek participant, Emma, described more stigma and anguish in relation to family expectations than the other participants. This could have exaggerated the results of some of the themes in this study. However it also highlights how women's experience of this phenomenon could vary significantly cross-culturally and is therefore worthy of research.

#### **4.6 Concluding remarks**

This research is an original contribution to a field which lacks a substantial research base. In this study I have proposed that there is a lack of literature regarding women who are undecided about motherhood in the late thirties when fertility declines, and the existing literature tends to be focused through a particular lens such as feminist and medical discourses. Additionally, much of the literature is theoretical and so lacks the voice of women encountering this experience. The current study has employed IPA as a research method specifically to explore how women make sense of this phenomenon and to allow the lived experiences of women to emerge. The analysis has highlighted the multi-faceted nature that some women experience which encompasses the interweaving of biological, social and psychological factors which can create a complex and confusing experience. The themes emerging from the analysis also provide insight not only regarding how women may experience uncertainty about motherhood at this stage in the life-span, but how this may be explored by Counselling Psychologists to provide support and empower women who

are finding this uncertainty difficult. Due to the relatively new focus of this study, further suggestions for research have been proposed to continue to develop the knowledge base.

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## **APPENDICES**

**APPENDIX A - Participant Information Sheet**

**APPENDIX B - Consent Form**

**APPENDIX C - Interview Schedule**

**APPENDIX D - Distress Protocol**

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## Appendix A

### PARTICIPANT INFORMATION SHEET

Title of study: *An IPA exploration of women's experiences of being undecided about motherhood in the late thirties.*

You are invited to participate in a research study. I am a trainee Counselling Psychologist at London Metropolitan University and I am currently carrying out research regarding women's experiences of being undecided about having children. I am particularly interested in how women feel about this at a particular age-span. For this reason, the study will focus on women between the ages of 35 and 40. This is an area which has not been researched in depth, and my hope is that this study will provide a better insight into how women experience being undecided about having children at this stage in their lives.

You will be provided with an opportunity to discuss how you view and experience this aspect of your life. I am interested in exploring any common themes or issues that arise from participant's interviews. The interview will last for approximately one hour, and will be recorded. The data will then be used for this research project.

To be included in this study, you will need to be:

- \* Aged between 35 and 40
- \* Currently have no biological children of your own
- \* Be undecided as to whether you would like to you're your own biological children
- \* Have no medical reason that you know of which would prevent you from having children
- \* Heterosexual, and not currently in a relationship

Before you decide to participate it is important to understand that interviews of this nature could potentially evoke difficult thoughts and feelings. It is therefore imperative that you take time to consider whether or not you wish to take part. At the end of the interview, there will be an opportunity to discuss the project, and your reflections and feelings about the interview. You will also be provided with information of sources of support.

Participation is voluntary, and you can withdraw from the study without giving any reason why up to two weeks after the interview date. This means that none of the information you have provided will be used in the study. Interviews will be audio recorded and a pseudonym will be used throughout the interview. Due to the study forming part of a doctoral training programme, the research supervisory team may have access to your data. Excerpts from the interview may be used within the final

study. All data will be anonymous, and securely held in a locked filing cabinet. After a five year period, the recordings will be destroyed.

If you decide to take part in the study, you will be requested to complete a consent form. I will then arrange a time and location which is convenient for you to take part in the interview.

Thank you for your time and consideration. If you would like to contact me about this project, please email me at [REDACTED] or telephone me on [REDACTED]. You can also email my academic supervisor, Anna Butcher at [REDACTED]. I look forward to hearing from you.

## Appendix B

### **CONSENT FORM**

#### **Title of study: An IPA exploration of women's experiences of being undecided about motherhood in the late thirties.**

The purpose of the consent form is to ensure you understand the procedure of this research, to ensure that you are aware of your rights as a participant, and to confirm that you wish to take part in the study.

In this interview you will be asked a number of questions regarding your experiences in relation to the above topic.

- I understand that I will be asked a number of questions in an audiotaped interview. This interview will be transcribed for data analysis purposes.
- I understand that the information I provide will be kept anonymous. A pseudonym will be used for the digital voice recording, and my name will not feature in the results of the study, however excerpts from the interview may be used within the final study.
- Due to the study forming part of a doctoral training programme, the research supervisory team may have access to your data. All data will be held in a locked filing cabinet, and will be destroyed after five years.
- I understand that confidentiality would need to be breached if I am believed to be putting myself or others at risk of harm.
- I understand that my participation in this study is entirely voluntary, and I am free to withdraw from the study for up to two weeks after the interview, without giving any reason for doing so.
- I understand that it is possible that interviews of this nature may trigger difficult thoughts and feelings. I will be given the opportunity to discuss this at the end of the interview, and will also be given a sheet with information regarding sources of support for use following the interview if required.



- I understand that I have the right to ask questions at any time, and do not have to answer any questions within the interview which I do not wish to answer.
- I consent to take part in the research interview.

Signature of participant:

Signature of researcher:

Print name:

Print name:

Date:

Date:

## Appendix C

# INTERVIEW SCHEDULE

### Questions

1. Can you tell me how it feels for you being undecided about having children?

Possible prompts: What is that like for you? What does it mean to you? What does it feel like?

2. Can you tell me how much you think about whether or not you might like to have your own children?

Possible prompts: how long do you spend thinking about it? What effect does it have on you when you think about it? Could you share an example of a particular time?

3. Can you tell me about a recent time when you have thought about having the possibility of having children?

Prompts: What made you think about it? What were your thoughts? How did it make you feel? How did you cope (if applicable).

4. Can you tell me if there have been any changes over the last few years regarding how you feel about having children?

Possible prompts: What was your experience then compared to now? How much more or less do you feel about that now? What feels different now? How has your perspective developed?

5. There are sometimes articles in papers and magazines, which talk about how the late thirties can be an important time in a woman's life as fertility levels start to decline. Can you tell me how you feel when you see articles like this?

Possible prompts: Can you give me an example? What is it about the article that makes you feel like that? What is that like for you?

6. Can you tell me what it is like for you living in this particular culture and being undecided about children?

Possible prompts: Is it something you discuss with others? Have other people voiced opinions about it? What did you feel about that? What if anything, has an influence on how you feel?

7. Can you describe whether being undecided about having children has any bearing on your experience of relationships with other people?

Possible prompts: What effect does that have on you? What is that experience like for you? How does that make you feel?

8. Can you tell me how being undecided about having children has affected the way you feel about yourself and your life?

Possible prompts: What does that mean to you? In what way has it affected you? How does it make you feel about yourself?

9. What, if anything, would you like to happen about this situation of being undecided about having children?

Possible prompts: Would you like your experience to change in any way? What would you like to happen?

10. Is there anything else you wish to add that I haven't asked?

Possible prompts: Is there anything you feel hasn't been covered? Is there anything else that feels important to you?

## Appendix D

# **DISTRESS PROTOCOL**

Devised by Dr Chris Cocking, Chair, Psychology Research Ethics Review Panel.

## **Protocol to follow if participants become distressed during participation :**

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in our research into PTSD, as some by definition will already be suffering from psychological trauma as a result of their previous experiences. There follows below a three step protocol detailing signs of distress that the researchers will look out for, as well as action to take at each stage. The PI (Chris Cocking) is a grade 5 qualified Mental Health Nurse registered with the NMC, and so has experience in monitoring and managing situations where distress occurs. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. This is because most of the participants with PTSD will be approached through contacts in professional services and so there will usually be an existing structure set up to deal with extreme distress which professionals can implement. However it is included in the protocol, in case of emergencies where such professionals cannot be reached in time.

### **Mild distress:**

#### **Signs to look out for:**

- 1) Tearfulness
- 2) Voice becomes choked with emotion/ difficulty speaking
- 3) Participant becomes distracted/ restless

#### **Action to take:**

- 1) Ask participant if they are happy to continue
- 2) Offer them time to pause and compose themselves
- 3) Remind them they can stop at any time they wish if they become too distressed

### **Severe distress:**

#### **Signs to look out for:**

- 1) Uncontrolled crying/ wailing, inability to talk coherently
- 2) Panic attack- e.g. hyperventilation, shaking, fear of impending heart attack
- 3) Intrusive thoughts of the traumatic event- e.g. flashbacks

**Action to take:**

- 1) The researcher will intervene to terminate the interview/experiment.
- 2) The debrief will begin immediately
- 3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
- 4) The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to abnormal events and that most people recover from PTSD
- 5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
- 6) Details of counselling/therapeutic services available will be offered to participants

**Extreme distress:**

**Signs to look out for:**

- 1) Severe agitation and possible verbal or physical aggression
- 2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

**Action to take:**

- 1) Maintain safety of participant and researcher
- 2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.
- 3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
- 4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

## Appendix E

### **DEBRIEF FORM**

Thank you for taking part in this research. This debriefing is given as an opportunity for you to ask any questions you may have about the study and your reactions to the interview.

The purpose of this study is to understand how women experience being undecided about having biological children of their own. There is much literature in medical and public literature which indicates that fertility levels begin to fall from the age of 35, therefore I am also interested in hearing about how women experience feeling undecided about having children at this stage in their lives. As this is an area which has not been researched in depth, it is hoped that this study will provide an understanding of this topic.

If you have any questions about the study, the interview or you would like to know the outcome of the study, please contact me. If you wish to withdraw from the study, please do so within two weeks of the interview date as it may not be possible at a later stage. My email address is [REDACTED] and my telephone number is [REDACTED].

As previously stated, the information which you provide will be kept anonymous. A pseudonym will be used for the digital voice recording, and your name will not be used in the results. However excerpts from the interview may be used in the final written study.

If you have any concerns or complaints regarding this study, or any aspect of the way you have been treated during the process, please email the academic supervisor; Anna Butcher at [REDACTED] or telephone [REDACTED].

Participants sometimes find that difficult feelings or thoughts are raised during interviews. If taking part in this study has resulted in any distress or anxiety, there are many agencies that can provide support. These are detailed on the next page.

## SOURCES OF SUPPORT

### HELPLINES

#### Samaritans

A 24 hour helpline.

[jo@samaritans.org.uk](mailto:jo@samaritans.org.uk)

08457 909090

#### Women's Health Concern

Medical experts who provide information and reassurance regarding reproductivity and general wellbeing issues.

[www.womens-health-concern.org](http://www.womens-health-concern.org)

0845 123 2319

### COUNSELLING

#### Mind

This agency provides counselling services and a confidential helpline.

[www.mind.org.uk](http://www.mind.org.uk)

0208 519 2122

#### The British Psychological Society

Provides details of qualified psychologists using a range of methods and approaches.

[www.bps.org.uk](http://www.bps.org.uk)

0116 254 9568

#### British Association for Counselling and Psychotherapy (BACP)

Provides details of qualified counsellors and psychotherapists.

[www.bacp.co.uk](http://www.bacp.co.uk)

0870 443 5252

YOU MAY ALSO CONTACT YOUR GP IN ORDER TO ACCESS FREE COUNSELLING AND PSYCHOLOGICAL SUPPORT

Appendix F

**EXAMPLE OF IPA LEFT AND RIGHT HAND CODING**

**Example of Developing Emergent Themes – Robyn**

Exploratory comments	Original transcript	Emergent themes
<p>Speaks of a void</p> <p>Not fulfilled something</p> <p>Reference to other people</p> <p>Raises expectations right at the beginning of the interview</p> <p><i>Very reflective, looking away, recalling 'erm'</i></p> <p>Comparison with others, isolated if not conforming?</p> <p><u>Dilemma – 1) expectations 2) age 3) inferior to others</u></p> <p>Refers to her own indecision for the first time....</p>	<p>I1: OK, so firstly can you tell me a bit about how it feels for you to be undecided about having children?</p> <p>P1: Erm, in terms of not having children now, there is a feeling sometimes that like, something's missing, like you've you've not fulfilled something, erm, that other people your age have sorted rounded the circle, and and they've done what's expected of them and everything's complete, and that you're sort of in some ways em, missing something so it so it so it feels like a dilemma, it feels like it feels like it can make you anxious, it makes you worry because you see this, you know, you're in your late thirties, em, and you feel different from other people that you see.. em, who've got all settled down, so it becomes like a big issue in your life.</p> <p>I2: OK</p> <p>P2: it becomes like a dilemma</p> <p>I3: OK, when you say dilemma, what do you mean by that, what does that feel like, that dilemma?</p> <p>P3: (pauses) em, it just yeah it feels like something undecided, it feels like something that hasn't been resolved because in some ways you feel that sort of pressure from everybody around you, and,</p>	<p>Societal expectations</p> <p>Indecision as a dilemma?</p> <p>Emotional experience</p> <p>Thirties as a significant age</p> <p>Own desires V expectations in society</p> <p>Societal pressure</p>



<p>...pressure from society again</p> <p>Early conditioning</p> <p>Becomes unclear in her narrative here</p> <p>Emphasises “do feel”</p> <p>States that it is not the right thing for her which suggests quite confident in her conviction but swung by pressures?</p> <p>Anxiety not indecision itself, but the fact that she is torn.</p> <p>Projects into the future with concern that anxiety will <i>increase</i>.</p> <p>Feels that resolution is not possible – because her sense of agency is intertwined with societal expectations?</p> <p>Again projection into the</p>	<p>and from society, the way you’ve been brought up, you know, everybody expects you to do that since you were a child, em, and then you, but you’re not, so you just, but, and there are certain reasons why you might feel, and I do feel that actually it’s not the right thing for me, so you’re torn in two different directions, that’s how it feels sometimes</p> <p>I4: right</p> <p>P4: like you’re torn, and so you erm, and that’s what causes the anxiety and it doesn’t seem to resolve itself, that’s the feeling, like it doesn’t resolve itself.</p> <p>I5: OK</p> <p>P5: That you don’t reach a state of peace, it’s not like when you’re grieving for something and then you get to the end of it, em, it’s actually in some ways it could get worse as the years go by.</p> <p>I6: OK, OK, em, can you tell me how much you actually think about whether you might like to have children of your own, or, whether you might not like to have children of your own, how often does that</p> <p>P6: em, I must admit on a day to day basis, life is such a whirl that I don’t em, don’t think about it as such, em apart from if something prompts me like somebody announces at work that they have they’re pregnant or something like that,</p> <p>I7: right</p> <p>P7: What I do find is that I wake up in the night sometimes, and I, I</p>	<p>Divided self</p> <p>Ongoing dilemma</p> <p>Anticipation of regret</p>
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<p>future. Anxiety wakes her as she does not know what route to take.</p> <p><i>Clear emotional response in narrative, tone and gesture.</i></p> <p>Habitual response, however she states she gets into a state when contemplating the future. Panic.</p> <p>Frequent rumination.</p> <p><i>Heavy in her voice and actions.</i></p> <p>Talking over interviewer – very confident in saying how she feels about this. Suggests a pre-occupation.</p> <p><u>Incredibly</u> use of more extreme language.</p> <p>Repeats how it is</p>	<p>worry about the future, I do have the anxiety that, I sort of, that you just sort of that it's bubbling under the surface all the day, but when you wake up at night you feel that anxiety and wonder about the future and what are you going to do, so it's at night time that I worry</p> <p>I8: when you, so you say at night time, how often would you say that happens, that you wake up thinking about this</p> <p>P8: erm, it's become, I think the problem is it's become almost like a habit, that if I wake up in the night I go into panic mode, so probably about a couple times or two or three times a week. But sometimes I'll go back to sleep quickly and other times I will em.. I can really get into a bit of a state about the future.</p> <p>I9:OK, how long has that, would you say that's been the case that you've been like that?</p> <p>P9: mmm...mmm...probably about.. a year I'd say about a year or so</p> <p>I10: OK, OK, and what effect does it have on you when you think about it in the night? What does it, what's that like for you?</p> <p>P10: (talks over interviewer at this point) It's incredibly depressing, erm, I mean it brings you down, erm.. and if I'm really worried then obviously you wake up tired in the morning and</p> <p>I11: Mmm mmm</p> <p>P11: And it's it's..it's just it's..erm..it's just depressing to be</p>	<p>Anticipation of regret</p> <p>Emotional impact</p> <p>Anticipation of the future</p> <p>Emotional impact</p> <p>Depression, rumination</p>
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<p>depressing, ruminative 'same ground'</p> <p>Non-conclusive, still experienced as a dilemma.</p> <p>Third emphasis so far regarding depression.</p> <p><i>Feel a sense that this is an unresolvable issue, draining, difficult to resolve, divided self.</i></p>	<p>sort of going over the same ground as well it's you don't really, at the moment I haven't moved forward with it..it hasn't reached a conclusion one way or the other where actually I'm at peace or actually I'm not, you know</p> <p>I12: Right</p> <p>P12: It's just like an ongoing thing so it's quite depressing</p>	<p>Depression, rumination</p> <p>Stale-mate</p> <p>Divided self</p> <p>Emotional impact</p>
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