Childfree Women and W.O.M.B. (Womanhood, Otherhood, Motherhood, and Beyond): a Manualized Workshop for Mental Health Professionals to Understand the Childfree Experience and its Implications for Counseling

A graduate project submitted in partial fulfillment of the requirements
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DEDICATIONS

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ABSTRACT

Childfree Women and W.O.M.B. (Womanhood, Otherhood, Motherhood, and Beyond): a Manualized Workshop for Mental Health Professionals to Understand the Childfree Experience and its Implications for Counseling

By

Negah Yazdi

Master of Science in Counseling, Marriage and Family Therapy

The term childfree was conceived half a century ago and was an attempt to signify voluntary childlessness as a valid sociocultural development in predominantly pronatalist societies. The gradual rise in the prevalence of voluntary childlessness has prompted scholarly research in defining childfree with respect to its characteristics, underlying reasons, and influential factors. However, in society at large, voluntary childlessness is either received with overt marginalization, unintentional stigmatization, or disregard for the downgrading experiences of women who waive procreation. Correspondingly, the emotional, relational, and therapeutic implications of remaining childfree have received minimal consideration in the field of mental health counseling.

This master’s project consists of an educational, experiential, and manualized workshop on childfree women whose womanhood is marginalized through social lenses of otherhood for not fulfilling the dominant narrative of motherhood. The workshop is
envisioned for an audience of mental health professionals such as marriage and family therapists, social workers, psychologists, counselors, and educators. It is devised to ignite active exploration of preconceived notions, spark critical thinking, and generate discussions surrounding the childfree prevalence, contextual factors, relational impacts, emotional ramifications, and psychological implications. Founded on the premises of narrative therapy and reflexivity, the workshop further offers counseling guidelines to be considered in working with individuals who silently endure the implications of their childfree status. The workshop also presents an open platform to examine the terms childfree or voluntary childlessness beyond their explicit meanings and to explore whether the time has come to retire or evolve the current terminologies in order to reflect inclusion and neutrality.
CHAPTER I: INTRODUCTION

Historically, motherhood has been placed at the center of feminine identity (Epstein, 1988). The dominant social narratives and gender discourses have implicitly or explicitly associated womanhood with procreation and maternity (Hird & Abshoff, 2000). Psychological viewpoints such as Freud’s phallocentric ideology, which considered motherhood as a women’s only pathway to virtual maturity, or feminism’s dismissal of paternal influence on female identity development, have also directly or indirectly anchored womanhood on exclusive roles of childbearing and childrearing (Motherwell & Prudent, 1998). However, recent economic and sociocultural movements such as Roe v. Wade and legalization of contraception have gradually impacted feminine identity and introduced fertility and motherhood more as a viable option. To recognize childbearing as a choice and to describe the specific case of voluntarily childless women, the National Organization for Non-Parents in 1972 introduced the new term childfree (Agrillo & Nelini, 2008). Researchers such as Ellis and Monte (2014) determined that in 2010 nearly one in five American women ended the childbearing years without giving birth either voluntarily or involuntarily, compared to one in ten in the 1970’s. Exclusive to the childfree population, the percentage of women who chose to remain childless rose from 2.4% in 1982 to an average of 6% from 2006-2010 (Martinez, Daniels, & Chandra, 2012).

However, considering the historical and cultural emphasis on women’s primary role of society’s reproductive agent, childlessness, either voluntarily or involuntarily, has at large ignited familial and social disapproval and condemnation (Epstein, 1988).

Despite the upward trend in the childfree population, childfree women are cast as societal outliers and are subjected to external marginalization with labels such as “others”
(Letherby, 2002). They are generally stereotyped as child-haters, selfish, deviant, immoral, unfeminine, and bad for the society (Agrillo & Nelini, 2008). According to Murchison (2013), having a reproductive choice, encouraged by laws such as Roe v. Wade, is considered egocentric and a calamity that leads to societal, cultural, and religious deterioration. Thus, childfree women are overtly or covertly subjected to an array of micro or macro aggressions from intentional or unintentional name-callings to the denial of legal rights such as voluntary sterilization (Letherby, 2002 & Richie, 2013). For the childfree woman, the prolonged subjectivity to societal marginalization and stereotyping could lead to internalization of the hegemonic pronatalist discourses, feelings of inadequacy, and subsequent emotional distress in the forms of depression, anxiety, or obsessive-compulsive disorders (Friedman, 2013). Thus, in order to provide mental health care with fidelity and competency, it benefits practitioners to cultivate awareness of their own personal beliefs and partialities and to become educated about the features and attributes of women who forego motherhood (Somers, 1993).

**Statement of Problem**

To choose and remain childless is a social phenomenon and a facet of human diversity, which has silently become more prevalent in our society. However, the implications of voluntary childlessness, as a consequence of deviating from the governing sociocultural norm of motherhood, have received marginal attention, both in the general public realm as well as in the counseling domain. As such, only a few scholars have distinguished between voluntary and involuntary childlessness in generating statistical reports; the terminology childfree has scarcely appeared in the literature; and some
people project their own acceptance of all individuals’ identity onto the society at large and assume no marginalization experienced by voluntary childless women.

This project offers empirical data and information about characteristics of women who have decided to waive motherhood. Furthermore, it facilitates a discussion surrounding the terminologies of childless and childfree to illuminate the implied meanings of these terms and to propose deploying a more neutral language in identifying women who forego procreation.

The experiential elements of this project promote reflection and self-exploration of personal values to assist mental health clinicians with becoming aware or reminded of the minority status of voluntary childlessness, which fundamentally has challenged the sociocultural dominant narrative of motherhood. It awakens the attentiveness of mental health practitioners to incorporate the relational, emotional, and psychological consequences of being ostracized without making inaccurate generalizations and assumptions. This project also proposes counseling and therapeutic guidelines founded in theory and reflexivity to be considered in working with individuals and couples who question parenthood or experience emotional distress rising directly or indirectly from their choice of not being or wanting to become a parent.

**Purpose of Project**

This master’s project offers a workshop on the topic of the voluntary childlessness or the childfree choice. The intended audience is the mental health professionals such as educators, marriage and family therapists, social workers, psychologists, or counselors. The main focus of the project is to examine the voluntary childlessness as it pertains to
women. However, as applicable or available the workshop broadens the scope to also include men.

The contents of the workshop are based on a literature review of qualitative and quantitative research studies, journal articles, and scholarly books. The workshop also embodies elements of reflexivity to highlight the presenter’s subjectivity and to draw from personal experiences in developing new language and therapeutic guidelines.

The intent of the project is to assist mental health professionals to become empirically informed and conversant of statistical data, characteristics, underlying motivations, contributing factors, social stigma, potential psychological implications, and therapeutic tools pertaining individuals who waive parenthood.

**Terminology**

**Childfree:** In 1972, the National Organization for Non-Parents introduced this term to classify an individual who voluntarily forego childbearing and childrearing in spite of having biological ability or the means to other forms of parenthood (Agrillo & Nelini, 2008).

**Childless:** This term is used to categorize an individual who involuntarily forego childbearing due to biological inability to procreate (Agrillo & Nelini, 2008).

**Exclusion relation disorder:** This term was introduced by Robi Friedman to describe one of four relation disorders, which are caused by dysfunctional interactional patterns in society. Exclusion relation disorder refers to chronic distresses resulting from internalizing and tolerating society’s marginalization that are manifested in the forms of psychological disorders such as depression, anxiety, and obsessive-compulsive disorders.
The other three relation disorders are: deficiency relation disorder, rejection relation disorder, and relation disorder of the self (Friedman, 2013).

**Macroaggression:** This term defines overt and intentional acts of aggression and discrimination directing at individuals with a minority status (Donovan, Galban, Grace, Bennett & Felicié, 2013).

**Microaggression:** A term created by psychiatrist Chester M. Pierce in 1970 to classify uninformed, unintended, and subtle remarks that magnify marginalization and stereotyping of a minority group (“Microaggression”, 2015).

**Pronatalist:** This term originated in France between 1935 and 1940 and refers to governmentally or socially based ideology for a higher birthrate (“Pronatalism”, 2015).

**Narrative therapy:** It is a therapeutic modality that is based on the postmodern principles of subjective reality. It is suited for clients from oppressed and marginalized groups as it advocates for their rights and recognizes the impact of the dominant social norms on one’s life story (Combs & Freedman, 2012).

**Neoclassical economics theory:** The term reflects a set of economic approaches, which were independently developed by several economists around the world in 1870-1880. Thorstein Veblen was an American economist, who was the first to use the terminology to specify an economic methodology that calculated production, price, and income on the basis of supply and demand (“Neoclassical economics”, 2015).

**Women:** For the purposes of this paper, women will refer to women of childbearing age from 15 to 44, single, married, or involved in a significant relationship, regardless of sexual orientation and race.
Second demographic transition theory: This is a theoretical framework, which was introduced by Ron Lesthaeghe and DJ Van De Kaa in 1986 to reflect western societies’ transition from valuing collectivism to focusing on individualistic and personal needs (Liefbroer & Merz, 2012).

Role conflict model: This is a theoretical model that evaluates marital satisfaction with regards to parental role and its influence on existing dyadic roles and responsibilities (Twenge, Campbell & Foster, 2003).

Restriction of freedom model: This is a theoretical model that examines how parents’ relational satisfaction could be impacted as a result of restricted freedom caused by childrearing (Twenge, Campbell & Foster, 2003).

Sexual satisfaction model: This is a theoretical model that assesses how childrearing could affect parents’ interpersonal satisfaction as it relates to their sex lives (Twenge, Campbell & Foster, 2003).

Financial cost model: This is a theoretical model that measures marital satisfaction with regards to financial stressors of childrearing (Twenge, Campbell & Foster, 2003).

Summary

In order to better understand the impact of familial pressure for conformity and sociocultural stigmatization on women who end childbearing years without giving birth, it is necessary to review previous studies and research regarding this population. The following chapter will provide a detailed analysis of various elements of what is academically labeled as childfree or voluntary childless women. This analysis includes: historical, cultural, and psychological influences on the development of female identity;
definitions of childfree and voluntary or involuntary childlessness; statistical trend in the United States; features and characteristics of childfree women; influential factors and underlying reasons for voluntarily remaining childless; childfree implications with respect to dyadic relationships, regret, and stigmatization; as well as counseling guidelines rooted in narrative therapy.
CHAPTER II: REVIEW OF THE LITERATURE

Introduction

This chapter offers a literature review on the subject of childfree women and a framework for the proposed workshop. First, feminine identity as it relates to the childfree phenomenon is discussed followed by an explanation of the difference between childfree and childless terminologies. Then, the childfree concept is evaluated with regards to its prevalence in the U.S. and its characteristics as they pertain to demographic variations, family lifecycle development, socioeconomic advancement, and societal attitude. Subsequently, the underlying reasons and the influential factors for remaining childfree is examined followed by a discussion on the associated social stigma, psychological and relational implications, and regret. Presented next is justification for including “self” and subjective experiences of the literature reviewer and creator of the proposed workshop. Thereafter, applicability of individual versus group therapy in working with the childfree women is explored. The last section of this chapter is dedicated to providing a brief review on narrative therapy and its techniques as the basis for the interventions included in the suggested workshop.

Influential Factors on Feminine Identity Development

Influence of Pronatalism on Female Identity

Pronatalism is a terminology that characterizes governmentally or socially driven supportive ideology for a higher birthrate (“Pronatalism”, 2015). The term originated in France between 1935 and 1940 (“Pronatalism”, 2015) to reflect the French government’s policies and measures for reversing the declining population in France (De Luca, 2005).
Benoit (2010), in reviewing the connections between reproduction, pronatalism, and public policies in North America, postulated that until the late 19th century, Americans regarded procreation as insurance for securing future agricultural workforce as well as caretakers for the elderly. Hence, prior to the industrial developments in the late 19th and 20th centuries, childbearing was an economic obligation that contributed to establishing procreation as a prevailing familial norm. Following a departure from the rural to urban living during the early phases of industrialization, children became financial liabilities rather than resources and thereby the fertility rate began to decline. In an effort to reverse the declining birth rate, France and other European countries established overt pronatalist policies. However, in the United States, pronatalism became a governing social norm through a series of nostalgic national campaigns such as promoting country life and land reclamation (Benoit, 2010).

Epstein (1988) argued that aside from a few historical prominent female figures such as prophet Deborah, Catherine the Great, and Susan B. Anthony, women are categorically distinguished for their primary roles as wives and mothers. An ideal model of a harmonious family is depicted as one that includes children, a strong breadwinner father, and a nurturing homemaker mother. Consequently, childlessness, as a deviation from the conventional family structure, is traditionally met with familial and societal disapproval, sanctions, and marginalization (Epstein, 1988).

In agreement with Epstein (1988), Hird and Abshoff (2000) proposed that the established gender discourses traditionally cast women in the exclusive role of society’s sexual reproductive agents and depicted them as nurturers and caretakers. From a pronatalist perspective, motherhood is also viewed as the sole pathway to adulthood and
maturity (Gold, 2012; Motherwell & Prudent, 1998). Motherwell and Prudent (1998) argued that this preferred social construct of femininity is directly or indirectly magnified by psychological scholars, who have wondered about development of female identity.

Freud’s model of personality development identifies “superego” as the motivator and inspiration for attaining higher ideals and perfection (Frank, 1999). Superego is presented as the aspect of personality that could lead to superiority if achieved or, inferiority if unrealized (Corey, 2013). In accordance to Freud’s phallocentric definition of identity development, women, in absence of male genitalia, are naturally unable to achieve superego and maturity. However, motherhood is considered as a rescuer and a pseudo solution for women’s innate inability to obtain superego and adulthood (Motherwell & Prudent, 1998).

To combat Freud’s assertion that motherhood and giving birth, preferably to baby boys, is the only proxy to maturity, the feminist perspective attempts to take an opposite stance and hinges the feminine identity development on women’s innate ability to nurture and build relationship. Thus, feminism lays the entire responsibility of not only motherhood but also parenthood on the shoulders of women and once again links womanhood to motherhood (Motherwell & Prudent, 1998).

**Influence of Socioeconomic and Cultural Development on Female Identity**

Scholars such as Agrillo and Nelini (2008) and Hird and Abshoff (2000) considered certain social, political, and legal developments consequential in challenging the pronatalist social mandate in the American society and essential in expanding femininity to include more diverse and broad experiences beyond motherhood. The socioeconomic developments in the late 19th and 20th centuries resulted in a departure
from agrarian society into an industrial one, which in turn curtailed the economical necessity for procreation and childbearing (Benoit, 2010). The Women’s Rights movement as well as the legalization of contraception and abortion are regarded as such societal changes that have resulted in attempts to normalize women’s aspiration for entering the paid workforce, pursuing higher education, postponing marriage, and regulating fertility (Agrillo & Nelini, 2008; Hird & Abshoff, 2000). Nevertheless, Motherwell and Prudent (1998) indicated that the hegemonic pronatalist culture prevents a broad sociocultural acceptance of women’s evolving roles. Letherby (2002) contended that the pronatalist values and norms contribute to marginalization of childfree women with labels such as “others”.

**Definitions of Childfree and Childless**

Agrillo and Nelini (2008) classified women with no children in two categories: a) childless or involuntary childlessness and b) childfree or voluntary childlessness. Childless women are defined as women that are biologically unable to procreate, despite having the intention for parenthood. In contrast, the term childfree, which was first introduced by the National Organization for Non-Parents in 1972, refers to women who choose to forego motherhood. This is in spite of having biological ability or the means to other forms of parenthood, such as adoption, donor insemination, or surrogacy (Agrillo & Nelini, 2008). DeLyser (2012) believed that although for some individuals the decision to remain childfree is unequivocal, for some women, voluntary childlessness is temporal and may be overturned as life circumstances and conditions change. While some ex-childfree women decide and successfully transition to motherhood, others may encounter
difficulties and fail to conceive due to circumstantial infertility. As a result, some childfree women become childless (DeLyser, 2012).

**Childless and Childfree Prevalence in America**

Ellis and Monte (2014) asserted that in the United States, fertility patterns have changed noticeably. Ellis and Monte (2014) postulated that the average number of children ever born dropped from more than three children per women in 1976 to about two children per women in 2012. The Livingston and Cohn (2012) survey indicated a new record low in childbirth amongst women of ages 15 to 44 and a decline of 8% from 2007 to 2010. Ellis and Monte (2014) extrapolated that in 2010 one in five American women ended the childbearing years without giving birth, compared to one in ten in 1976.

However, according to Ellis and Monte (2014), childlessness encompassing both voluntary and involuntary categories, fell by 3.7% for women 40 to 44 years old from 2010 to 2012. A similar drop was observed for women 30 to 39 years old during the same time period. Ellis and Monte (2014) suggested that the drop in childlessness was not solely due to the revised 2010 statistical weighting procedure but did not offer another explanation for the decline in childlessness from 2010 to 2012. In investigating the influence of race on the statistical trends, Ellis and Monte (2014) identified that in 2012 amongst women ages 40 to 44, 16.4% of white-non Hispanic, 15.4% of African American, 13.3% of Asian, and 10.9% of Hispanic women were voluntarily or involuntarily childless.

Martinez, Daniels, and Chandra (2012) reported with more granularity that based on a data collection from 2006 to 2010, 35.2% of women ages 40 to 44 were childless, 21.5% childfree, and 1.6% temporarily childfree. Within the broad age range of 15 to 44,
Martinez, Daniels, and Chandra (2012) proposed that in 1982, 2.4% of women were childfree, compared to 4.3% in 1990, 6.6% in 1995, 6.2% in 2002, and an average of 6% from 2006-2010.

**Characteristics of Childfree Women in America**

Gillespie (2003) suggested that childfree choice does exist among women from a variety of backgrounds and social groups. However, the prevalence of the childfree phenomenon is observed to be higher among women from the affluent social class (Gillespie, 2003). Agrillo and Nelinin (2008) concluded that childfree women predominantly live in large cities, are less religious, less traditional in gender roles, have married late or more than once, possess higher education, and occupy well-paying occupations. In expanding the characteristics of childfree women, Waren and Pals (2013) classified demographic variation, socialization, neo-classical economy, and attitudinal variation as four broad predictors for remaining childfree.

**Demographic Variation**

Waren and Pals (2013) suggested that the demographic variation consists of three subcategories, namely age, race, and marriage. With regards to the age variable, Martinez, Daniels, and Chandra (2012) suggested that in the U.S. the prevalence of the childfree phenomenon increases with age. Based on a survey conducted from 2006 to 2010, 9.7% of women ages 30 to 34 identified as childfree, compared to 17.9% of women ages 35 to 39 and 21.5% of women ages 40 to 44.

In evaluating the effect of race on the childfree occurrence between 2006 and 2010, Martinez, Daniels, and Chandra (2012) synthesized that 72% of women were White-single race, 11.1% African American single race, 8.8% Hispanic, and 3.3% Asian.
Waren and Pals (2013) postulated that the significant high percentage of childfree white women could be a manifestation of white women’s superior economic opportunity in the U.S.

In the same survey, Martinez, Daniels, and Chandra (2012) examined the correlation between marriage and the childfree prevalence. The survey results confirmed Waren and Pals’ (2013) assertion that marriage adversely affects the childfree occurrence. As reported in the survey, 21.9% of childfree women were married compared to 59.2% who had never been married. As suggested by Waren and Pals (2013) and supported by Martinez, Daniels, and Chandra (2012) cohabitation does not increase the probability of remaining childfree. The survey results suggested that among the childfree women, 11.8% were cohabiting compared to 21.9% who were married (Martinez, Daniels & Chandra, 2012).

**Socialization in the Context of Family Lifecycle**

Hagestad and Call (2007) believed that an interruption in the natural progression of the family lifecycle could predict the likelihood of remaining childfree. Scholars and researchers recognize that the normality of a family lifecycle is based on individual cases and their sociocultural context (McGoldrick & Shibusawa, 2012). However, in an effort to understand and foresee the intergenerational patterns and influences, McGoldrick and Shibusawa (2012) presented a lifecycle blueprint that is most characteristic of family development. According to this model, there are six approximate stages for a family lifecycle, which consist of (a) young adulthood, (b) coupling, (c) families with young children, (d) families with adolescents, (e) families launching children, and (f) families in later life.
Based on research conducted in 1995 and 1996, involving a total of 7000 individuals, Hagestad and Call (2007) synthesized that in the U.S. and the Netherlands, childlessness is more prevalent among individuals who have experienced a prolonged launching phase or have never terminated this phase.

**Neo-classical Economy**

Waren and Pals (2013), in agreement with the neo-classical economic theory, suggested that educational and economical opportunities afforded in the 20\textsuperscript{th} century could influence the decision to remain childfree. Martinez, Daniels, and Chandra (2012) concurred with Waren and Pals (2013) in that higher education attainment positively affects the childfree prevalence. According to Martinez, Daniels, and Chandra’s (2012) analysis of a 2006-2010 survey, 42.3\% of the childfree women possessed a bachelor’s degree or a higher degree, 27.7\% some college but no bachelor’s degree, 25.5\% a high school diploma or GED and 9.5\% had no high school diploma or GED. Additionally, Abma and Martinez (2006) supported most studies suggesting that higher income positively correlates with a higher childfree prevalence. A survey analysis revealed that in 2005, 57\% of childfree women had an annual income of $25,000 or more compared to 26\% of parents (Abma & Martinez, 2006). Waren and Pals (2013) also suggested that urban living is another influential parameter that increases the prevalence of childfree phenomenon.

**Attitudinal Variation**

Thornton and Young-DeMarco (2001) asserted that in the U.S. a gradual departure from conservatism is one of the influential factors for the greater acceptance of a more voluntary attitude towards marriage and childbearing. Founded on the analysis of
five data sets gathered from the 1960’s through 1990s, including an intergenerational panel study, Thornton and Young-DeMarco (2001) suggested that in the U.S. an attitudinal shift toward family issues facilitates the endorsement of non-traditional family lifestyles. According to the analysis of Thornton and Young-DeMarco (2001) in 1962, 85% of mothers believed that all married couples who are capable of procreation, ought to procreate. In 1980, only 40% of the same group of women carried that belief. The daughters of this group of mothers, who were young adults in the 1980’s, carried even a less obligatory attitude towards the social mandate of motherhood. Subsequently, fewer of these daughters became mothers compared to their mothers’ generation (Thornton & Young-DeMarco, 2001).

**Childfree: Underlying Reasons and the Influential Factors**

Hird and Abshoff (2000) stated that the motivation for remaining childfree is multifaceted, contextual, and individually based. In agreement with this view, Richie (2013) classified certain reported explanations such as education and career advancement as one of the persuasive factors in the decision-making process to forego motherhood. Other key considerations are noted as freedom to lead a spontaneous, autonomous, and worldly lifestyle; contentment with existing dynamic of the dyadic relationship; and concerns about the adverse effect of parenthood on the harmony of the relationship (Hird & Abshoff, 2000). Richie (2013) added to this list the cost of childrearing. Hird and Abshoff (2000) also suggested that for some childfree women the absence of interest for children, repulsion for pregnancy and the childbirth process, traumatic and stressful childhood experiences, and fear of failing to fulfill a child’s emotional needs are the rationale for not choosing motherhood.
In addition, Richie (2013) proposed that physical limitations or pre-existing medical illnesses that potentially complicate pregnancy, childbirth, or childrearing could also contribute to decision against motherhood. Likewise, the concerns of transferring dormant diseases or abnormal genes to offspring might motivate some to bypass maternity and to take a preemptive and permanent measure of sterilization (Richie, 2013). The aforementioned researchers also identified concerns surrounding the growing world population and its impact on the natural resources as a persuasive argument for remaining childfree (Hird & Abshoff, 2000; Richie, 2013).

Gillespie (1999) argued that the interest in being childfree is often discovered in childhood and prior to developing adult-driven considerations. In a study comprising of nine women ages 32 to 51, including five heterosexual women, two bisexual women, and two lesbians, Mollen (2006) investigated the influence of gender identity and gender role resistance on remaining childfree. Five of the participants described their childhood personality as “tomboys” and all of the participants recollect resisting activities and toys that placed them in traditional gender roles such as playing with dolls and imagining maternal roles.

Furthermore, Engwall and Peterson (2013) proposed that for childfree women, motherhood represents an unnatural phenomenon and is intrinsically in contradiction to their biological fabric. In a two-staged study in Sweden, involving 30 heterosexual women ages 29 to 64, which also included a woman who had given birth but still identified herself as childfree, Engwall and Peterson (2013) challenged the external contextual explanations such as career advancement as the reasons to remain childfree. These scholars ascertained that in the socialistic societies, the governing welfare policies
such as paid parental benefit, public childcare, and child allowance enable women to reconcile career aspiration with the responsibilities of motherhood. Thus, there must be other justifications for the Swedish childfree women to waive maternity. Engwall and Peterson (2013) synthesized that for childfree women, remaining childfree is not a conscious choice but it is rather self-evident. It is determined biologically and it is as natural as homosexuality. To procreate, a woman needs a fertile biological body as well as an emotional longing for mothering. Women who desire to become mothers experience a powerful and natural urge that is simply non-existent in childfree women. In essence, in the bodies of the childfree women, the emotional biological clock does not tick at all.

**Influence of Individualistic and Collectivistic Cultural Attitudes**

Scholars such as Lutz, Skirbekk, and Testa (2006) postulated that societal level of acceptance for voluntary childlessness constructs a framework in which an individual’s desire to remain childfree is either enabled or inhibited. In examining the influence of sociocultural stance on the childfree existence and the fertility decision-making process, Liefbroer and Merz (2012) utilized data from a 2006 European Societal Survey and inspected the view of 36,187 individuals from 20 European countries with respect to the childfree concept. Liefbroer and Merz (2012) based their research and proposition on the premise of the Second Demographic Transition theory, which was introduced by Lesthaeghe and Van De Kaa in 1986. According to the Second Demographic Transition theory, divergent demographic behaviors such as delay of marriage and paternity, cohabitation, divorce, and voluntary childlessness are consequences of a gradual cultural shift from accentuating communal and altruistic values to cultivating individualistic
development and self-actualization (Liefbroer & Merz, 2012). Thus, Liefbroer and Merz (2012) hypothesized that the attitude toward voluntary childlessness is more lenient in the northern and western European countries that are pioneers in promoting individualistic values of autonomy and are home to less traditional, higher educated, and not very religious individuals, families, and communities.

Liefbroer and Merz (2012) extrapolated from the research results that the attitude toward childfree phenomenon strongly correlates with a country’s level of advancement in the Second Demographic Transition. The approval rate of voluntary childlessness was highest in Denmark and lowest in Bulgaria. In Great Britain no significant outcome was found as a majority neither approved or disapproved the childfree concept. In general, Liefbroer and Merz (2012) concluded from their analysis that the highest level of acceptance of the childfree concept is more prevalent in northern and western European countries that are the frontrunners in the Second Demographic Transition, followed by southern European countries and former communist eastern European countries. Liefbroer and Merz (2012) acknowledged that in absence of a longitudinal study, statistically, it is misleading to credit society’s acceptance level of voluntary childlessness as the cause for demographic fertility behavior and the reason for the childfree prevalence.

**Influence of Family of Origin**

In an effort to explore the contextual factors that shape the interest for childbearing, Sanders (2012) examined three characteristics of family of origin, namely, parent-child relationship, socioeconomic status (SES), and family type across White, African American, Hispanic, and Asian American families in America. In a longitudinal study comprising of 1,436 participants in 2003 and 15,555 high school seniors in 1999,
Sander’s (2012) analysis of the collected data showed the link between the above-specified family of origin features and the interest in childbearing for 18 to 34 year old men and women.

With regards to the parent-child relationship, Sanders (2012) postulated that the quality of the relationship positively affects the interest in procreation in both men and women. Thus, a poor parent-child relationship is a predictor of having less inclination for parenthood. As noted by Sanders (2012), his study and its conclusion bear the limitation of omitting the implications of gender dynamics in qualifying the impact of parent-child relationship.

Similar to the finding above, Sanders (2012) posited that family SES, measured by parents’ education, parents’ occupation, and family income, linearly and positively influences the desire for parenthood in both men and women. As such, individuals with limited socioeconomic opportunities exhibit less interest in becoming parents. The positive connection between low SES and low desire for parenthood is in contradiction to the historical prevalence of higher birth rate within low-SES families. Sanders (2012) speculated that the discrepancy between the interest in childbearing and the actual fertility rate could be attributed to the lack of opportunities in lower SES. In essence, individuals from lower SES may rely on parenthood as the sole pathway for advancing in life in the absence of alternative options such as pursuing higher education and career advancement (Sanders, 2012).

In contrast to the above contextual variables of parent-child relationship and SES, Sanders (2012) concluded that family type, defined by characteristics such as biological parents, single parents, cohabiting parents, and step parents does not positively nor
inversely influence a woman’s decision in remaining childfree. However, in examining the effect on men, Sanders (2012) discovered that step and single-mother family types inversely influence men’s inclination for pursuing fatherhood and becoming parents.

**Influence of Dyadic Relationship**

Hird and Abshoff (2000) suggested that due to the female’s exclusive physiological ability of childbearing, the decision to remain childfree is ultimately made by the woman. Lee and Zvonkovic (2014) recognized the significance of gender role in the process of childfree decision-making, however these scholars argued that heterosexual coupling involves dyadic interactions between a man and a woman. Thus, Lee and Zvonkovic (2014) conceptualized the choice of remaining childfree as a relational development that is derived from the individual perspectives and beliefs of both partners in a relationship.

In a study based on interviewing 20 married heterosexual couples, Lee and Zvonkovic (2014) asserted that a woman’s interest in foregoing motherhood can be solidified or overturned after entering a significant relationship in accordance to the strength of partners’ conviction for their viewpoints and the significance of the relationship. Lee and Zvonkovic (2014) theorized that the process of remaining childfree consists of three distinct phases, which is defined as agreement, acceptance, and closing of the door. Through the agreement stage, the partners negotiate their individual positions and gain consensus. The acceptance phase is characterized by feeling “at peace” with the choice. The closing of the door phase is marked by the female’s inevitable physiological development, which ends in her inability to procreate.
Lee and Zvonkovic (2014) concluded that the outcome of the agreement step could be temporal for some couples. In reaction to various internal or external life stimuli presented throughout the course of a relationship, partners may revisit the first phase for further affirmation of their childfree choice. Whether reaching the agreement phase is prolonged or complicated depends on the couple’s initial conviction, the importance of the relationship, and the typology of the pairing. With regards to the childfree decision-making process, Lee and Zvonkovic (2014) identified three configurations of coupling, which are classified as “mutual early articulator couples”, “mutual postponer couples”, and “nonmutual couples”.

The mutual early articulator couple consists of two individuals who, prior to pairing, have upheld a strong conviction for remaining childfree. Such couples reach the agreement phase swiftly and early in their partnership. Mutually early articulators tend to value their relationship and conduct frequent check-ins with each other to ensure continuity in their mutual arrangement to remain childfree (Lee & Zvonkovic, 2014).

Lee and Zvonkovic (2014) characterized mutually postponer couples as spouses who are ambivalent about parenthood. In contrast to the mutual early articulators, the mutual postponer couples reach the agreement phase of remaining childfree in a passive and uninvolved manner. However, similar to the mutual early articulators, the mutual postponer couples reach the agreement phase in a simple fashion (Lee & Zvonkovic, 2014).

The nonmutual couples are portrayed as partners with contrasting stances and intent for parenthood. Thus, Lee and Zvonkovic (2014) suggested that the process of reaching an agreement is complex and prolonged in instances where one spouse
maintains a strong opinion for remaining childfree against his or her partner’s wish for parenthood. The importance of the relationship is the pivotal factor in convincing the spouse with parental inclination to withdraw his or her wish and remain childfree in the relationship (Lee & Zvonkovic, 2014).

The aforementioned researchers believed that in accordance to the importance of the relationship, the strength of the conviction, and the pairing configurations, couples finalize the agreement phase and transition to the acceptance stage at various rates. Additionally, other external dynamics such as sociocultural and familial pressure or pregnancy with a subsequent abortion have been noted to respectively either extend or expedite the transitional period (Lee & Zvonkovic, 2014).

Lee and Zvonkovic (2014) suggested that despite being resolute in the childfree choice, the majority of couples linger in the acceptance phase. For most couples reaching the closing of the door phase is a result of either organically age-induced infertility or due to voluntary sterilization subsequent to an abortion. However, the preemptive measure of sterilization is generally perceived as a costly and complicated endeavor. In some cases voluntary sterilization is unattainable either caused by medical reasons or due to physician’s refusal for performing such a surgery on particularly young women (Lee & Zvonkovic, 2014).

Childfree and its Implications

Dyadic Relationship Satisfaction

Folk wisdom promotes parenthood as a catalyst that generates closeness and increases the level of satisfaction in a dyadic relationship (Twenge, Campbell, & Foster, 2003). In exploring the correlation between marital satisfaction and parenthood,
Guttmann and Lazar (2004) conducted research in Israel, which involved 60 first-time parents and 60 childless married couples without a further characterization of the voluntary or involuntary nature of their childlessness. Guttmann and Lazar (2004) confirmed the conventional opinion and concluded that the first-time parents exhibited more marital satisfaction than the childless group.

However, with the same intention of examining the effect of parenthood on a dyadic relationship, Twenge, Campbell, and Foster (2003) conducted a meta-analysis comprising of 97 articles, 148 data points and 47,692 parents-nonparents respondents. The nonparents group consisted of both childfree and childless without any distinction. In contrast to the aforementioned study by Guttmann and Lazar (2004), Twenge, Campbell, and Foster (2003) inferred that the birth of a child adversely affected marital satisfaction on average by 10%. Twenge, Campbell, and Foster (2003) evaluated four theoretical models for their ability to predict the influence of childbearing on a dyadic relationship. The four classifications were named as the role conflict model, the restriction of freedom model, the sexual dissatisfaction model, and the financial cost model. Twenge, Campbell, and Foster (2003) identified dyadic role conflicts and restriction of freedom as stronger indicators to foresee increased marital dissatisfaction in mothers, mothers and fathers with infants, parents with high SES, and parents of recent generations. Twenge, Campbell, and Foster (2003) synthesized that sexual dissatisfaction and financial cost had an adverse effect only on fathers, regardless of the fathers’ age, the child’s age, and SES. Diversity factors such as race or length of marriage were excluded from the analysis, as they were perceived to have minimal influence. Twenge, Campbell, and Foster (2003) underlined that their analysis highlighted only a correlation between childrearing and
marital satisfaction and should not be characterized as causation. Furthermore, the results were not intended to indict parenthood but rather to “caution individuals not to decide to have children in order to strengthen their marriage” (Twenge, Campbell, & Foster, 2003, p.582)

**Regret in Midlife**

The common social understanding predicts eventual and inevitable regrets associated with rejecting procreation (Somers, 1993). However, Somers (1993) hypothesized that parents may also experience regrets for having children, as it may be the case with childfree individuals for not having children. Somers (1993) postulated that the social desirability towards children and procreation could pose constraints on the reporting accuracy of parents’ genuine thoughts and feelings surrounding parenthood.

In an effort to explore the prevalence of regret associated with the decision to remain childfree, DeLyser (2012) conducted a qualitative study comprised of interviewing 15 midlife childfree heterosexual married or partnered women ages 42 to 60. All participants in the study had at least a college degree and were employed. Except for one participant, all other women were White. DeLyser (2012) concluded that for some childfree women, menopause might induce transitional feelings of regret as well as reflective thoughts for the future and aging. However, these thoughts and feelings are organically characteristics of the midlife phase and signs of mature development.

Contrary to the original research assumption of inevitable regret, DeLyser (2012) ascertained that nearing or reaching menopause does not ordinarily generate perpetual panic, anxiety, and grief. This may be explained by the notion that, prior to reaching midlife, the decision to remain childfree is frequently revisited, re-examined, and
emotionally revised at the various stages of life. Somers (1993) in agreement with DeLyser (2012) suggested that an ambiguous decision-making process might generate and preserve future feelings of regrets and sorrows for the irreversible decision to remain childfree at midlife.

Based on a qualitative study involving 90 women 60 years or older, Alexander, Rubinstein, Goodman, and Luborsky (1992) proposed that feelings of regret for remaining childfree need to be evaluated by considering a broader cultural context. The aforementioned scholars argued that regret for foregoing motherhood is a consequence of enduring contradiction between the self-directed desire to remain childfree and the dominant sociocultural mandate that presents motherhood as the normative life experience (Alexander et al., 1992).

**Social Stigma and Psychological Implications**

According to the pronatalist beliefs, “[Voluntary] childless women are an oxymoron, defined by something they are not” (Hird & Abshoff, 2000, p. 348). Agrillo, Nelini, and numerous other scholars affirmed that childfree women are perceived as immoral, selfish, unfeminine, promiscuous, materialistic, immature, irresponsible, child-haters, one-dimensional, and psychopathological (Agrillo & Nelini, 2008; Gold, 2012; Hird & Abshoff, 2000; Letherby, 2002; Motherwell & Prudent, 1998).

Livingston and Cohn (2010) indicated that fewer adults perceive children necessary for creating a fulfilling relationship. However, they also found that in 2009, 38% of Americans considered childlessness bad for society compared to 29% in 2007 (Livingston & Cohn, 2010).
Murchison (2013) echoed such views and declared parenthood a societal right. According to this perspective, childfree phenomenon imposes a burden on society as the hard work of taking care of the old-childfree individuals is left to other people’s children without paying the dues of raising their own children. Moreover, childfree women are conceptualized as people who fight their natural human instinct in return for short-term satisfaction. Thus, they lack the true love for life (Murchison, 2013).

Based on a study involving 274 undergraduate students enrolled in introductory psychology courses, LaMastro (2001) extrapolated that voluntary childlessness is predominantly equated with less attractive interpersonal characteristics. Social traits such as warmth, care, and kindness are less attributed to childfree women than to individuals who are currently parents or desire to procreate in the future.

In practice, the stigmatization could appear in an array of overt or covert social stereotyping and legal discriminations that could range from undermining the childfree choice and being called barren (Letherby, 2002) to the persuasion against or denial of a woman’s rights for voluntary sterilization (Richie, 2013).

In examining childfree versus childless, Park (2002) postulated that the social stigma witnessed by each group is perceived to be slightly different. Childfree women are viewed to have more negative attributes such as egocentricity and being more materialistic than childless women. This difference in perception is created by the choice of childfree women to remain childless, which stands in contrast to childless women’s lack of choice in procreation. In order to avoid stereotyping and invalidation of their identity, childfree women use a variety of overt or covert techniques to protect their choice. Some childfree women openly defend their choice. They condemn the criticizers
and in the face of being called selfish argue that in fact procreation is a selfish act carried by many people without fully understanding the associated responsibilities. On the other hand, some childfree women prefer to mask their choice and identity by pretending to want to have children one day. Similarly, some women choose to substitute their identity by presenting their choice in a less stigmatized light and claiming childlessness and genetic deficiency as the reason for not having children. Finally, depending on the social context, some women oscillate between the above-mentioned defense mechanisms. The existence of these protective measures is indicative of the burden endured by childfree women in order to minimize the social pressure for conformity and to justify their choice (Park, 2002).

Friedman (2007) conceptualized the adverse emotional effects of marginalization as relation disorders, which are “multi-personal dysfunctional patterns” and are co-created by all participating entities. Friedman (2013) defined “Exclusion Relation Disorder” to characterize distresses that are caused by society’s marginalization of a subgroup and acceptance of the marginalization by the subgroup. Such a maladjusted dance, in a chronic form, results in lack of self-satisfaction and symptoms of depression, anxiety, and obsessive-compulsive disorders (Friedman, 2013).

Somers (1993) emphasized the importance of creating awareness in the mental health domain surrounding psychological implications resulting from society’s negative attitudes toward women who make the unpopular decision to remain childfree. In order to provide care, it is essential for mental health clinicians, such as marriage and family therapists, to first and foremost examine their own biases and beliefs with regards to the childfree phenomenon. Furthermore, it is important to expel any myths and erroneous
information that may prevent a mental health practitioner to accurately recognize the emotional distress created by the sociocultural pressure for conformity and to empathetically appreciate the difficulty of the decision to remain childfree (Somers, 1993).

**Expanding Work to Include Self in Counseling and Research**

**Personal Exploration**

Influenced by the postmodern ideology of subjective reality, Carlson and Erickson (1999) restated that therapists’ absolute impartiality is neither obtainable nor beneficial since the process of therapy is founded on mutual exploration, expression, and discussion of values. Carlson and Erickson (1999) advised family therapists to found their practice on the premise of holding themselves ethically accountable for the effect of their subjective worldview on the lives of their clients. Thus, it is imperative for therapists to not only explore, gain awareness, and acknowledge personal values and biases, which are manifestations of their own contextual and human diversity factors, but also to explicitly examine and vocalize the moral ramifications of those values and biases in their therapeutic work.

Carlson and Erickson (1999) also posited that various counseling theories hold and promote different values. Hence, it is similarly essential for therapists to genuinely evaluate their personal principles against the values and beliefs endorsed by the chosen theory and to develop a theory of therapy that is personalized.
**Reflexivity**

On a comparable note, Allen (2000) echoed the aforementioned concept of including personal values, feelings, and history in family studies and research. Allen (2000) suggested that in order to assume liability and “to be more accountable to families who have been ignored and marginalized, we must be willing to risk stating what we really believe and what really motivates our work” (p. 8). Allen (2000) asserted that the conventional family research practice discourages scholars, authors, and reviewers from explicitly disclosing their personal values and assumptions as a means to uphold objectivity and thereby credibility. However, Allen (2000) argued that in family therapy, “objectivity is not objective” (p. 5) and thus research and studies, which incorporate reflexivity, in the form of critical reflection and personal narrative, produce more comprehensive and diversified work. In light of transparency of one’s own subjectivity, the premise and foundation of each study are illuminated adding valuable explanation and clarification for the research presentation and conclusion. Allen (2000) recommended that scholars, researchers, authors, and reviewers enhance and expand their empirical work and academic mindsets to embody reflexivity by highlighting each unique emotional experience and sociocultural affiliation.

**Therapeutic Modalities: Group versus Individual Therapy**

Motherwell and Prudent (1998) suggested that group therapy offers a supportive atmosphere where marginalized participants find commonalities and receive validation for their identity. The aforementioned scholars believed that for childfree individuals, group therapy similarly facilitates a platform and an outlet where the adverse effect of external pressure for conforming to the pronatalist ideology can be further explored and
processed. Through the practice of sharing and listening to mutual life stories and experiences, childfree women realize that they are not alone in this journey. They become empowered to reclaim their self-efficacy to combat the internal and external stigmatization. The collective power of the group platform becomes the agent that glues back together the broken pieces of self and amplifies the suppressed voice of the childfree woman (Motherwell & Prudent, 1998).

Additionally, Motherwell and Prudent (1998) regarded group therapy as a microcosm of society and an environment in which the uniqueness of each choice is freely examined and highlighted. Some researchers such as DeLyser (2012), Lee and Zvonkovic (2014), and Motherwell and Prudent (1998) believed that for some individuals the choice of parenthood is a recurrent question that may be answered differently based on various circumstances and life changing events. In this regard, Motherwell and Prudent (1998) asserted that group therapy could also hold space for further self-exploration and reevaluation of the childfree choice.

In partial agreement with Motherwell and Prudent (1998), Friedman (2013) concurred that the emotional distress resulting from stigmatization and marginalization are optimally treated in group-settings, as groups tend to expose the dysfunctional societal interactions by which the disorders were created. However, Friedman (2013) contended that in the face of feeling the emotional effects of marginalization, individuals are most inclined to seek help in a dyadic form of therapy, which resembles the emotional connection of the early mother-child relationship. Friedman (2013) argued that as distressed human beings, “when we feel acutely bad, we automatically shout: ‘Mamma’ and not: ‘Parents or ‘Family!’ ” (Friedman, 2013, p. 169). Thus, Friedman (2013) advised
therapists to recognize that the majority of clients who suffer from a relation disorder in the form of depression or anxiety may be more inclined to first seek individual therapy. Nevertheless, Friedman (2013) noted the importance of introducing group therapy and its benefits for the client to ultimately consider and incorporate into the process of therapy.

Theoretical Orientation: Narrative Therapy and Interventions

Narrative Therapy and its Principles

The inception of postmodernism introduced a skeptical attitude towards the perceived facts and truths of life. It rejected objectivity and absolute narratives. It encouraged a perception of the world that is subjective and contextual (Butler, 2002). Scholars, such as Mills and Sprenkle (1995) posited that postmodernism led a departure from absolute truths and life’s dividing dichotomies of rights and wrongs. The postmodern principles laid the foundation for the formation of social constructionism that advocates language shapes reality and that life meanings are socially and relationally developed. The viewpoints offered by postmodernism and social constructionism affected many domains of human life including the field of family therapy and contributed to creations of theories such as narrative therapy (Mills & Sprenkle, 1995).

Inspired by the work of the French intellectual Michel Foucault, Michael White and David Epston developed Narrative Therapy (White & Epston, 1990) and proposed utilizing “social constructionism” and “narrative” instead of “structure” as guiding metaphors in therapy (Freedman & Combs, 1996). In addition to considering individual responsibility and family influence, narrative therapy invites trans-generational social realities of “beliefs, values, institutions, customs, labels, laws, divisions of labor, and the like” into the therapy room (Freedman & Combs, 1996, p.16).
As a therapeutic orientation based on poststructural philosophy (Combs & Freedman, 2012), narrative therapy distances itself from conceptualizing families as uniformed, foreseeable, and configurable structures (Freedman & Combs, 1996). In an effort to explore how a relational problem is created and sustained, White and Epston (1990) applied the interpretative method and argued that, rather than an underlying structural family dysfunction; individuals’ interpretation and storytelling of events construct and support the existence of a problem. White and Epston (1990) suggested conceptualizing a problem by examining its requirements for survival and the effect of those requirements on a person’s life instead of viewing a problem as a survival requirement to maintain homeostasis instilled by the person or the family system.

Departing from objective realities and analogies applicable to physical or biological sciences, which respectively construct problems as break downs or symptomatic and offer isolating cause or identifying pathology as solutions, White and Epston (1990) suggested text analogy to understand problems as they relate to social science. According to text analogy, problems are constructed as dominant stories while solutions are outlined as openings to rewrite alternative stories (White & Epston, 1990).

White and Epston (1990) believed that life is lived and understood through experiences. The transitory human experiences are crystalized and stored in the form of dominant stories that create meanings to preserve a sense of continuity and connection. Dominant stories are propelled by modern power (Foucault, 1965), which is the overriding implicit or explicit sociopolitical and cultural discourses imposing conformity by self-censoring and internalization (Combs & Freedman, 2012). Thus, dominant stories generate distress and problems when contradicting a person’s subjective truth and locally
lived narratives. Dominant stories generally represent a subset of the lived experiences, as they tend to obscure “unique outcomes” that constitute the neglected, yet significant parts of the storylines.

In applying the text analogy, White and Epston (1990) posited that a text is rewritten with every new reading and interpretation. Similarly, with a change in language that uncovers unique outcomes, lived experiences and stories can also be rewritten into alternative stories and new meanings (White & Epston, 1990).

The Role of a Narrative Therapist

Freedman and Combs (1996) expressed that in narrative therapy, therapists are considered co-writers and collaborators. Instead of utilizing the metaphor “guidance” that is the principle of first order cybernetic, narrative therapists base their work on metaphors such as “co-creation”, which is derived from second order cybernetic. Thus, therapists, as part of the system in therapy, let go of their “role as pilots steering toward a specific goal” (Freedman & Combs, 1996, p. 8). In place of searching for canned patterns of dysfunctional behaviors, therapists become integrated in the therapy process to expose the unique premise on which people make meanings of the world and each other. White (2007) acknowledged “that no problem or predicament is perceived or received in identical ways by different people, or in identical ways at different times in a person’s life” (p.40). Narrative therapists, by recognizing their limited expertise, which extends only to the process of therapy and not to the presented “predicament” in therapy, actively listen to see the clients’ worldview, interpret stories to identify internalized dominant discourses, and externalize problems to deconstruct clients’ pathologizing stories (Freedman & Combs, 1996).
Narrative Therapy and Research

Although the literature reviews and quantitative studies on the effectiveness of narrative therapy are few and lack involvement of large number of subjects or randomized control groups, Combs and Freedman (2012) inferred from the existing studies that the current body of research validates narrative therapy as a modality that produces change. In a study comprising of 47 adults with major depressive disorder, 74% reported reliable and sustainable symptom improvement after receiving manualized narrative therapy for eight sessions. However, the same research results produced less considerable progress in interpersonal relatedness (Vromans & Schweitzer, 2011). In another study, 7 Australian women who suffered from depression and an eating disorder reported a reduction in depression scores and eating disorder risk after undergoing 10 weeks of narrative based therapeutic group treatment (Davis, Weber, & McPhie, 2006).

Laube (1998) asserted that narrative therapy is a suitable theoretical orientation for group therapy. As a client-centered therapy orientation, it promotes an environment that favors conversation and storytelling. It facilitates a healing and supportive environment to lessen the wounds of internal and external stigmatization. In a group therapy that is founded on the principles of narrative therapy, participants are encouraged to examine the meaning of events, construct new meanings and jointly re-write their problematic life stories by incorporating their preferred realities. Group therapy becomes a gathering where each participant contributes to the development of a group story, which in turn transforms each participant’s life story (Laube, 1998).

Combs and Freedman (2012) argued that the principal of narrative therapy, which insists on externalizing the problems and placing them in the social domain, requires
narrative therapists to become familiar and involved with issues of social justice. Hence, by acknowledging and valuing cultural diversity, narrative therapy is particularly suited for clients from marginalized and ostracized groups as it recognizes the impact of the universalized norms on one’s life narrative. Narrative-based therapeutic interventions, such as externalization, mapping the influence of the problem and the person, developing the preferred stories, spreading the preferred stories into the future, and letters, empower clients to offset the adverse effect of marginalization, re-write their preferred narratives, and find new meanings (Combs & Freedman, 2012).

**Narrative Therapy Interventions**

**Externalizing conversation.** Externalizing conversations “employ practices of objectification of the problem against cultural practices of objectification of people” (White, 2007, p. 9). Externalizing language is a means to defuse internalization of problems and perceiving problems as a reflection of one’s character and identity. It is a stance to reject classification of people and normalization of judgment against people classified outside of the social norms. Externalizing conversation is aimed at separating the person from the problem in order to define the person’s relationship with the problem. Utilizing language and metaphors such as “battling”, “disempowering”, “educating”, “reducing”, and dispelling” the problem result in personification of the problem (Freedman & Combs, 1996). The process of personification of the problem uncovers the person’s relationship with the problem and generates awareness, hope, and possibilities to revise the relationship (White, 2007). Freedman and Combs (1996) asserted that in the process of externalization, it is imperative to avoid totalizing a problem and exclusively viewing it under a negative light, as villainizing a problem could lead to omission of the
associated contextual factors that bear positive merits and values. Freedman and Combs (1996) also insisted that externalization is more effective when it is performed organically and espoused to as an attitude instead of a technique.

**Mapping the influence of the problem.** White (2007) encouraged narrative therapists to employ an attitude of an investigative reporter and posing inquiries to expose the character and the daily operation of the problem. In a continuous effort to depict the client’s predicament and to reinforce the externalization of the problem, narrative therapists engage in conversations that reveal how various areas of a person’s life are influenced by the existence of the problem. Mapping the influence of the problem on the person externalizes the internal dialogue and highlights the complications of the problem on the person’s relationship with self and others.

**Mapping the influence of the person.** White and Epston (1990) asserted that in order to induce a sense of personal agency as well as continuing the process of externalization of the problem, subsequent to mapping the influence of the problem, narrative therapists advance to introducing a set of questions that exposes the role and responsibilities of the person in the life of the problem. For most people who have long become entangled with their problems, it is difficult to accept or to identify their share in the survival of the problem (White & Epston, 1990). However, questions, which inquire about the person’s position with regards to the problem, invoke personal reflection on the influence of the person’s role in development and sustainability of the problem (Freedman & Combs, 1996).
**Developing the preferred stories.** White (2007) posited that examining various facades of the interface between the person and the problem brings forth the unique outcomes out of the problem saturated story and creates opportunities for incorporating these neglected but potentially important parts of the story into the development of a new relationship with the problem. This in turn leads to re-authoring an alternative story and resurfacing of true identity.

In ensuring that the unique outcomes represent the client’s preferred narratives, Freedman and Combs (1996) found it essential to engage the client not only in “the landscape of action” to “plot sequences of events through time” (p. 97) but also to involve the client experientially in “the landscape of consciousness” to “plot the meanings, desires, intentions, beliefs, commitments, motivation, values, and the like that relate to their experiences in the landscape of action” (p. 97). In order to enrich all aspects of the emerging narrative, it is helpful to probe about the client’s actions, thoughts, feelings as well as the senses. Additionally, in accordance to social constructionism, which asserts that realities are socially and relationally constructed, the evolving narrative can be further thickened and substantiated by encouraging the client to invite perspectives and viewpoints of significant people in rewriting his or her preferred narratives (Freedman & Combs, 1996).

**Spreading the preferred story into the future.** In an effort to establish continuity of time in the preferred story, Combs and Freedman (2012) suggested engaging the client to experience the preferred narrative in the context of past relational events. Questions such as ‘if we were to ask people close to you, who would have predicted your accomplishment and what memories of you would have led them to
predict your success?’ fortifies the developed narrative in the past. Subsequently, questions such as ‘with the new change in your view, how do imagine the future be different’ inspires the client ‘to envision, expect and plan toward a more hopeful future’ (Combs & Freedman, 2012, p. 1048).

**Letters and documents.** Combs and Freedman (2012) recognized the importance of keeping the therapeutic gains alive and available between the sessions. Documents, in the forms of letters, certificates, digital recordings, and artwork are a narrative intervention that generates encouragement and empowerment. This is a versatile therapeutic technique that, depending on the goal, can be used at any phases of the therapy to either engage, reinforce the change in narrative or to solidify the gains. Documents, written by the therapist, clients or both, are means to emphasize personal agency and to solidify the course of a new life story.
Summary

Despite the general increase in number since the 1970’s, childfree women form a societal minority. Whether a woman’s decision to forego motherhood is based on lifestyle preferences or has roots in her biological makeup she, as an outlier of the pronatalist societal norms, could be subjected to stigmatization. Labels such as immoral, selfish, unfeminine, promiscuous, materialistic, immature, irresponsible, child-haters, and psychopathological are overtly or covertly associated with women who, from within, are content with not bearing and rearing a child. As a result, some childfree women who internalize the external stereotyping and pressure for normative conformity may endure bruised identity as a devalued and delegitimized women and may suffer from relational, emotional or psychological distress. Therapists, by examining their values and biases, could increase their knowledge of facts surrounding childfree phenomenon, advocate for validation of childfree identity, and consider the relational and psychological implications of remaining childfree in their therapeutic work. Therapeutic interventions founded on narrative therapy could facilitate a supportive platform for childfree women to freely examine their identity in regards to procreation and to find their voice against dominant cultural discourses and social stigmatization.
CHAPTER III: PROJECT AUDIENCE AND IMPLICATION FACTORS

Introduction

The purpose of this project is to develop an experiential and educational workshop targeted for the mental health practitioners on the topic of childfree women, which is a less charted territory of human diversity in counseling. By deploying the content of the workshop, the presenter is able to engage participants in examining personal and social biases; review the contextual factors and statistical trends; explore the relational, emotional, and psychological implications; and suggest a new terminology as well as counseling guidelines for an effective therapeutic practice in working with the childfree population. This chapter is a review of the intent for the development of the workshop, the targeted audience, the presenter’s qualifications, and the logistical requirements to conduct the workshop. The last section of the chapter is dedicated to outline the content of the proposed presentation.

Development of Project

On a mother’s day some years ago, my husband and I decided to go to the mall. With my Iranian mother living in Denmark and my American mother-in-law residing in Chicago, both of us made our congratulatory phone calls early in the morning. With no mother to spend the day with, the significance of the day gradually faded in our minds. By the time we began to enter the stores, I only saw the day as another Sunday. Therefore, when the young female sales associate asked my husband if he was looking for a mother’s day gift for me, I abruptly answered: I am not a mother, to which she replied apologetically: sorry, I didn’t know. Our next encounter with a sales associate began with a similar question, but by then I had a talk with myself to respond less reactively. Thus,
patiently I told the young lady that we did not have any children. With a tone, which inevitably expressed feelings of compassion and pity for us, she replied: oh, I am so sorry. Outraged once again, I wanted to tell her that not having children was a conscious and mutual decision made by my husband and me and that there was no reason to feel pity for us. By the time of our third and final experience with the sales associate, I had perfected my answer and said convincingly: we are not parents, we have chosen to not have children, to which he replied: That is so cool!

Flooded with feelings of inadequacy and false glamorization from not pleasing the social mandate of parenthood, I vowed to never leave the house on mother’s day as I blamed my own insensitivity to the significant of the day for the marginalizing experiences of the day. However, I could not help to see a bigger issue as I remembered the times that my mother suggested that I would never understand her because I am not a mother, the times that I was encouraged by my Persian relatives to have children to sweeten my marriage, the times that I was told I will regret my choice, the time that my female boss attempted to foster maternal feelings in me by buying me the book: “What to expect, when you are expecting”, the times that I was called selfish by Danish friends for not wanting to have children, the times that I was expected to work longer hours because I did not have a child to pick up from the daycare, the times that I was called a DINK (Dual Income No Kids), the times that my instructors became surprised by learning that I liked to work with the little ones, and the two times that an educator told me sarcastically that the best parents are the ones who do not have any children.

As more and more memories began to unravel, I started to ask myself, why is it that I do not want to have children. Is it because of being parentified in a dysfunctional
family, is it because of the instability and trauma that came with immigration, is it because of my dedication to career and education, is it due to the subconscious fear of becoming like my mother, is it because of my brush with depression, or is it simply because I was born with no maternal instinct.

Is foregoing maternity a deficiency or an identity? Do I need to mourn the “less” in the volunteer childless me or should I celebrate the “free” in the childfree me? Why do we involve a relationship and the word “child” into creating a characterization for a woman who has not given birth? We do not call a gay man, a woman-free or a woman-less man; a White woman, a pigment-free or pigment-less woman; or a mother, a child-more or a child-bound woman. Why don’t we use a language that reflects more neutrality instead of child-less or child-free?

As I have been nearing the time to fully embrace my new public role of a mental health practitioner, I have felt an urge to explore the “childfree” phenomenon and to create a project that exposes the subterranean societal stigmatization, sparks conversations, and increases awareness within the field of mental health.

My project is not a condemnation of parenthood or a glamorization of foregoing parenthood. It is a mean to normalize questioning the alignment of procreation with one’s true identity and accepting the answer with open arms. My hope is that as the society “makes womb” for the childfree woman, children are conceived in the wombs of women who have deliberately evaluated their intention for maternity and are prepared to provide or secure fulfillment of not only a child’s custodial necessities but also the child’s emotional needs.
**Intended Audience**

The workshop is developed with mental health clinicians as its audience. The main focus of the presentation is to examine the childfree concept as it pertains to women at large. However, the topic of the workshop is not meant to deter male participation, as some of the discussed topics apply to the childfree men as well. In addition, female and male mental health practitioners alike could encounter the childfree occurrence in their practice.

Furthermore, the workshop is not a disapproval of parenthood or a promotion of foregoing paternity. It is designed to create awareness and to foster critical thinking. Thus, regardless of sexual orientation, parents and non-parents with all opinions, biases, and positions are welcomed.

**Qualification of Providers**

The presenter of this workshop is preferred to be a mental health clinician either in a role of a novice or experienced marriage and family therapist, social worker, psychologist, or counselor. He or she should minimally have experience or knowledge of dominant sociocultural discourses and the general effect of stigmatization on one’s identity development and mental health. It is imperative for the presenter to at least be aware of his or her biases or at best be capable of maintaining a non-judgmental attitude towards individuals who choose to either question or voluntarily forego parenthood. Similarly, it is of the essence that the presenter is mindful and transparent regarding any conceivable anti-natalist core values or preferably holds no judgment against individual choice for procreation and parenthood. By meeting the aforementioned requirements, the
presenter can be a parent or a childfree person regardless of age, sexual orientation, or race.

**Environment and Equipment**

The preferred forums for the workshop delivery are, but not limited to, marriage and family conferences, educational settings, individual practices, and community agencies. In order to create audience participation and an experiential atmosphere it is recommended to hold the presentation in smaller settings. The workshop is created in power point slides, includes audio and visual segments, and can be run locally from a computer. Thus, a computer, a projector, and an electrical connectivity to link the two together are required.

**Project Outline**

- Setting the stage
  - Reflexivity and disclosure of the presenter’s social address
  - Overview
  - Childfree and childless definitions
  - Experimental exercise to examine participants preconceived notions about characteristics of a childfree woman.
- A review of the childfree phenomenon
  - Influential factors on female identity development
  - Statistical trends in America
  - Social stigma
  - Characteristics
  - Underlying reasons
- Influential factors on remaining childfree
- Social, psychological, and physiological implications

- A new terminology
  - Continuation of the experimental exercise that examines participants’ preconceived notions regarding the childfree women.
  - Oversights of existing terminologies
  - Constructing a new terminology

- Counseling guidelines
  - Initial encounter
  - Dyadic disagreement
  - Individual self-doubt
  - Chronic marginalization and stigmatization
  - Regret in midlife
  - Conclusion and final thoughts
CHAPTER IV: CONCLUSION

Summary

This master’s project, presented as a workshop, is an outcome of a personal interest in creating more awareness among mental health professionals with respect to various implications of foregoing parenthood. The workshop facilitates an open and experiential platform for participants to explore, identify, express, revise, or confirm their opinions of women who form a minority by waiving procreation. It is also the purpose of the workshop to convey empirically supported information that would help participants to shape or reshape their subjective but now informed views regarding procreation. Furthermore, the project is designed to instigate deconstruction of the existing terminologies of childfree and voluntary childless and to provide an opportunity to construct an unbiased expression that is independent of the child reference. The final objective of the workshop is to present counseling recommendations that may assist mental health practitioners with refining their sensitivity and skills in working with individuals who reject society’s implicit or explicit calls for parental conformity.

Recommendations

Recommendation for Implementation

The proposed counseling guidelines of this workshop are developed within the framework of narrative therapy infused with subjective views and personal experiences. Thus, it is recommended that the presenter is familiar with the basic principles and interventions of narrative therapy and is accustomed to being transparent. As condemnation of parenthood or promotion of foregoing parenthood are not the objectives
of this project, it is highly recommended that individuals who hold strong convictions for being pro or against procreation refrain from presenting the workshop.

**Recommendation for Future Research**

The workshop addresses the issues and concerns related to voluntary childlessness with the foremost attention on women and heterosexual relationships in the United States. Thus, the project can be expanded to entail specific information for the male population and same-sex couples in the United States and other countries around the world as research availability permits.

In addition, from a cultural influence perspective, the workshop is preceded by research conducted primarily in the United States and Europe. Performing and incorporating studies from other regions of the world would make the workshop more culturally comprehensive. It is also prudent to further examine the correlation between lower SES and higher birth rate in the United States, despite the presence of a reduced desire for procreation within the aforementioned social class. Finally, in order to gain a deeper understanding of the sociocultural phenomenon of foregoing procreation, it is important to instigate scholarly explanation for any significant change in prevalence as seen in the last few years.

**Limitation of the Project**

The workshop encompasses time-sensitive materials such as statistical data and figures, which may require revision and re-analysis as more information becomes available with time. Another limitation of the workshop is that some individuals may have minimal interest in conducting the workshop due to unfamiliarity or disinterest in narrative therapy as the foundation for the therapeutic recommendations. From a
logistical point of view, the execution of the project requires access to a computer and a projector. Finally, until the workshop is presented fully to the targeted audience, the effect and outcome of the project remains unknown and is limited to hypothesized assumptions and expectations.

**Conclusion**

“He drew a circle that shut me out - Heretic, rebel, a thing to flout. But love and I had the wit to win: We drew a circle and took him in!” (Markham, 1915, p. 1).

The dominant social narratives that stand against individualistic core values and beliefs are society’s forces that intentionally or unintentionally draw circles of divisions and exclusions between its members. These forces persistently produce societal heretics, deviants, and outliers. They form remote islands of isolation and rejection far from the secure land of belonging and affirmation. Throughout mankind’s history the dominant ideologies have polarized humans and sentenced them to secluded islands in opposing groups of whites versus blacks, men versus women, religious versus sacrilegious, straight versus gay, and mothers versus others.

As one of society’s dominant beliefs, Pronatalism places childbearing at the heart of femininity and invalidates the personal choice of women who prefer to forego motherhood. It generates external pressure on the female identity to mirror the traditional narrative of maternity. Thus, women who defy the cultural norms of motherhood are faced with the similar fate of marginalization and stigmatization as experienced by any other societal non-conforming minority groups. Such women are stereotyped and circled out as selfish, immature, promiscuous, and unfeminine. They are targets of familial and communal macro or micro-aggressions. They are forever defined in relation to their un-
conceived child as childfree or voluntary childless. They are shut out as carefree by being childfree or worthless by being childless. Such chronic oppressive pressures could in turn manifest themselves in the forms of internal conflicts, self-stigmatization, and ultimately split identity. By drawing internal circles of division, some women may attempt to disown their lack of desire to procreate. They may resent their true identity and experience self-hatred and self-doubt. The internal battle between the culturally prescribed identity and the divergent individuality creates emotional and psychological dissonance that could gradually and silently affect one's wellbeing.

As the number of women who have forgone motherhood has increased since the 1970’s, the counseling implications of this new facet of human diversity deserve attention and exploration. Mental health practitioners are society’s advocates who can reframe and outwit external objections to unique identities by adopting a language of neutrality and by drawing inclusive circles of sensitivity, acceptance, self-empathy, and love.
REFERENCES


Carlson, T., & Erickson, M. (1999). Recapturing the person in the therapist: An exploration of personal values, commitments, and beliefs. *Contemporary Family Therapy, 21*(1), 57-76.


Markham, E. (1915). *The Shoes of Happiness, and Other Poems: The Third Book of*


APPENDIX

Childfree Women and

W.O.M.B.

(Womanhood, Otherhood, Motherhood, and Beyond)

Negah Yazdi

California State University, Northridge
Introduction

‘Childfree Women and W.O.M.B’ (*Womanhood, Otherhood, Motherhood, and Beyond*) is an exploratory workshop that sprung from the personal experiences and curiosity of a woman who has found *womanhood* on the less socially traveled path of no procreation. The piercing question of ‘why society looks at me with an unfavorable gaze of *otherhood*’ has become the foundation for this workshop and has sparked motivation for researching the childfree phenomenon, exploring the counseling implications of waiving motherhood in the mental health domain, and examining the existing terminologies of childfree and childlessness *beyond* their explicit meanings.

The workshop requires approximately four hours to execute and consists of four primary segments: setting the stage, a review of the childfree phenomenon, a new terminology, and counseling guidelines. The aforementioned segments are described in more details in the following sections.

**Setting the Stage**

The initial phase of the workshop is allocated to familiarize the participants with the overall purpose, content, and duration of the presentation. The presenter will model transparency and openness by disclosing pertinent background information that will encourage the audience to participate in evaluating and sharing their personal beliefs, thoughts, and feelings. It is important to specify the objectives of the workshop, which are to instigate discussions, to trigger self-exploration, to generate awareness of the social and emotional implications of foregoing parenthood, and to provide therapeutic guidelines considering this aspect of human diversity. It is also as important to explicitly clarify the exclusions of the workshop objectives, which are to condemn parenthood or to
promote antinatalist ideologies. The presenter will emphasize that the title and the content of the workshop is primarily devoted to women’s concerns, nonetheless some of the presented materials are also applicable to the male population.

The next task of setting the stage is to situate the audience with the content of the workshop and to provide an overview. It is important to highlight the experiential aspect of the workshop, which consists of watching video-clips and engaging in the subsequent group discussions. It is also beneficial to reiterate the importance of sharing personal values and to encourage participation throughout the four-hour workshop.

After outlining the content of the workshop, the presenter will provide definitions of the terminologies “childless” and “childfree” in order to clarify or ensure the audience’s understanding of the subject matter. This is an opportunity to reinforce the role of language in identity development and to engage the audience in analyzing the terms with regards to any hidden positive or negative connotations.

Setting the stage also includes introducing the participants via video of two women who are asked to describe themselves without disclosing their reproduction history. The participants are then asked to guess which of the women guests is a mother, childless, or childfree by basing their speculations on their own preconceived notions of each category. The audience will discuss their guesses first in sub-groups and then with the entire audience. The reproduction history of the women will be revealed towards the end of the workshop, which in most cases will illuminate the participants’ preconceived notions. The opening section consists of slides 1-7 and will require approximately 50 minutes.
A review of the Childfree Phenomenon

The next portion of the workshop offers research based information regarding feminine identity development, statistical trends, social stigma, characteristics, underlying reasons, influence of contextual factors, and implications for the choice of waiving motherhood.

The participants will be informed or reminded of the historical influences of equating womanhood with motherhood as well as the sociocultural movements that have challenged the linkage of childrearing with feminine identity. The audience will then be presented with the statistical trends of childfree women in the U.S. considering race and age.

Next, the presenter will engage the audience in discussing social stigma associated with foregoing motherhood. The presenter will disclose personal experiences and then support the participants in sharing their thoughts and feelings. Thereafter, characteristics of women who waive procreation will be examined with regards to demographic variations and family lifecycle followed by an analysis of the spoken and unspoken underlying reasons. The next topic to present will be the influence of factors such as culture, dyadic relationship, and family of origin on the decision to remain childfree. Lastly, the social, emotional, and physiological implications of the childfree choice will be examined. This section of the workshop includes slides 8-26 and will require approximately 85 minutes.
A New Terminology

Prior to revealing the reproduction history of the women guests, the audience will be guided to review their prior guesses and to explain if the presented information has led them to revise their speculations. The presenter will then show video clips of the women disclosing their status and allow for the audience to react. Next, the participants are guided to return to their respective subgroups to carry a discussion about the influence of sociocultural stereotypes or norms on accurately or inaccurately guessing the procreation status of the two women. The participants are also asked to further scrutinize the childfree and childless terms with respect to any implicit meanings that are projected by these labels. Each sub-group is also asked to suggest a new term that could more appropriately depict a woman who waives maternity. The presenter will next discuss his or her thoughts regarding the shortcomings of the existing terminologies, suggest a new solution, and solicit feedback. This portion of the presentation will be implemented by showing slides 27-31 and will take about 35 minutes.

Counseling Guidelines

The last segment of the workshop is dedicated to offer therapeutic guidelines for working with individuals who may directly or indirectly suffer from implications of not procreating. The counseling recommendations offered in the workshop are founded on the principles of narrative therapy and are guided by values of reflexivity. The therapeutic suggestions are designed considering five main scenarios. The presenter will first review the best practice for meeting an individual or a couple at an intake session. Next, the presenter will outline interventions relevant to partners who are in disagreement with respect to their desire for procreation. Thereafter, counseling guidelines will focus on
working with individuals who experience self-doubt resulting from questioning their lack of desire for procreation. The presenter will then propose instructions for working with individuals who may experience emotional and psychological disorders stemming from prolonged marginalization and stigmatization. Last, the topic of regret in midlife will be discussed.

The workshop will be concluded by providing some final remarks and facilitating a question and answer session. The last segment of the workshop will be based on reviewing slides 33-39 and will take about 45 minutes.
Presentation Slides

Childfree Women and W.O.M.B. (Womanhood, Otherhood, Motherhood, and Beyond)

Negah Yazdi
California State University, Northridge

Slide #1
The presenter will at first welcome the audience and states that although the content of the workshop is focused on women, nonetheless most of the material is also applicable to men. The presenter then will introduce him/herself. It is imperative for the presenter to be transparent with regards to his/her social address namely, cultural background, motivation for presenting and personal values as it pertains to parenthood or nonparenthood. It is also as important for the presenter to explain the reason for his/her self-disclosure, which is to honor personal values and to encourage participants to utilize the workshop to reflect and to examine their personal values and preconceived notions with regards to this topic. The presenter then will ask the participants to introduce themselves by stating their name and whether they are a parent or non-parent and if they are non-parent, are they questioning parenthood or are they planning to become a parent in the future. The presenter will summarize the slide by stating that the overall purpose of the presentation is to explore what it means to be a non-parent individual, to instigate self-exploration and awareness, and to spark discussions and dialogues. Thus, the intent of this workshop is not to condemn parenthood and to promote antinatalist ideology, but rather equipping mental health clinicians with tools and knowledge to serve individuals or couples who question parenthood or seek therapy for related or unrelated reasons to their status as non-parents. This part will take about 10 minutes.
The presenter will allocate 5 minutes to provide an overview of the key topics that will be addressed during the workshop, which entail: current definitions of non-parents, introduction to two women, who’s status as “childfree”, childless or mother will be revealed later, historical influences on female identity development, prevalence of “childfree” and childless in America, social stigma, characteristics (demographics, socioeconomic, family lifecycle, attitude), the influential factors (culture, FOO, Dyadic relationship), Implications (on dyadic relationship, regret, stigma, psychological distress), new terminology for women, who choose to waive maternity, and counseling guidelines and tips.
The presenter will begin with engaging the audience by asking them about their understanding of the differences between childless and childfree and what do these terms imply in terms of positive vs. connotation and in terms of having a choice. The presenter will confirm or clarify the technical definitions (childless or involuntary childless and childfree or voluntary childless) and that the term childfree was defined by National Organization for Non-Parents in 1972, whereas the term childless has existed in the literature longer and that many statistics do not distinguish between the two terms and consider all women with no children childless.

The presenter will continue to suggest that the phrase childless has a negative connotation and implies incompletion and lack of something in contrast to the term childfree, which suggest a positive connotation or being free. In the case of childlessness the ability has been taken away from the woman biologically, so the childless woman has no choice. Where as in the case of a childfree woman, she has been given the ability (by God or nature) but she is not exercising it as she views motherhood a choice and not an obligation. When our choices or the lack of having choices are criticized, it is as if a part of our identity is criticized since our choices help shaping our identity.

The presenter will conclude this slide by stating that to an outsider both childless and childfree may look the same (no kids) however as clinicians it is important to know that the social and psychological implications are different. This slide will take about 10 minutes.
Preconceived Assumptions

Let’s meet Kim and Jeanne …

Mother, Childfree or Childless?

How would you know?

Slide #4
The presenter will take about 2 minutes to prepare the audience for self-exploration of personal and cultural values and biases during introduction of Kim and Jeanne. The presenter states that Kim and Jeanne will not reveal their identity as it relates to motherhood and encourages the participants to listen carefully to what Kim and Jeanne reveal about themselves and how their description of self fits the audience preconceived notion and cognitive blueprint of a woman who is a mother, childfree, or childless. The presenter guides the participants to make a mental note of their guess as the identity of Kim and Jeanne pertaining motherhood will be revealed later on during the workshop. The presenter will also suggest that the participants monitor their initial guess for any change as more technical data and information is presented.
This video will require about 2 minutes. Kim is a married woman, who has chosen to remain childless. She will talk about herself without revealing being a childfree woman.
Jeanne is a married woman and a mother. Jeanne describes her interests and her occupation without revealing that she is a mother.
Slide #7
The presenter will direct the participants to form groups of 3-4 people and exchange their guesses and justification for their guesses as to which woman is childfree, childless or a mother. The participants are also directed to discuss their ideas about how to approach a woman about their status of being a mother or non-mother. The participants are encouraged to think about and ask themselves, what if I were to meet Jeanne or Kim at a social gathering, would I broach the subject of motherhood or would I stay away and why. What if Kim or Jeanne stated that they did not have any children? Would I then ask why and if it was a choice or would I attempt to stop the conversation. How about in a clinical setting?
The presenter will allow 15 minutes for each group to exchange ideas and thoughts and then will direct each group representative to share the highlights of their intra-group discussion with other participants.
This part of the workshop will take about 20 minutes.

Discussion

- I think Kim is …

- I think Jeanne is …
Influential Factors on Female Identity - Pronatalism

• Economic Necessity
  – Labor and elderly care
• Familial and cultural Norms
  – Family alienation and public disapproval
• Psychology Theories
  – Freudian versus Feminism

(Motherwell & Prudent, 1998)
(Cherlin, 1988)

The presenter will take about 5 minutes to describe the influential factors, which have historically contributed to closely linking motherhood to female identity to the extent that the word child is now incorporated in defining a woman who is not a mother (childfree, childless). The presenter will provide explanation as to how a woman’s identity has become so intertwined with a role as a mother by stating that until the late 19th century children had economic purpose and were needed for farm labor and sibling/elderly care. As such, childbearing and childrearing was encouraged and any deviation from this role was met with familial alienation and public disapproval and sanctions. Furthermore psychologist effort to determine female identity development has also contributed to linking womanhood with motherhood. As such, it is Freud’s female identity development, which was based on phallocentric ideology (A women in absence of male genitalia cannot achieve maturity, however she can attain a pseudo superego if she gives birth, preferably to baby boys). Conversely, feminism by overemphasizing the role of a woman and deemphasizing the role of men in the identity development of girls, once again indirectly linked womanhood with motherhood.
The presenter will allocate about 5 minutes to review the influential sociocultural elements, which have challenged the historical equation between womanhood and motherhood and have contributed to broadening women’s role beyond motherhood. As such are industrialization, which led to a departure from agricultural society and rural area as well as engagement of women in higher education and workforce. In addition Women’s Rights movement for equal pay and legalization of abortion and contraception also led to postponement of marriage and fertility regulation.

(Agrillo & Nelini, 2008)
Statistical Trend In America  
(Pew Research)

Women (at the end of childbearing age)  
without children:

1976 ~10% of all women
2010 ~20% of all women

(Livingston & Cohn, 2010)

Slide #10  
The presenter will take about 2 minutes to highlight that the overall childbearing rate for childless and “childfree” women has halved as in 1976 1 in 10 of all women (regardless of race, age, SES, etc.) did not give birth compared to 1 in 5 in 2010.  
If applicable, the presenter will update the slide to reflect the latest available statistics.
The presenter will take about 5 minutes to review three graphs that display childlessness from 1976 until 2012. It is important to highlight the fact that these graphs reflect information for both voluntary and involuntary childlessness. It is interesting to point the exception to the general upward trend, namely, the decline in childlessness (voluntary and involuntary) from 2010 to 2012. The presenter will engage the audience to examine the potential root cause for the decline by asking the audience directly for the possible reasons: could it be due to availability and affordability of fertility clinics or efficiency of fertility techniques? Could the decline in the trend be explained by the economic downturn, which might have minimized or eliminated the opportunity for pursuing higher education and employment? Are there other reasons that the participants could suggest? If applicable, the presenter will update the slide to reflect the latest available statistics and will rearrange the discussion accordingly.
The presenter will take about 3 minutes to provide a percentage breakdown for childfree women with regards to their age brackets. An earlier diagram (reposted on the right) from US Census Bureau indicated that childlessness (voluntary and involuntary) decreases with age. However, this slide indicates that voluntary childlessness increases with age. Thus, the discrepancy between the two data sets could suggest that the majority of women ages 30-34 and 35-39 are either involuntarily childless or will change their minds and become mothers at a later age. If applicable, the presenter will update the slide to reflect the latest available statistics.
The presenter will take about 3 minutes to discuss the breakdown of races amongst women with no children, ages 40-44. The data does not distinguish between the voluntary or involuntary nature of childlessness. Since the report does not distinguish between “childfree” and childlessness, it cannot be inferred that the difference in data points for various races is a result of genetic dispositions or other contextual factors and cultural influences.

If applicable, the presenter will update the slide to reflect the latest available statistics.
Statistical Trend in America
2006-2010 Data (National Health Statistics)

Women ages 40-44:

- **Childless** 35.2%
- **Childfree** 21.5%
- Temporarily 1.6%
- Mothers 25.5%

- 72% White
- 11.1% African American
- 8.8% Hispanic
- 3.3% Asian

(Daniels, Chandra, & Martinez, 2012)

Slide #14
The presenter will take about 3 minutes to provide a percentage breakdown for women ages 40-44 with regards to their status or position to motherhood. The presenter will make a note of the data point for “childfree” women, which is 21.5% and the further break down of this category considering various races. The presenter will engage the audience to explore the reason for much higher percentage (72%) amongst white women, which could be related to better opportunities for higher education and employment amongst white women.

The presenter will also compare the data points for the Hispanics and Asian women with the previous slide’s data points for the same minority groups. Although the data collections are from different years, the comparison reveals a reversal in ranking. This may imply that voluntary childlessness is higher amongst Hispanics whereas involuntary childlessness is higher amongst Asian women.

If applicable, the presenter will update the slide to reflect the latest available statistics.
Statistical Trend In America
(National Health Statistics)

Women ages 15-44:

<table>
<thead>
<tr>
<th>Year</th>
<th>Childfree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982</td>
<td>2.4%</td>
</tr>
<tr>
<td>1990</td>
<td>4.3%</td>
</tr>
<tr>
<td>1995</td>
<td>6.6%</td>
</tr>
<tr>
<td>2002</td>
<td>6.2%</td>
</tr>
<tr>
<td>2006-2010</td>
<td>6%</td>
</tr>
</tbody>
</table>

(Chandra, Daniels, & Martinez, 2012)

Slide #15
The presenter will take about 3 minutes to describe the growing trend voluntary childlessness amongst women ages 15-44. The data suggests a noticeable growth from 2.4% to 6.6% beginning from 1982 to 1995 and slight decline from 6.6% in 1995 to an average of 6% between 2006 and 2010.
If applicable, the presenter will update the slide to reflect the latest available statistics.
The presenter will utilize the next 3 minutes to highlight that although there is an upward trend in the number of people, who have moved away from the traditional definition of family and family lifecycle and believe that children are not necessary in order to have a happy family, however, an increasing number of people perceive childlessness detrimental for the society. Such opposing social view and forces could suggest friction, lack of acceptance, and marginalization of the non-traditional views and behavior. If applicable, the presenter will update the slide to reflect the latest available statistics.
The presenter will utilize the next 5 minutes to display labels and stereotypes that have commonly been used to characterize childfree individuals. The presenter will share any personal direct or indirect encounter with any of the labels and will ask the audience to share theirs.

<table>
<thead>
<tr>
<th>Social Stigma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child-haters</td>
</tr>
<tr>
<td>Social Stigma</td>
</tr>
<tr>
<td>Burden on the Society</td>
</tr>
<tr>
<td>Selfish</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td>Materialistic</td>
</tr>
<tr>
<td>DINK</td>
</tr>
<tr>
<td>One-Dimensional</td>
</tr>
<tr>
<td>Promiscuous</td>
</tr>
<tr>
<td>Immature</td>
</tr>
<tr>
<td>(Agrillo &amp; Nelini, 2008)</td>
</tr>
<tr>
<td>(Gold, 2012)</td>
</tr>
</tbody>
</table>
The presenter will take about 3 minute to indicate that childfree women exist across various social and cultural backgrounds. However, the majority of childfree women exhibit the above-mentioned characteristics.

The presenter will elaborate on research findings which indicate that higher education positively correlates with higher childfree prevalence, as in 2006-2010 42.3% of childfree women had a bachelor’s degree or higher, 27.7% some college education but no bachelor’s degree, 25.5% high school diploma, 9.5% no high school diploma or GED. Higher education also increases the prevalence of childfree as in 2006, 57% of childfree women had an annual income of $25K or more, compared to 26%.

Predominant Characteristics of Childfree Women

- Live in large cities
- Less religious and less traditional
- Less traditional gender roles
- Married late or more than once
- Higher education and higher Income

(Agrillo & Nelinin, 2008)
(Martinez, Daniels, & Chandra, 2012)
(Waren & Pals, 2013)
The presenter will take about 5 minutes to recap the previous slides on statistics for childfree women and explain features of childfree women with more specificity. With regards to age, childfree prevalence increases with an increase in age as in 2006-2010, 9.7% of women ages 30-34 identified as childfree, compared to 17.9% of women ages 3-39 and 21.5 of women ages 40-44.

Considering the effect of race, from 2006-2010 72% of childfree women were white, 11.1% African American, 8.8% Hispanic, 3.3% Asian (as discussed during an earlier slide).

Marriage has adverse effect on the childfree phenomenon, as in 2012, 21.9% of childfree women were married, compared to 59.2% who have never been married. Also, in contrast to general expectation, cohabitation does not increase the likelihood of remaining childfree as in 2012, 11.8% of childfree women were cohabiting compared to 21.9% who were married.

The presenter will state that scholars acknowledge that family lifecycle is cultural based. However they define the generic stages as: young adulthood, coupling, families with young children, families with adolescents, families launching children, families in later life. Researchers believe that the prevalence of childlessness (voluntary or involuntary) is higher amongst individual who have a prolonged launching phase or have never left home.

Predominant Characteristics of Childfree Women, Cont’d

- **Demographic variation**
  - Age (Highest for ages 40-44)
  - Race (Highest for White women)
  - Married vs. Single (Highest for single women)
  - Married vs. Cohabitating (Highest for married women)

- **Family Lifecycle**
  - Prolonged launching phase (Increase prevalence of childfree)

(Hagestad & Call, 2007)
(Martinez, Daniels, & Chandra, 2012)
The presenter takes about 5 minutes to review the various spoken and presumed reasons for women to do not choose maternity: the “Me” section reflects the personal and individualistic needs, the “You” section highlights the altruistic reasons, and the “Us” section identifies relationally based justifications.

Underlying Reasons - Spoken

- **“Me” justification:**
  - Education and career advancement
  - Leading a spontaneous and worldly life
  - Cost of childrearing
  - Lack of interest for children
  - Repulsion for pregnancy and childbirth process

- **“You” justification:**
  - Concerns about meeting child’s emotional needs due to traumatic childhood experiences
  - Dormant diseases and Pre-existing medical conditions
  - Concerns about growing world population

- **“Us” Justification**
  - Contentment with existing dyadic relationship
  - Adverse effect of parenthood on dyadic relationship

(Hird & Abshoff, 2000)
(Richie, 2013)
Underlying Reasons - Unspoken

- Intrinsic justification:
  - Interest in being childfree is discovered in childhood
  - Motherhood, an unnatural phenomenon

(Engwall & Peterson, 2013)
Influential Factors on Remaining Childfree

- Individualistic vs. Collectivistic Cultures

- Family of Origin
  - Parent-child relationship
  - SES
  - Family Composition

- Dyadic decision-making process
  - Remaining childfree is solidified in a relationship
  - Decision outcome is based on:
    - Partners’ individual perspectives
    - Significance of relationship
    - Strength of conviction

Slide #22
The presenter will take 10 minutes to echo research findings that the childfree phenomenon is more prevalent in societies that promote individualistic and autonomous values. For example, in Europe, the childfree occurrence is highest in Denmark, followed by southern European countries and then the former eastern European communist countries. The presenter is encouraged to add any personal anecdote, if applicable. With regards to the family of origin, researchers have determined that poor parent-child relationship is a predictor of having less desire to procreate. Lower SES has been linked to less childbearing interest, however historically there has been higher birth rate within low-SES families. The presenter will pose questions to the audience to discuss their thoughts regarding this statistical contradiction. Could it be because lower SES fosters fewer opportunities for cultivating other interest, or is it because such individuals still have biological and emotional urge for procreation, which trumps cognitive reasoning, or are there other reasons? The presenter will continue to state that family composition (biological parents, single parents, cohabiting parents, step parents) does not positively or negatively influence the childfree occurrence.

With regards to the influence of dyadic relationship, the presenter will state that couples who share the same view of foregoing parenthood and are resolute in their decision independently, make and accept their decision early in the relationship. However, partners, who are ambivalent in their stance but value their relationship, will reach their permanent childfree status in a passive manner and accept their childfree status when procreation is no longer biologically feasible. In instances where partners hold opposite

(Lee & Zvonkovic, 2014)
(Liefbroer & Merts, 2012)
(Sanders, 2012)

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views, the significance of the relationship will dictate whether the couple maintain their relationship and the strength of their perspective convictions will determine whether the couple will procreate or not. It is important for the presenter to note that the presented research and analysis have been conducted for heterosexual couples. Without specific research to target same-sex couples, the above-mentioned findings may or may not be applicable for same-sex couples.
Implications

- Societal
- Emotional and Psychological
- Physiological

Slide #23
The presenter will take about 30 seconds to introduce the 3 major implications of choosing to remain childless, which will be discussed in length during the next 3 slides.
The presenter will utilize the next 10 minutes to review some of the social and legal implications for foregoing motherhood. The presenter will state that the conventional wisdom identifies parenthood as a catalyst for improving a dyadic relationship. However, researchers believe that the birth of a child reduces marital satisfaction on average by 10% particularly in the area of role conflicts and restriction of freedom. The traditional view on the effect of parenthood on the dyadic relationship may cause some parents/parents-in-law to pressure their children for grandchildren. Also, couples with no children tend to be perceived wealthy by their family members and friends as. As such, family members and friends may have high and unrealistic financial expectation of them. Couples with no children may become excluded from parties and gatherings that involve children, as not having children may be perceived as “not liking children”. Individuals with no children may also be perceived to have extra time with minimal responsibilities and may be expected to spend longer hours at work since they don’t have a child to pick up from a childcare. Another implication is to undermine a person’s choice to forego parenthood and automatically assume biological inability and feeling pity for the person who does not have a child. Also, some employers automatically assume that since a person does not have any children, therefore he/she is not interested in working with children.

From a legal perspective, some childfree women (particularly if young) have been denied voluntary sterilization by doctors who firmly believe that the lack of desire/wish to bear a child is a transitory thought and will be changed by time.
Emotional & Psychological Implications

- Denying Own Identity
  - Substitute childfree identity with childless
    - Low self-esteem
- Tolerating Societal Marginalization
  - Exclusion Relation Disorder
    - Depression, Anxiety, OCD
- Owning childfree identity
  - Familial and Societal marginalization and microaggression
    - Isolation and internalization

(Friedman, 2007)
(Park, 2002)

Slide #25
The presenter will use the next 5 minutes to state that social implications could lead to emotional and psychological implications. A person may begin to develop low self-esteem by substituting his/her childfree identity with childless, as being childless is socially more understood and accepted. By tolerating the dominant norms, a childfree person may reveal his/her true childfree identity depending on the level of social acceptance of being childfree. Such an instability in self-view may lead to exclusion relation disorder as manifested in the forms of depression, anxiety or OCD. However, if a person decides to own his/her childfree identity, then the likelihood of being subjected to marginalization will increase. This in turn could lead to internalization and isolation and the subsequent emotional distresses.
Physiological Implications

- Regret
  - Common social view
    - Regret is inevitable for childfree people reaching midlife
    - Do parents regret?
  - Regret is a characteristic of midlife
  - Childfree decision is frequently revisited
    - Likelihood of regret is minimized
    - Regret is transitory
    - Does not produce anxiety and grief
  - Ambiguous decision making process
    - May lead to a more prolonged phase of regret
  - Feelings of regret needs to be considered in context

(Alexander, Rubinstein, Goodman, & Luborsky, 1992)
(DeLyser, 2012)
(Somers, 1993)

Slide #26
The presenter will take about 5 minutes to discuss the common social understanding that predicts people will eventually regret their childfree choice. Some scholars hypothesize that some parents may also experience regret. However, many parents do not report their true thoughts/feelings regarding parenthood due to society’s condemnations of such thoughts/feelings.
Researchers also believe that regret is a natural phenomenon that happens in midlife regardless of choices made. With regards to the childfree choice, if the decision making process has involved frequent emotional reexaminations, then the likelihood for regret is minimized, any regretful thoughts and feelings will be transitory, and most likely would not produce anxiety, panic and grief. However, if the decision has been made with more ambiguity, then there is a chance for experiencing regret and grief.
It is also important to realize that in many cases regret is inflicted by the sociocultural norms, which have repudiated the childfree choice and depicted such individuals as incomplete and less of a person.
The presenter will take about 1-2 minutes to transition the audience to the next segment (revealing Jeanne and Kim’s identity) by asking whether anyone has reconsidered his or her guess based on the discussed material.
The presenter will take about 10 seconds to reveal that Kim is childfree.
Jeanne is …

Place holder slide

The presenter will take about 10 seconds to reveal that Jeanne is a mother.
Discussion

1) Did sociocultural stereotyping influence your guesses?
2) Do the terms “childfree” and “voluntary childlessness” accurately capture characteristics of women with no children?
3) What are the implicit meanings and shortcomings of these terms?
4) If you were to use a different term, what term would you use?

Slide #30
The presenter will direct the participants to return to their sub-groups and discuss the above-mentioned questions for 10 minutes. The presenter will then ask each sub-group to share their thoughts and ideas with the rest of the audience. Overall, this part of the workshop will take about 20 minutes.
Oversight of Existing Terminologies

• Individuals who forego parenthood are identified in relation to another being (child)
  • CHILD-free or voluntary CHILD-less

• Individuals who forego parenthood are viewed to bear either a deficiency or a false glamorization and freedom of suffering and responsibility
  • voluntary child-LESS or child-FREE

The presenter will take about 5 minutes to capture prior group discussion and to emphasize that women or men who decide to forego childbearing are identified by terms that are founded in relation to another being, namely a child as in CHILD-less and CHILD-free. We do not call a gay man, a woman-free or a woman-less man; a White woman, a pigment-free or pigment-less woman; or a mother, a child-more or a child-bound woman. As an individual who decides to not have children would I need to mourn the “less” in the volunteer child-LESS me or should I celebrate the “free” in the child-FREE me? Why don’t we use a language that reflects more neutrality instead of child-less or child-free?

The presenter will proceed to the next slide to propose a new phrase as a substitute for the word childfree or voluntary childless.
New Terminology

ORISN

Observer & Reflector
of
Inner Self & Narrative

The presenter will provide background and justification for the new terminology and encourages the participants to share their thoughts and feedback. The presenter will emphasize the role of language in identity-development and the importance of language in therapy. This slide will take about 5 minutes.
The presenter will take about 30 seconds to introduce five therapeutic scenarios for working with individuals who have decided to forego parenthood. The four scenarios will be further examined during the next 5 slides.

Counseling Guidelines

- Initial encounter
- Dyadic Disagreement
- Individual Self-Doubt
- Chronic Marginalization & Stigmatization
- Regret in Midlife
Initial Encounter

- Become aware of your biases and be transparent!
- Inclusive Intake Form
  - Add a check box
- Deploy a neutral language
- Refrain from assumptions and generalizations:
  - Middle age? Must be Regret!
  - In her late 30’s? must be childless!
  - Middle Eastern? Must be familial and cultural pressure!
  - Couple problems? Must be over not having/having children!
- Listen to the client’s story …Every story is unique
- Validate without generalization
  - Share personal, clinical experiences/knowledge
  - I have worked with individuals/couples with no children but everyone is unique
  - Couples with no children are families too!

(Allen, 2000)
(Carlson & Erikson, 1999)

Slide #34
The presenter will take about 5 minutes to provide some therapeutic guidelines when meeting a client who has chosen to forego parenthood. As it is the case with any therapeutic work, it is imperative for the therapist to examine his/her views/beliefs on various human diversity factors and to be transparent. It is recommended to allocate a section on the intake form (check box) to inquire about the client’s intention and/or ability for procreation. This will indirectly suggest therapist’s awareness, knowledge, and acceptance. It is also important to project validation by using a language that is impartial. It is recommended to stay away from applying your sociocultural mental blueprint and past experiences onto the client’s story. It is a mistake to assume that all middle age women with no kids seek therapy because of regretful feelings related to not having a child. Or, if a Middle Eastern woman with no kids seeks therapy, it must be due to her familial and cultural pressure for conformity. It is essential to listen to the client’s story, as each person is unique. Self-disclosure of personal/professional experiences with regards to having children could be beneficial if it is done without generalization and for the purpose of validation and normalization.
Dyadic Disagreement

- Externalize the disagreement
- Determine the strength of convictions
  - No to procreation: “Me”, “You”, “Us”, and “Intrinsic” justifications
  - Yes to procreation: Personal desire, parental & societal pressure
- Identify importance of the relationship the in absence of the disagreement (Unique Outcomes)
- Measure the strength of conviction against the importance of the relationship or unique outcomes
- Guide clients to permanent or temporary resolution
  - Separation
  - Finalize the decision to have or to not have a child
  - Revisit the question in the future

(White & Epston, 1990)

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Slide #35

The presenter will use about 5 minutes to discuss how to work with partners who have opposing desire for procreation. By externalizing the disagreement, the couple will be able to view and evaluate their relationship outside of the problem. It is important to encourage each partner to specify their reasons for their position. Through this process each individual becomes aware of his/her and his/her partner’s strength of conviction for the choice.

Assess each partner’s view of the relationship outside of the problem. Guide the clients to measure the importance of the relationship against their conviction for their position. Help the client to reach a permanent answer by separating or settling on procreate/not-procreate or to reach a temporary solution by agreeing on revisiting the question at a later time.
The presenter will use about 5 minutes to discuss how to work with an individual who is conflicted about his/her lack of desire to procreate. Externalizing the problem will enable the client to gain clarity regarding what is driving his/her self-doubt. What are the roles of the dominant familial/cultural norms in the self-doubt? How does the client’s internal dialogue feed the self-doubt? It is important to remind the client that even the society views procreation as a precursor for family definition, however not everyone goes through the same family lifecycle and it is ok to have a family with no children. It is also important to remind the client that short of menopause, the decision to not procreate may change according to life circumstances and will most likely be solidified in a relationship. It is important to engage the client in a dialogue, which identifies the times, and circumstances where the client was free of self-doubt. To help the client with gaining more clarity regarding his/her desires (preferred story), it is also important to inquire about the feelings and thoughts that came with the unique outcomes.
The presenter will use 10 minutes to review suggestions for therapeutic interventions in working with individuals that suffer from the aftermath of prolonged stereotyping, micro and macro aggressions. It is important to be mindful that clients rarely recognize the source of their emotional and psychological distress and may not be aware of the effects of chronic societal pressure for conformity. However, it is also as important to keep an open mind and not jump to any conclusions.

Next, the therapist by externalizing the problem will help the client to recognize that the problem lives within the context and not within the person.

By investigating how sociocultural discourses have contributed to emotional distress and how client’s tolerance of marginalization have led to self-stigmatization and internalization, the client may be empowered to develop a different relationship to the problem and assume personal responsibility to change it. Distressed clients tend to overlook the times that the problem was not present. It is important to collaboratively discover the unique outcomes, to encourage the client to own his/her entire identity and to envision a life that is less affected by the societal pressure. Client’s gains can be reinforced and solidified through letters and documentation issued by the therapist. Group therapy as a secondary therapeutic modality can be suggested and beneficial to the client.
Regret in Midlife

- Normalize regret as transitory and organic to midlife
- Clarify the decision making process
  - Frequent choice reexamination and evaluation
  - Passive and ambiguous decision making process
- Contextualize the feelings and thoughts
  - Externalize and personify regret
  - Map the influence of the problem on the person
    - Reveal the influence of sociocultural norms in developing internal dialogue of regret
  - Map the influence of the person on the problem
    - Discover the role of the person in giving life to regretful feelings by accepting the dominant sociocultural norms as absolute reality
- Develop a preferred story founded on experiences free of regretful feelings and thoughts

(DeLyser, 2012)
(White & Epston, 1990)

Slide #38
The presenter will take about 10 minutes to discuss how to help an individual who is regretful about her decision to not have children. It is important to first normalize the feelings of regret as a natural process of reaching midlife. By determining the influential factors (deliberate or ambiguous decision making-process), the therapist may gain an insight into client’s internal dialogue and the extent of self-blame. It is essential to view regret in the context of sociocultural and dominant norms. By personifying regret the therapist may be able to empower the client to develop a different relationship with regret and reduce the amount of self-blame. It is important to identifying how the pronatalist norms have contributed to the fear-based thoughts of regret (They told me that I will regret my decision, no child/grandchild to love me and to take care of me, I am a burden and did not contribute to the society, I am going to die alone, etc.,) and how the person’s acceptance of the dominant sociocultural norms have fueled the regretful feelings (lonely, worthless, waist of life). By identifying the client’s past experiences that were free of regretful thoughts and feelings, the therapist could guide the client to increase such experiences and to view her regret as a culprit of society’s dominant discourses.
In Conclusion …

Society make **W.O.M.B.** for me!

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Slide #39
The presenter will take about 10 minutes to summarize the presentation by reiterating the purpose of the presentation, which was to provide empirical information and to spark a dialogue regarding what it means to be a woman with no children. Hopefully the workshop provided a platform to broaden our perceptions beyond societal norms and definition of womanhood, motherhood, and otherhood. It is the hope that by increasing our knowledge, awareness, and acceptance, society would make WOMB for individuals without children and would allow children to be born in the wombs of women who intrinsically are mothers. The presenter will then hold a final Q&A session.