"I COULD BE A FATHER, BUT I COULD NEVER BE A MOTHER":
VALUES AND MEANINGS OF WOMEN'S VOLUNTARY CHILDLESSNESS IN
SOUTHERN ALBERTA

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Abstract

This thesis examines the experiences, beliefs, motivations, and perceived costs and benefits of women who are childless by choice in Southern Alberta. I investigate the naturalized and normalized understandings of femininity, motherhood, and citizenship more broadly, and what this means for voluntarily childless women. Using data collected from 21 semi-structured qualitative interviews, I draw on a Foucauldian feminist framework to explore the narratives of voluntarily childless women, and, through subsequent examination, to explore issues of choice, responsibility, pronatalism, identity, and stigma. I first consider how the women negotiate their childbearing decisions in light of competing pronatalist, capitalist, and cultural demands. I then focus on techniques of identity construction by highlighting the negotiations of voluntarily childless women in relation to the physical, emotional, and social costs and benefits of their reproductive decisions. Finally, I explore the varying sources of pressure and support that impact women's experience in daily life.

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Chapter 1: Literature Review

Introduction

To begin, I will discuss why and how I came to choose voluntary childlessness[1] as my research topic. First, I am passionate about issues relating to reproductive freedom. Second, as someone who has come to identify as childless by choice, I am increasingly interested in voluntarily childlessness. Thus, this research is also based in my personal lived experience and curiosity.

It was my desire to better understand social life that guided me to enrol in university courses that eventually lead to an undergraduate degree in sociology. During my undergraduate studies I became captivated by feminist and social theory, particularly regarding women and the body. I learned about power and the body, especially through the theories of Michel Foucault, which resonated with me beyond the classroom. Foucault's theories of biopower, discipline, sexuality, and power/knowledge were instantly apparent in my everyday life as a server, bartender, and student. Further feminist studies elucidated the injustices and inequalities that women regularly face. Although I had not committed myself to voluntarily childlessness at this point, it was this theory that changed the ways I thought about power relations surrounding women's bodies. Thus, my university education helped me to link formal social theory to my everyday life—to the questions, comments, and criticisms I had already experienced as a (voluntarily)

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[1] Although I recognize the problems inherent with using terms that define women by their reproductive statuses, terms such as *childless by choice*, *non-parent* and *childfree* have been used by different factions of the voluntarily childless community. I have deliberated between the various terms and have come to understand that *childfree* offers negative connotations for parents, while *childless* offers negative connotations for those it describes in that it implies a lack. I recognize and appreciate both angles and as such I find the terms *childless by choice* and *voluntarily childless* most suitable for my purposes.

childless young woman in a conservative community. My choice to further my studies through this thesis research project pairs my own lived experience with the theories I was exposed to during my undergraduate coursework.

My perceptions and experiences growing up in a conservative community have led me to believe that reproductive decisions are not individual, but remain heavily influenced and surveilled. Women who are childless, especially by choice, are stigmatized and pathologized; something about them is not "normal." Through qualitative interviews and analysis I have explored the perceptions and experiences of voluntarily childless women in an effort to pinpoint structures and techniques that help to shape voluntary childlessness.

But why such a spotlight on child*less*ness? Voluntary childlessness is a direct rejection of motherhood. Why is motherhood an imperative? Why is motherhood considered a natural state for women? What purposes does this serve? Further, how does pronatalism impact voluntarily childless women? How are childless women stigmatized and/or portrayed as "bad" subjects? In light of negative portrayals, how do women reach a decision to remain childless? More generally, why are women defined through their reproductive statuses? What does this focus expose about our social structures? These are the questions that inform my curiosity and this research project.

Demographic Trends toward Childlessness

Women who are childless by choice represent a small but sound minority of the Canadian population. According to Statistics Canada, 7% of women between the ages of 20 and 34 choose to stay childfree (Stobert & Kemeny, 2003). Further, Hakim (2000) predicts a "stable plateau in most rich modern societies" of a population containing 20%

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childless individuals in coming years (p. 51). Although figures on childlessness are difficult to obtain, the available figures resonate with recent trends in fertility rates and recent trends in average age of mothers at birth; childbearing is no longer at the forefront for western women.

The fertility rate of replacement is typically considered an average of 2.1 children per woman. Since the late 1990s the fertility rate in Canada has fluctuated between 1.51 and 1.54 children per woman, well below the rate of replacement (Statistics Canada, 2008, p. 29). In reality, the last year that the total fertility rate in Canada reached the rate of replacement was in 1971 (ibid).

Declining fertility rates can be considered a trend throughout western countries. In 2005, a fertility rate below the rate of replacement could be seen in many western countries including Japan (1.3), Italy (1.3), Greece (1.3), Germany (1.4), France (1.9), Norway (1.8), Denmark (1.8), United Kingdom (1.8), Sweden (1.8), and Belgium (1.7) (Statistics Canada, 2008, p. 29). This downward trend in fertility has been accumulating for some time: the Organisation for Economic Co-operation and Development (OECD) (2011) has noted a general decline in fertility rates among OECD countries over the last 25 years (p. 44). More specifically, in 2009, fertility was well below replacement level in many countries, averaging 1.74 across the OECD countries (OECD, 2011, p. 44).

It follows that there is a growing faction of women who do not bear children at all, many of them by choice. However, despite decreasing birth rates and speculative increases in voluntary childlessness, the profile of voluntary childlessness remains low. Park (2002) highlights that this rarity "demonstrates that the childless by choice seldom encounter each other by chance and that individuals of all parent statuses may only rarely

interact with someone whom they know to have or who admits to having made this decision" (p. 27).

Not only are Canadian and other western women having fewer children, they are delaying childbearing. According to Statistics Canada (2011), the mean age of Canadian women who gave birth was 29.3 years in 2008 (p. 21), compared with 27.7 years in 1991 (p. 10). This delay in childbearing can have an effect on young women who choose to be childless insofar as their decisions may be perceived as short-term, and their commitment may not be taken seriously. According to available statistics, many young women who are childless today will bear children in the future, so it follows that friends, family, medical professionals, and researchers may have largely discounted this group of women as permanently childless by choice. Consequently, the literature on young single voluntarily childless women is sparse. For this reason, I have addressed this gap in the literature by including (and taking seriously) women of all ages who lay claim to the identity of childless by choice in this research project.

Whatever the demographic trends, I recognize that these women have often been and continue to be devalued in mainstream society, and it is this aspect of voluntary childlessness that I have taken up. Riessman (2000) confirms that childless women are devalued as a group, but also that this devaluation is seen on a spectrum. Factors such as socioeconomic status, marital status, and age, among others, can result in variations of this devaluation. Reduced fertility rates have become a political issue in many countries, and this intense focus on childlessness has bolstered the profile of voluntary childlessness. In explanation, Rowland (2007) offers that:

> In the past, childlessness seems to have been inconspicuous because it
> occurred in conjunction with a large family system. A notable feature of

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the present situation, and a major reason for concern about contemporary childlessness, is that it is occurring in the context of a small family system. Childlessness can now make a substantial difference between population growth and long-term population decline. (p. 1333)

Basically, childless women have more of an impact today than in previous years because of declines in reproduction in developed countries. However, over and above a threat of long-term population decline, I believe voluntary childlessness is critiqued, and perhaps feared, for additional reasons. It is these social and cultural reasons that I examine in this thesis. In order to explore the perceived threat of voluntary childlessness, an examination of the history of childlessness, motherhood, and childhood is first needed.

A Brief History of Childlessness

Voluntary childlessness has only recently been taken up in academic literature (Gillespie, 2003). Despite discursive silences on the topic, it is likely that there have always been individuals who remained childless by choice. Gillespie argues that although choices resulting in voluntary childlessness may have remained hidden in the past, childlessness has been socially sanctioned for groups such as unmarried women, widows, nuns, and nannies (p. 133). Ireland (1993) agrees that there was little mainstream opportunity for voluntary childless women until industrialization. As the industrial revolution spurred a mass immigration to the city, women were faced with more employment opportunities outside of the home. Educational and professional opportunities for women began to increase, and these opportunities in paid work created space for women to be something other than mothers.

Although industrialization increased opportunities for women, pronatalism—both in terms of policy and attitudes— has since served to keep women in the home. Nonetheless, the ensuing second wave feminist movement's focus on reproductive rights

has supported the growth of voluntary childlessness. The voluntary childlessness most apparent in the latter half of the twentieth century was bolstered by the advent and widespread distribution of effective birth control, a focus on women's abilities in the workforce, and increasing focus on women's reproductive rights.

A Brief History of Childhood & Motherhood

Motherhood and childhood are interdependent social constructions that must be tackled simultaneously (Glenn, 1994, p. 14). Therefore, to understand childlessness, one must also understand childhood and motherhood as a whole.

Social constructions of childhood and motherhood.

As Badinter (1980) and Ariès (1962) elaborate, childhood, where children have come to be viewed as precious, innocent, and irreplaceable, is largely a conception of the past few hundred years. To elaborate, Ariès (1962) notes that children in medieval times were either lumped in with adults, or not counted at all: childhood is a relatively new concept (p. 128). The division of childhood and adulthood came on the heels of industrialization and the separation of the "productive" public and "reproductive" private spheres (Hird & Abshoff, 2000). The economic shifts of the era lead to modern conceptions of the child; children were no longer economic assets, but instead became emotional and moral creatures in need of love and guidance (ibid; Ariès, 1962; Rothman, 1994).

The values surrounding childbearing and motherhood are similarly culturally and historically situated and constructed (Ambert, 2001; Badinter, 1980; Glenn, 1994; Hays, 1996; Hird, 2003; McMahon, 1995; McQuillan & Greil, 2005; Rich, Taket, Graham, & Shelley 2011; Wall, 2000). I concur that "[m]othering [and non-mothering] occurs within

specific social contexts that vary in terms of material and cultural resources and constraints" (Glenn, 1994, p. 13). Further, "womanhood" is an arbitrary term that is often conflated with motherhood and construed "as an undifferentiated and unchanging monolith" (ibid). Similarly, theorists Gillespie (2003), Doucet (2000, 2001), Letherby (1999, 2002), Hird and Abshoff (2000), and Park (2002, 2005), among others, recognize that motherhood and womanhood are conflated. The implications of this conflation can and do have negative effects on women who are voluntarily childless.

Badinter (1980) gives a historical account of motherhood in France which illustrates nicely the ways in which motherhood is constructed. Historically, emotional attachment to small children was limited due to their high mortality rate. In effect, "[m]any parents had to choose between their own interests and those of the child, and it was often the child's death that they chose out of negligence or selfishness" (p. 67). Often, mothers would refuse to breastfeed because they didn't want to give up their social lives or their work. Arguments against breastfeeding included that it was "physically bad for the mother" and "unseemly" (p. 68). On the whole, mothers received no positive attention for the work that they did, and thus, often avoided mothering duties.

Using historical records of breastfeeding and wet nursing in France, Badinter (1980) argues that "mothers had to be convinced to harness themselves to formerly neglected duties" in order to ensure greater chance of survival for children (p. 118). This shift in beliefs occurred through economic, philosophical, and practical transformations. She notes that "the child, especially in the late eighteenth century, acquired a commercial value and came to be viewed as a potential economic resource" (p. 124). The human had also become a precious commodity for the state, producing wealth and also military

power (p. 125). Therefore, women's nurturance and childrearing served the state in new and significant ways.

The enlightenment philosophies of equality, happiness, love, and maternal responsibility emerged through this shift in consciousness, and marriage for love, the nuclear family, and natural instincts of motherhood were all subsequently emphasized; women were encouraged to return to their "natural" duties. Badinter (1980) notes that "[i]mplicitly, for all these moralists, 'law of nature' meant 'divine law'" (p. 152). In particular, European women were criticized for dietary indulgences while pregnant or breastfeeding, whereas indigenous populations and historical populations were held in high esteem for their seemingly more natural childrearing practices (p. 157). Mothers were now promised beauty, health, happiness, esteem, and money to breastfeed (ibid). In comparison, mothers who refused to breastfeed were threatened with negative physical consequences (p. 164). This shift towards natural childrearing practices helped reinforce the new focus on motherhood.

Badinter (1980) goes on to highlight the new image of the ideal mother in the early eighteenth century, where "the features [of ideal motherhood] would be moulded into increasingly accentuated forms over the next two centuries" (p. 169). Mothers now needed to prove their love through sacrifice for their children. Ultimately, "the survival of the children had become a moral imperative, finding expression in a new maternal affection" (p. 170). A greater emphasis on hygiene, diet, and health encouraged the belief that the child was irreplaceable. Badinter observes that:

> ...a new life-style emerged in the late eighteenth century, one that would
> spread during the nineteenth. Centered on the 'interior,' to keep the
> affective bonds of the family snug and warm, the modern family

regrouped around the mother, who thus acquired an importance she had
never before known. (pp. 179-180)

Although wet nurses continued to be utilized, and children continued to be neglected,

Rousseau and others had successfully impressed upon women the importance of children:

"[g]uilt had invaded women's hearts" (p. 201). This shift in childrearing practices was

preceded by a shift in ideology regarding motherhood, childhood, and what is natural or

best. In my study, I have examined gender expectations, perceptions of "mother,"

perceptions of "child," and the implications of natural women's roles on voluntarily

childless women.

Gendered parenting.

Mothers and fathers are perceived to have very different meanings and roles in

childrearing. This perception is usually confirmed in reality. In her study of shared

parenting, Doucet (2000) notes that "in spite of efforts to share most aspects of household

life and labour, all 23 women interviewed still took on all, or the overwhelming bulk of,

community-based responsibility" (p. 169, original emphasis). Even in cases where men

did the majority of fiscal and emotional care, women still orchestrated community-based

interactions. Therefore, despite personal arrangements that seek to attain an equal

division of labour within the home, the community at large still expects women to

manage household life, which means interfacing with the public on behalf of the children.

For this reason, women are also expected by others to manage childbearing decisions,

and are therefore subject to the most criticism should they choose to remain childless.

Doucet (2001) argues that often "the arrival of children serves to illuminate or

further entrench gender differences and gender inequalities in domestic life" (p. 329). She

brings attention to the importance of work and relationships outside the home as "key

factors in sustaining gender divisions of labor within the home" (p. 331): friends, coworkers, acquaintances, and others outside the home influence the division of labour within the home. As a result, individuals are guided to take up gendered discourses. By taking pervasive gendered parenting roles into account, women have more to lose by becoming parents than men.

Doucet (2001) argues that "it is women's responsibility for the household that leaves them disadvantaged in employment" (p. 329). Similarly, Gerstel and Gallagher (2001) found that women remain the most impacted by gendered caregiving ideology and gendered employment structure: caregiving is still construed as "women's work" in a number of different ways. Women spend more time than men doing both childrearing and domestic work, which in turn affects women's career choices and chances. Veevers (1980) argues that for voluntarily childless women "being childfree meant being free from responsibilities and demands of time and energy which they felt would detract from their careers" and that "being childfree meant being free to achieve to their full capacity" (p. 80). Therefore, remaining childless can be a rational and planned choice that leaves women at an advantage by way of mitigating unequal gender norms, alleviating rigid parenting expectations, and lessening negative employment impacts. This begs several questions that inform this study: Are voluntarily childless women aware of entrenched gendered social expectations? If so, does this awareness factor into their decisions to remain childless? How does the gendered division of labour factor into childbearing decisions? How does employment factor into childbearing decisions?

Gender binaries continue to exist, and parenting is no exception (Doucet, 2000, 2001; Gerstel & Gallagher, 2001). Due to the underlying ideological strength of gender

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roles in western societies, specifically in regards to childrearing, I examine the experiences of women, who are most often thought of as parents, and consequently garner many of the responsibilities of childbearing and childrearing. Men and women have very different experiences regarding childbearing (and potential childbearing); therefore, my research has focused exclusively on women, who are primarily viewed as responsible for reproduction, and are thought of as potential mothers.

Motherhood is considered women's domain, moral responsibility, and choice. As such, I also consider whether women understand voluntary childlessness to be their decision or a joint decision, and what might be the implications of those choice mechanisms. Parenting is gendered, and thus, the responsibility for choosing not to parent might also fall on the woman. In this study, I evaluate and explore the importance of social norms and gender binaries in the decision-making process of voluntarily childless women.

Motherhood: the embodiment of femininity.

As noted earlier, women's everyday lives are tied up within structural and ideological factors as well as within moral identities (Doucet, 2000). As such, motherhood is inextricably linked with morality and femininity, and as a result, childless women can be perceived as less moral and less feminine than mothers (Badinter, 1980, 2012; Gillespie, 2000; Glenn, 1994; Hird, 2003). More specifically, Hird (2003) finds that:

> ...childless women tend to be portrayed as white, tertiary educated, middle-class women who prefer their own careers over raising children. Indeed, childless women are often constituted as desiring to be (like) men by devoting greater time to their paid careers and rejecting motherhood as an inadequate or less valuable contribution to society.

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> Insofar as these studies attempt to explain childlessness, the association
> between femininity and sexual reproduction remains implicit. (p. 6)

Childless women are perceived as less feminine and are often painted as having a negative moral identity. This negative moral identity includes marking childless woman as masculine, career-driven, and selfish. Further, gender and moral ideals are directly visible in the division of labour within the household. Doucet (2001) argues that the division of household labour is intertwined with structural and ideological factors that influence and shape people's identities, which are continually constructed and reconstructed. As such, the labour of childbearing and childrearing is used to create and sustain moral and natural-seeming identities for mothers. In comparison, women who are childless by choice do not benefit from these same moral identities and can thus come to be seen as unnatural women. With this in mind, I endeavoured to understand the construction and maintenance of the identity of the women in my study, both through examination of their own perceptions and the perceptions of others, specifically in terms of moral constructions where women are "supposed" to mother and to refuse is to be something other than a real or natural woman.

Motherhood is not only seen as moral and held to be natural, but it is taken to be a critical characteristic of femininity. For Butler (1997) and other postmodern feminists, cultural values are inscribed on women's bodies. diPalma and Ferguson (2006) argue that individuals are the outcome of a combination of culture, historical processes, and power relations (p. 133). "Normal bodies" are those that engage in acceptable gender performances. Butler (1997) argues that individuals "perform" gender, and this performance is socially regulated. For Butler, childbearing and childrearing are feminine gender performances wherein women are expected to take up and reconstitute gender

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normativity. Women who physically can have children yet choose not to are seen as pathological insofar as they are not performing gender in socially appropriate ways. Mothers are often perceived as living a more feminine gendered existence because femininity and identity are linked to the embodiment of motherhood. For example, Choi, Henshaw, and Tree (2003) discuss the performing of femininity by new mothers, and did not record any resistance against the ideology of motherhood within their study. For the women, "so strong was the fear of being seen to have failed, the only option was to work harder at the performance" (p. 177). Further, Butler (1990) has contended that trying to achieve a high level of performance actually perpetuates and reinforces the underlying ideology. With such ingrained social expectations of gender performances, I was interested in how voluntarily childless women cope. How do the voluntarily childless women manage expectations from both self and others? How do traditional gender norms and morality factor into voluntary childless women's decisions? Do women who choose childlessness conceptualize their choices as a form of resistance to traditional femininity?

As intimated above, gender norms are, to varying degrees, considered natural and normal in contemporary western societies. In particular, Lorber (1994) argues that:

> [m]ost people, however, voluntarily go along with their society's prescriptions for those of their gender status because the norms and expectations get built into their sense of worth and identity as a certain kind of human being and because they believe their society's way is the natural way. (pp. 35-36)

Biological arguments serve to support and solidify commonly-held cultural assumptions about the naturalness of motherhood. Ethology, or socio-biology, promotes evolutionary psychological approaches to behaviours, including childlessness and motherhood. Wall (2000) explains that "the research on attachment, bonding, and brain research, research

that is underwritten by socio-biology, come together in parenting discourse to reflect and reinforce cultural understandings about what comes naturally for mothers and fathers" (p. 14). What is perceived and uncontested as natural and instinctual is actually culturally constructed. For example, childless women are often portrayed as having creative or caring "outlets" (Gillespie, 2000; Ireland, 1993), which serves to reinforce the essentialist notion that women are natural carers. If the natural desire to bear and raise children is a falsehood, why does it exist? Whose interests does it serve? How does this discourse affect women who do not possess the desire for children?

Marxist perspectives on motherhood.

The establishment of "natural" motherhood benefits the state and capitalism, according to some Marxist perspectives. Badinter (1980) argues that women's nurture was constructed in order to serve new state powers. The capitalist state needs a continuous cost-effective supply of productive citizens in order to perpetuate itself.

The structure and organization of the family shifted following the industrial revolution. The family shifted from a producing unit to a consuming unit, and the perception of children shifted from children as a source of labour to children as precious commodities (Rothman, 1994, p. 140). In this view, technology, capitalism, and patriarchy influence reproduction. Conception, gestation, and childbirth are embodied experiences that are becoming more rational, efficient, productive, and controlled. Seemingly biological experiences are becoming calculated and deliberate. Specifically, "[p]regnant women become workers in an unskilled assembly line, conceptualized as machines, containers holding precious, genetic materials" (p. 145). Mothers are

proletarianized and babies are commodified under a capitalist regime, effectively

relocating the family into a capitalist sphere (p. 149).

Hays (1996) takes a slightly different stance on motherhood and capitalism, and

argues that children are a net financial loss to the individual (p. 10). The economic

burden of children in a post-industrial era proves contradictory under self-interested

capitalist tenets. Along the same lines, Ambert (2001) offers a historical analysis on the

economic costs and benefits of children:

> it is quite possible that it is only during our current decades that the
> effects of children on parents could be studied for the simple reason that,
> in the past, children were probably less negatively influential on their
> parents' lives than they currently are, with the exception of birthing for
> mothers. (p. 21)

Children were more financially useful to their parents in previous years when they were

expected to contribute to the household economy, and when the expectations and costs

relating to education and consumer goods were lower (Ambert, 2001; Hird & Abshoff,

2000; Morell, 1994). Ambert highlights Koller (1974) who argues that "most parents

today are proud to say that their children's well-being takes precedence over their own"

(p. 23). As such, children today are no longer a source of income, but a liability and

financial burden.

Hays (1996) highlights the tension between rational ideology and motherhood

ideology, based in capitalism. To explain this tension, Hays argues that there is a

"fundamental and irreducible ambivalence about a society based solely on the

competitive pursuit of self-interest" and the irrationality of motherhood, which "is one of

the central terrains on which this ambivalence is played out" (p. 18). Motherhood is

irrational for Hays because it is constructed as selfless within a culture that is exorbitantly

selfish. The "individualist ethos" of capitalism has been used to justify the rights women have over their own bodies, specifically in terms of not bearing children. However, motherhood has been reified as natural and normal, which serves to benefit both the market and capitalism through the production of labourers. Reproduction of the population is also important because it facilitates the reproduction of the status quo, and allows for the maintenance of political and social practices. Mothers are also a direct target for advertisements and products, furthering capitalist interests through motherhood ideology. In particular, Hays (1996) argues that:

> the family is invaded not only by public schools, the courts, social
> service workers, gardeners, housekeepers, day-care providers, lawyers,
> doctors, televisions, frozen dinners, pizza delivery, manufactured
> clothing, and disposable diapers, but also, and more critically, by the
> *ideology* behind such institutions, persons, and products. (p. 11, original
> emphasis)

Women who choose to remain childless can be viewed as challenging capitalist relations by taking back the means of production (their own labour power). Women's labour power has been historically linked to private sector childrearing, for which women are often exploited. The rejection of physical reproduction and of motherhood would then mean the rejection of the public/private split.

Pronatalism

Pronatalism—the policy or practice of encouraging the bearing of children— is visible in the underlying messages that promote "family values" and motherhood both in policy and programming, and in attitudes and beliefs. Heitlinger (1991) offers a thorough definition of pronatalism:

> Although pronatalism is hard to define in an absolute and unequivocal
> way, it is safe to suggest that it implies encouragement of all births as
> conducive to individual, family and social well-being (De Sandre, 1978,

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p. 145). Pronatalism can then be seen as operating on several levels: culturally, when childbearing and motherhood are perceived as 'natural' and central to a woman's identity; ideologically, when the motherhood mandate becomes a patriotic, ethnic or eugenic obligation; psychologically, when childbearing is identified with the micro level of personal aspirations, emotions and rational (or irrational) decision-making (by women or couples); on the cohort level, when changes in the birth rate are related to the size of successive generations; and on the level of population policy, when the state intervenes, directly or indirectly, in an attempt to regulate the dynamics of fertility and to influence its causes and consequences. (pp. 344-345)

For example, governments engage in pronatalism by creating policies and programs that encourage and support births while penalizing those who do not give birth. Pronatalist policies and programs lend support to and correlate with the assumption, attitudes, and beliefs that a desire to have children is normative and should be natural to all women.

Unfortunately, "[a] pronatalist context offsets the advances of more reliable contraceptives and expanding female work opportunities that make childlessness possible and desirable for women and, to a lesser extent, for men" (Park, 2002, p. 22). Pronatalist ideologies further the notion that it is immoral not to like or desire children. Additionally, "pronatalist pressures may have been stronger in the 1990s and at the turn of the twenty-first century than they were thirty to forty years ago in the United States" (ibid). A resurgence of pronatalism and family values occurred in the 1980s to attempt to get aging childless baby-boomers to bear children (p. 23). Along the same lines, Snitow (1992) offers a salient exploration of pronatalism within post 1970s feminist scholarship. Accordingly, pronatalism is not only a phenomenon of the baby-boom era, but remains a strong force in contemporary society.

Veevers (1980) categorizes the influence of pronatalism into three components: cognitive, evaluative, and behavioural (p. 164). The cognitive aspect is the belief that

parenting has positive consequences and that parents are different from nonparents. The evaluative aspect is the notion that nonparents will be judged poorly with parents being judged more favourably. The behavioural aspect is the translation of beliefs and attitudes into actions that favour parents and children (i.e. tax benefits for parents). I explore all three components of pronatalism within my research by asking several questions: What kinds of pronatalist structures and/or beliefs are commonly promoted and internalized? Where are these structures and/or beliefs located? What kinds of experiences do voluntarily childless women have with the attitude/belief aspect of pronatalism (i.e. the cognitive, evaluative, and behavioural components)? Are women reluctant to bear children because of gaps in family support and child care, or are such provisions irrelevant to their decision-making?

Social imperatives.

Pronatalism can be broken-down into several components and types of childbearing imperatives. Izzard (2001) highlights social imperatives to bear children and argues that pronatalism "is like a prejudice in that it operates at many levels from the personal to the cultural" (p. 164). Further, she argues that "[i]t has been suggested that pronatalism may also be related to a form of social control...nationalism...or to the need to preserve a cultural or religious identity" (p. 165). Izzard then goes on to list the many injustices that childless women face. She notes that:

> ...what lies at the heart of pronatalism is a conception of 'woman'
> that is defined by a culturalization of the biological capacity to bear
> children. There is an implicit assumption that motherhood is intrinsic
> to female adult identity and an implication of lack for any woman
> who is not a mother. This notion is rooted in classical psychoanalytic
> concepts of feminine identity. (p. 166)

Although nationalism may be less of a concern in Canada today, there may be some leanings towards preservation of certain cultural or religious groups. In light of this, I asked participants about their cultural and religious communities, and how these impinge on their choices to remain childless.

Ambert (2001) argues that the relationship between child and parent is two-way, and that several facets of parents' lives are affected by children. These include aspects relating to: place, space (i.e. children influence where their parents will live and the physical space of the home), structure of daily lives, schedules, activities, work/employment, work load, future plans, attitudes/beliefs, feelings of control, and so forth. Although these factors may highlight rational reasons not to have children, these factors also emphasize the social networking and supports that nonparents may be missing. For example, parents gain different contacts than nonparents, where nonparents do not benefit from this same level of networking (p. 35). In particular:

> Children contribute to expand adults' interactional repertoire because the parent-child relation, especially when children are very small, is a unique one. Thus, adults who are nonparents do not generally benefit from this educational experience. (p. 40)

Further, children help to tie parents and families more closely to kin. Parents have much to gain socially as opposed to nonparents: children help to socialize parents in new ways, and "children will have, at the very least, an indirect influence on their parents' own values" for better or worse (p. 45). For this reason, I attempt to understand the social costs and benefits that voluntarily childless women experience. In addition, I also examine the experiences of voluntarily childless women in the face of various unforeseen social imperatives to mother and social sanctions for choosing not to do so.

Medical imperatives.

Motherhood is so centrally linked to femininity and womanhood that even if you cannot bear children biologically, new medical technologies, termed "Assisted Reproductive Technologies" (ARTs), are available and promoted to facilitate childbearing and childrearing for almost all women (Shanley & Asch, 2009). ARTs include in-vitro fertilization, surrogacy, and pharmaceuticals, which help to ensure that all women are capable of becoming mothers – naturally or otherwise. These technologies, alongside underlying pronatalist ideology, help to encourage motherhood for every woman, no matter their sexuality or physical ability to bear children. Haraway's (1991) notion of the cyborg woman is particularly foundational because she recognizes the "control strategies" which are now being applied to women's reproductive capacities. ARTs help to construct women as cyborgs, where organic is mixed with inorganic, and binaries are complicated. Women are no longer either fertile or infertile, but in a liminal state where, no matter their fertility status, motherhood is always a possibility if you have the resources.

Roberts (2003) highlights inequalities in reproductive choice and health care for poor women of various ethnic and racial backgrounds. She explains the ways in which medical and health care policy directly affects the reproductive choices of women who cannot afford the services they desire. Specifically, she notes that "[t]he trend toward increased state control of pregnant women's decisions will have the greatest effect on poor women of color" (p. 286). Therefore, pronatalist (or antinatalist) government policies have real and tangible effects on the accessibility of reproductive choices (i.e. procedures and technologies) for marginalized women.

Pronatalist technologies and techniques help to sustain a particular view of women's roles, which does not leave room for those who simply do not wish to bear or raise children. In this way, the medicalization of childlessness alongside the ARTs has made childlessness even more of an anomaly in contemporary western societies. Park (2002) goes as far as to argue that young women are "scared" and manipulated with medical information, which is used as a weapon when they are told about multiple risks of delaying or denying childbearing (p. 23). It is important to better understand the ways in which medical technologies are suggested and recommended to women, since this information will further elucidate the ways pronatalism functions.

Along the same vein, Klein (2008) argues that ARTs over the past twenty-five years have contributed to the global commodification of women and their bodies. Klein (2008) also critically examines the concept of reproductive choice, highlighting the lack of authentic choice in reproductive technologies and the resulting hazards of medicalizing women's bodies based on cultural constructs. In essence, childless women are encouraged and manipulated into using ARTs in order to fulfill culturally normative constructs. However, de Lacey (1998) argues that not every woman has equal access to ARTs. de Lacey (1998) offers that the medical community acts as a gatekeeper for these technologies, and thus, creates stratification among women, particularly by class, race, and sexuality. Therefore, not every woman is an ideal candidate to become a mother, and some women are overtly discouraged from motherhood. I will consider the ways in which women are discouraged to mother in the following section.

Antinatalism.

Despite a pronatalist focus, antinatalism— where bearing children is seen as immoral— can serve to discourage individuals from bearing children. Antinatalism involves "dominant cultural norms and government policies [that] discourage childbearing" (Park, 2002, p. 23). Although Park is speaking about young and unmarried women, the concept of selective antinatalism can be applied to a wider range of individuals. Similarly, Hadfield, Rudoe, and Sanderson-Mann (2007) examine the social construction of motherhood within British media. The authors explore the often negative portrayals of teenage mothers, older mothers, and women who delay motherhood, which serves to emphasize a sense of antinatalism among these groups. However, young women, older women, and unmarried women are not the only groups who are discouraged from mothering.

Women with disabilities are actively discouraged from being sexual, and subsequently, from becoming mothers (Chance, 2002; Dotson, Stinson, & Christian, 2003; Mosoff, 1993; O'Toole, 2002). O'Toole (2002) finds that in addition to the stigma that individuals with disabilities face on a daily basis, "nearly all the available information on sexuality and disabled mothers presumes that they are white, heterosexual and married" (p. 92). Thus, there is limited information and acceptance of disabled lesbian women, and disabled visible minority women in non-traditional relationships, which might contribute to feelings of antinatalism for these groups.

I attempted to include women of all sexualities, marital statuses, backgrounds, ages, ethnicities, disabilities, and religions as a way to understand how women are both encouraged and discouraged to become mothers; who "should" be a mother and who

"should not" be a mother, and upon what is this judgement based. Who experiences praise and encouragement for remaining childless by choice? Who experiences shame and discouragement for remaining childless by choice? How do various characteristics such as sexuality, marital status, background, age, ethnicity, ability, and religion play in to these experiences? Further, do women then adopt these experiences as accurate?

Intensive mothering.

Not only is motherhood perceived to be an imperative for women, but motherhood must be taken up in the "right" way. "Appropriate" motherhood is no longer a cultural ideal, but an ideology, which has become naturalized. For Hays (1996) this involves "intensive mothering." The ideology of intensive mothering includes methods that are "*child-centered, expert-guided, emotionally absorbing, labor-intensive*, and *financially expensive*" (p. 8, original emphasis). Additionally, this role should be undertaken by a single caregiver, the mother, who is viewed as the best person for the job, while other women should serve as temporary caregivers. In a similar vein, Badinter (1980) highlights sacrifice as "the most telling symbol of what we understand today as parental love and, even more exactly, mother love" (p. 39). Along the same lines, Wall (2000) argues that "since World War II...parenting advice [has] become increasingly child-centered, with mothers' rights and responsibilities increasingly defined in terms of children's needs" (p. 13). In short, mothers should be completely self-sacrificing in terms of their time, energy, expertise, emotions, and money, and only if they are all these things are they viewed as loving mothers.

Ambert (2001) found that "parents are generally loath to admit that their children have or create problems, and do not believe that complaining about one's children is

socially acceptable" (p. 166). This lack of forthright discourse helps to create an aura of perfection. This attitude might stem from "society's construction of children as passive [and innocent] recipients and of parents as all powerful agents in their children's lives" (p. 166). The idea of total influence (and blame) over an innocent being may provoke worries about competence and lack of confidence and may be a reason that women choose not to have children. Taking these issues into account, I explore the following questions: How do voluntarily childless women feel about intensive motherhood? Did intensive motherhood factor into their childbearing decisions? Do the women worry about "measuring up" to the imperatives of intensive mothering?

Ambivalence

Reproductive choices may be affected and influenced by partners, family, friends, socioeconomic status, religion, education level, access to services such as healthcare, ethnicity, and gender. As a result, the choice to remain childless can be ongoing and fluid (Brown, 2007; Letherby & Williams, 1999; Letherby, 2002; Morell, 2000; Shaw, 2011). Gillespie (2000) gives an overview of previous literature on voluntary childlessness, and notes that many authors recognize ambivalence as an integral part of childbearing decisions, especially for women who are childless by choice (p. 226). Similarly, Morell (2000) discusses ambivalence, or the "wavering 'no'," which is commonly equated with regret by others, but is actually a commonplace occurrence for women who have solidified their decision to remain childless (pp. 316-318).

We can speculate that, at least in part, some of this ambivalence stems from the negative fallout from choosing a morally and socially "inappropriate" reproductive life. For Goffman (1963), feelings of ambivalence for stigmatized individuals are

commonplace. Ambivalence occurs when "the stigmatized individual in our society acquires identity standards which he applies to himself in spite of failing to conform to them" (p. 106). Often, "the stigmatized individual defines himself as no different from any other human being, while at the same time he and those around him define him as someone set apart" (pp. 108-109). Thus, feelings of ambivalence for the voluntarily childless can be sparked through pronatalist structures and interactions. In my study, these considerations may exist in a number of ways: How do women come to choose to be voluntarily childless? Is this choice a singular event in time or is it a process? What kinds of influences shape childbearing decisions? What kinds of stigma do they experience in their choices, and how does this contribute to ambivalence? When and why are childbearing decisions finalized?

A Foucauldian Feminist Framework

Foucauldian and feminist perspectives provide the most relevant and appropriate framework for my study. Foucault's work aligns nicely with feminist perspectives insofar as both identify the body as a site of power, both examine local and intimate operations of power, both highlight discourse as a crucial site of contestation and as crucial for the maintenance of the status quo, and finally, both admit that the western masculine elite experience commensurable privilege (Diamond & Quimby, 1988, p. x). Foucault's notions of technologies of the self, surveillance, regulation, normalization, and other aspects of his body politic can be used to describe the ways in which women's bodies are regulated, disciplined, and scrutinized. Feminist theorists Bartky (2003), Butler (1993), and Hartsock (2004) complement and complicate Foucault's work, and influence the most appropriate approach to my research project.

Foucault (1988) proposes the concept of technologies of the self, which:

> permit individuals to effect by their own means, or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality. (p. 18)

Bartky (2003) furthers Foucault's theory through her discussion of power relations and femininity. She aptly notes that "[f]emininity is an artifice, an achievement" (p. 27), and she goes on to proffer that this achievement is realized through technologies of the self—through management of thoughts, conduct, ways of being and so forth. Women who choose to be childless in a culture that offers little support for such a choice will engage in certain technologies of the self by which they can count themselves as good moral citizens and decent women. The intent of my research is to pinpoint and analyze the ways women use technologies of the self to manage themselves, and to prove to others that they are morally and socially acceptable individuals.

Foucault's notion of surveillance is best explained through his own example of the panopticon. The panopticon is a particular type of prison system that produces a style of surveillance that promotes self-policing and self-monitoring prisoners. In the panopticon the guard tower is centralized and surrounded by prison cells, which allows for guards to view into prisoners' cells without the prisoners knowing either if or when they are being watched. This style of surveillance impresses upon the prisoners that they must be on their best behaviour all the time because they never know either if or when they will be viewed misbehaving and subsequently reprimanded. As a result, prisoners remain in a constant state of fear due to the potential of being watched, and, even when the guards are not looking, remain on their best behaviour. Bartky (2003) elaborates on

Foucault's notion of surveillance and likens society as a whole to the panopticon. She

argues that women self-police and self-surveille, which serves to render women obedient

to patriarchy in their going along with the gendered status quo. Self-surveillance is visible

in the ways women explain their childlessness and in the moral language that they use

(i.e. "I would be a bad mother").

Foucault (1984b) discusses observation and surveillance, and notes that

"surveillance rests on individuals...this network 'holds' the whole together" (p. 192).

Essentially, surveillance and discipline help to hold society together through shared rules

and norms. This concept of discipline can be applied to the informal social structures that

voluntarily childless women encounter on a daily basis. For example, Riessman (2000)

examines the informal social interactions of childless women in South India. She outlines

stigmatizing, surveilling, and thus, disciplining interactions within the family and

neighborhood, and with strangers.

For Foucault (1984a), surveilled bodies can also be "docile bodies," which are

bodies "that may be subjected, used, transformed, and improved" (p. 180). Foucault's

theory of docile bodies can be applied to women who are childless by choice.

Specifically, some women who are childless by choice are docile bodies insofar as they

attempt to maintain a certain physical state. The bodily issues of pregnancy, childbirth,

and breastfeeding are often seen as disgusting and off-putting to the women. In this way,

the women are rejecting the physical aspects of childbearing in favour of thinness and

other cultural bodily ideals. It can be argued that voluntarily childless women are "bad"

subjects who resist being physically marked by cultural norms of motherhood. However,

for Butler there is no such thing as a bad subject. Subjects can only exist in relation to

others, and individuals can only act as subjects in the terms of their subjectivity. Therefore, women who are childless by choice may be engaged in a wide network of social relations, and may take up different aspects of cultural norms in different ways. Although I have explored the specific techniques of social control that discipline women to become docile bodies, I also consider the intersections of culture inscribed both physically and otherwise on women who are childless by choice.

Identity through exclusion.

Butler (1993) argues that identities are formed through exclusion; through boundary-making and boundary-crossing. In essence, she argues that there is no identity that precedes the social; everything results from social interaction and "the subject is constituted through the force of exclusion and abjection" (p. 3). Specifically, Butler notes that "the construction of gender operates through *exclusionary* means" (p. 8, original emphasis). Although she focuses on the gender binary, her concept can be applied to the binary of childbearing. For women, perceptions of feminine or unfeminine gender identities are shaped through motherhood. Perceptions of complete womanhood are strengthened by motherhood, yet a competing discourse suggests that women must remain sexy as mothers, where motherhood has traditionally opposed women's sexual identities. For example, Badinter (1980, 2012) highlights the impetus to remain sexy and take part in public life at the expense of caretaking of their children, effectively creating a boundary between motherhood and social life, and feminine and unfeminine perceptions.

In a similar vein, Foucault (1984b) acknowledges the importance of boundaries and exclusion within his own work. Using the example of testing in schools and clinics, Foucault explains the power of the norm. He notes that "[t]he Normal is established as a

principle of coercion" (p. 196). Further, he proposes that "the power of normalization imposes homogeneity but it individualizes by making it possible to measure gaps, to determine levels, to fix specialties, and to render the differences useful by fitting them one to another" (pp. 196-197). Foucault then explains the judgment and punishments that go along with non-normality or non-conformity. This theory of the "normal" can be applied to women's childbearing choices, and as a measure of their femininity.

Butler (1997) and Foucault (1984b) provide forthright and relevant theorizations of abnormality. Women who are childless by choice are abnormal in the sense that they do not follow the norm of bearing children (or possess the normal desire to bear children). Foucault offers that "[w]e are entering the age of the infinite examination and of compulsory objectification" whereby each person is categorized (p. 200). Categorization leads to abnormal categorizations, which can then result in stigmatization and scrutiny.

The Stigma of Childlessness

Childless individuals are perceived to be child-like, "psychologically maladjusted, emotionally immature, immoral, selfish, lonely, unhappy, unfulfilled, sexually inadequate, unhappily married, and prone to divorce" (Veevers, 1980, p.7). These findings are echoed by numerous researchers (Gillespie, 2000; Izzard, 2001; Letherby, 2002; Park, 2002; Riessman, 2000). Negative portrayals and perceptions can be acknowledged as the stigmatization of childless women.

Goffman's (1963) concept of stigma can be explained as "a special kind of relationship between attribute and stereotype" (p. 4) that can be particularly discrediting to the individual who possesses it. Riessman (2000) criticizes his theory because it does

not offer the possibility for individuals to destigmatize themselves, and it does not

account for the stigmatized person's social class, age, or gender (pp. 113-114). In reality,

Riessman comments that class and age have varying effects on the ways in which

childless women are stigmatized. In her examination of gender and family structures in

India, Riessman found that Indian women see motherhood as not only natural, but also as

a form of power, which is otherwise lacking in their lives (p. 112). Further, she explains

that working-class women are often heavily stigmatized by childlessness while middle-

class women have other facets of their identity to "fall back on" (p. 120). For this reason,

I take class and age into account during my research project.

Despite some theoretical gaps, Goffman's (1963) theory of stigma informs much

of my research. For Goffman, stigma can be grouped into three categories: abominations

of the body, blemishes of individual character, and tribal stigma of race, nation, and

religion that can be transmitted through lineage. Although infertile individuals would fall

into the "abominations of the body" category, voluntarily childless individuals would fall

into the "blemish of character" category because of their *desire* to remain childless. Due

to pronatalist pressures and social expectations, voluntarily childless individuals are

pathologized and portrayed as having character flaws. By hearing women discuss their

self-concepts and their interactions with others concerning their chosen childlessness, I

better understand the techniques and effects of stigma.

Identifying as stigmatized.

Goffman (1963) notes that for the stigmatized person, "a discrepancy may exist

between an individual's virtual and actual identity": this discrepancy, created through

stigma, can then spoil the individual's social identity in later interactions (p. 19). When

social identity is spoiled, the individual may be cut off from society in various ways. Despite this severance, the individual may find sympathy in others who share the same stigma.

Individuals who share similar stigmas are often categorized, sociologically and otherwise, into groups or communities. The stigmatized individuals then come to categorize and define themselves in accordance to this group. Goffman (1963) proposes that "[a] category, then, can function to dispose its members to group-formation and relationships" (p. 24). Women who have been stigmatized may form groups and relationships with others who have been stigmatized in similar ways. I recognize that I am studying women who have already placed themselves into the category of childless by choice through their response to my call for participants. Consequently, these women are likely to have social networks and relationships that assist and support their chosen lifestyle, and these networks and relationships are likely to include other voluntarily childless women. I am interested in exploring how women seek support for their choices, whether they speak to the comforts of being among other women who are childless by choice, and whether they are uncomfortable being around women who choose to have children.

Fellow "sufferers" of stigma can help newly stigmatized individuals to cope and manage (Goffman, 1963, p. 36). Goffman highlights personal experiences and personal reflection as crucial in this "coming to terms." He notes that stigmatized individuals have identified personal experiences as "turning points" in their lives (p. 40). For this reason, during my interviews I asked about the role of personal reflection in women's self-acceptance, despite social stigma.

It is also possible that the women receive advice, well-meaning or otherwise, from others about their situation. Goffman (1963) highlights that:

> advice to the stigmatized often deals quite candidly with the part of his life that he feels is most private and shameful; his most deeply hidden sores are touched on and examined in the clinical manner that is a current literary fashion. (p. 112)

For this reason, I explore the reactions of others as well as the advice received by voluntarily childless women in terms of their childbearing choices. Further, Rich et al. (2011) argue that:

> during interviews the women revealed that childlessness served as an attribute that was discrediting in their lived experiences through being: a status they felt required to justify or explain; a characteristic they believed detracted from their credibility; and an attribute they felt was associated with being selfish, and having lesser care or compassion. (p. 236)

Therefore, I use the women's narratives to help unpack how voluntarily childless women can make sense of themselves (as good or otherwise) in the face of such comments, critique, and discredited status.

Trying to "pass": information control.

This thesis discusses the insights that women who are childless by choice gain through their social interactions, and to this end, Goffman's discussion of passing is useful. To help avoid stigma, Goffman (1963) points to the art of "passing," which allows individuals to "pass" or to be recognized as "normal." Of note, Goffman argues that:

> he who passes leaves himself open to learning what others 'really' think of persons of his kind, both when they do not know they are dealing with someone of his kind and when they start out not knowing but learn part way through the encounter and sharply veer to another course. (p. 84)

Alongside "passing" is "outing" whereby an individual's discrediting information becomes known. Ultimately, when an individual is outed, a feeling of alienation is likely

to manifest in awkward social situations. To avoid unpleasant situations and outing, individuals often rigorously control information through multiple techniques. These techniques include assistance from friends and family, physical distance, and careful behaviour, and are used to cautiously limit who gets to know what and when. Keeping these techniques in mind, I raised the issue of disclosure during my interviews with voluntarily childless women. I also asked the women about the responses and reactions of others in the event of discovering discrediting information (i.e. voluntarily childlessness).

Park (2002) uses Goffman's theory of stigma to help explain the ways in which voluntarily childless individuals experience stigma. In particular, she examines the use of passing and the use of identity substitution as information control techniques. For Park, passing may occur when a voluntarily childless individual articulates that they *may* be a parent someday, while identity substitution may occur when a voluntarily childless individual hints at infertility in order to legitimize their choice by way of a medical issue. Further, Park highlights techniques of neutralization: condemnation of the condemners and self-fulfillment. Voluntarily childless individuals may use techniques that "point the finger" back at those critiquing their childbearing decision. Similarly, voluntarily childless individuals may justify their choice due to self-fulfillment or enjoyment of their life as-is. Lastly, Park notes that several participants appealed to a lack of biological drives as an explanation of their childlessness. This turn to biological drives serves to show how entrenched ethology is in contemporary western societies. I encountered all types of justifications, particularly biological arguments.

Park (2002) argues that voluntarily childless individuals may justify their choices by redefining the situation. Redefining the situation involves promoting the idea that

childless individuals are more productive in paid employment, contribute to society in equal or even greater ways, and are making smart globally conscious decisions in terms of an overpopulation or environmentalist frame. These arguments link with Goffman's (1963) theory that the stigmatized adopt superior identities. Fundamentally, all these techniques serve to preserve the self as good and moral. Overall, Park notes that "[p]rimarily defensive reactive techniques accepted pronatalist norms, intermediate techniques challenged conventional ideologies, and proactive techniques redefined childlessness as a social valuable lifestyle" (p. 21). In my interviews, I asked about various information control techniques, including the techniques highlighted by Park. Through examining these techniques I am better able to understand the ways in which stigma and pronatalism has affected the participants.

Goffman's (1963) theories informed the types of questions I asked during my research. In particular, I asked questions about how the women frame their decisions, realize their self-understanding, and structure their self-presentation all in the face of scrutiny and stigma. I paid particular attention to information control techniques, and probed about what purpose these techniques serve within the lives of my participants. Following Riessman's (2000) research, I took age and class into consideration when exploring the extent to which a voluntarily childless woman had been stigmatized.

Resistance

Resistance to pronatalist ideology can be seen in the choices of women who choose not to bear children. Riessman (2000) agrees, and notes that voluntarily childless women in her study "are challenging stigma and hegemony directly" (p. 131). Butler (1993) argues that "[a]lthough the political discourses that mobilize identity categories

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tend to cultivate identifications in the service of a political goal, it may be that the persistence of *dis*identification is equally crucial to the rearticulation of democratic contestation" (p. 4, original emphasis). Disidentification, or the rejection of labels and subjectification, is an important concept for my study. Voluntarily childless women, despite a culture of pronatalism and gender binaries, are engaging in a type of disidentification whereby they are challenging and resisting gender binaries and the moral imperatives that derive from them.

Riessman's (2000) discussion turns towards the forms and tools of resistance to stigma. Strategies include reframing past situations, avoiding potentially problematic situations, resisting within the family, avoidance, direct action, humour, talking-back, and more. Further, Riessman notes that childless women in India cannot "pass"- they are constantly bombarded with questions, comments, and beliefs about the "ordinary and natural" family (p. 131). Building on Riessman's insights, I consider how voluntarily childless women in western societies resist stigma in everyday social interactions, including interactions with family, friends, neighbours, coworkers, and so forth. Further, do the women in my study conceptualize their childlessness as a broader act of resistance?

Conclusion

Women who are childless by choice face a barrage of criticism, stigma, and scrutiny regarding their reproductive choices. As someone who identifies as childless by choice, I find this area of study to be of particular interest and importance. My personal experiences, alongside the literature reviewed, provide a solid foundation from which to explore and analyze the voluntarily childless experience in a contemporary western

context. I sought to understand the experiences, beliefs, motivations, and perceived costs and benefits of women who are childless by choice. Using a Foucauldian feminist framework, I explore the narratives of voluntarily childless women, and, through subsequent examination, I consider issues of choice, pronatalism, identity, and stigma. My in-depth analysis involves probing into what my research participants said; I then offer speculation on the basis of their narratives.

This study is particularly important because intersectionalities that have been previously overlooked are included and prioritized. In the next chapter, I explore factors such as age, religion, marital status, sexuality, location, and disability or health status. Further, where previous studies have restricted participants by age, marital status, or sexuality, I opened my study to women over the age of eighteen within my geographical location, regardless of other factors, as a way of tracing the contours of women's experiences as they age, and in shifting cultural contexts. This breadth of participants will hopefully lend itself to various intersectionalities that may facilitate more advanced in-depth analysis. Ultimately, my intent with this project is two-fold: to further the understanding and acceptance of reproductive choice, specifically concerning voluntary childlessness, and more personally, to reflect upon and reinforce my own childbearing decisions.

Chapter 2: Methodology

Choosing Interviewing

I used semi-structured in-depth interviews to explore the motivations and experiences of voluntarily childless women. This decision was grounded in several factors, including my Foucauldian and feminist background. Feminist Standpoint theory is especially important in my choice of method, because, in this theory, women's perspectives matter: each woman has a "truth" that is true for them. Hence, women's truths about their experiences with voluntary childlessness, such as gendered norms and the moral imperative to bear children, are important to understand. In-depth interviews with voluntarily childless women are an effective way to access women's truths.

Epistemological & Ontological Concerns

When I chose my research methodology, I asked myself the following questions: What truths do I want to explore? Whose truth matters? Why does this truth matter? What value do I place on partial truths? What value do I place on situated truths?

As a qualitative feminist researcher, I subscribe to critical theory and constructivist paradigms, as outlined by Guba and Lincoln (1998). It is my view that there are many versions of the truth, and individuals can only describe a phenomenon as they experience it at that moment. For this reason, my epistemological and ontological concerns align well with a qualitative methodology. Guided by my epistemology, a qualitative methodology can allow for both partial truths and situated truths to be taken into account through accepting personal narratives as true for that individual in that moment and context. More specifically, critical theory deems that reality exists now, findings are value-mediated, and researchers and participants will inevitably interact

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(Guba & Lincoln, pp. 205-206). Further, Guba and Lincoln state that constructivist views consider reality to be intangible, mental, individual, and experience-based where there is no single truth. In this view, realities and truths can change. As both a critical and a constructivist researcher, I conducted and interpreted my research with the view that each participant has a reality that is true for them, and it was (and continues to be) my job to listen, acknowledge, interact, and attempt to better understand their narratives. I have subsequently connected and analyzed the interviews in order to provide a more cohesive view of voluntary childlessness.

It is useful to know what paradigm I follow in order to understand the implicit assumptions I made during my research, and especially during the interpretation of my findings. When bringing several interviews together, I illustrate common experiences and highlight important issues for voluntarily childless women, effectively coming together to create a best "truth." As such, much of this interpretation and analysis is based on my own understanding and outlook regarding the research topic.

The "received view" of science attempts to verify (positivism) and falsify (post-positivism) *a prori* hypotheses (Guba & Lincoln, p. 196). This type of research supposes a single truth can be observed. Conversely, it is my view that reality is fluid and there are many truths. The type of research I have engaged in involves admitting, arguably to a public that respects quantitative work much more than qualitative work, that the goal is not to create a dataset that is reliable or that determines the veracity of certain precepts. Rather, I outline the contours of what is true for the women who experience the social construction of childlessness and pronatalism most fully.

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Unfortunately, in evaluating social research, quantitative standards are often used incorrectly to evaluate qualitative work, so that "[w]hat is true or false is determined, in part, by the criteria that are used to judge 'good' and 'bad' evidence" (Denzin, Lincoln, & Giardina, 2006, p. 771). Denzin et al. note that qualitative research is often scrutinized, and in many cases an ability (or inability) to verify results is simultaneously taken as a qualifier of how "true" results are. However, qualitative research illustrates context, meaning, and purpose (Guba & Lincoln, pp. 197-198) rather than "facts." More specifically, qualitative studies are useful for uncovering emic, or insider culture, which includes the culture and interactions of women who are childless by choice, to some extent (p. 198). Qualitative methods, including semi-structured interviews, can better grasp narratives and thus provide increased validity. Semi-structured interviews have enabled me to better understand and analyze the experiences of the women who participated in my study, both on an individual basis and as a whole.

Analytic Framework: Deductive vs. Inductive

I have used a combination of both deductive and inductive methods within my research project. Semi-structured interviews allowed for both methods of inquiry and consequently, I have, while using some of its methods as tools in my inquiry, rejected grounded theory as the sole methodology. The attached interview guide (Appendix B) offers several questions and jumping-off points for discussion during the interviews. Before I started interviewing I recognized that overly open questions can actually create problems in real-life interview situations (Kvale, 1996). Kvale notes that "[a]lthough the wording of a question can inadvertently shape the content of an answer, it is often overlooked that leading questions are also necessary parts of many questioning

procedures" (p. 158). Consequently, I used an interview guide to help both myself and the participant focus on specific details of voluntary childlessness. These questions have been constructed as the result of an extensive literature review, as well as through personal reflection on my own experiences as a voluntarily childless woman. As such, the interview guide provided a deductive analytic framework from which to study the experiences of women who are childless by choice.

Despite deductive aspects of my proposed research project, I used some inductive methods within the project. Grounded theory, "in which the aim is to develop theory grounded in the empirical world", allows for an interactive and evolving research project (Esterberg, 2002, p. 35). Grounded theory was useful insofar as the method allowed for participants to guide the interview and to discuss topics that were not previously considered in either my review of the literature or of my own experiences. Therefore, both the Standpoint approach and aspects of grounded theory allowed for the additional unforeseen issues that participants raised, and as a result, needed to be explored further.

Grounded theory is inductive and post-positive insofar as truths exists only if and when they are researched and counted. The theory maintains some tenets of post-positivism, where, under this view, there is only one truth that is waiting to be "uncovered." Conversely, my feminist Standpoint approach counts women's experiences as "true" and "real" for each participant. These individual experiences can subsequently be counted as important additions to the knowledge surrounding voluntary childlessness. Thus, I drew upon existing theory as well as the tools of grounded theory to help explore particular experiences in the lives of voluntarily childless women.

Feminist Foundations

Although I did not use a feminist methodology, I used feminist theory to support my qualitative research project. Theorists such as Oakley (1981), Hartsock (2004), and Smith (2007) offer fitting theories to justify my use of qualitative semi-structured interviews. These theorists allow me to both include women's voices within my research project, while also connecting their stories to broader issues. Further, these theorists offer women-centered, non-hierarchical methods of inquiry, which acknowledge women as experts in their own lives.

Oakley (1981) provides a useful in-depth discussion of the complications involved when interviewing women. In particular, she highlights the "lack of fit" between many feminist interviewers and the women themselves who are interviewed (p. 31). This lack of fit is visible in the patriarchal and positivist influences on the interview research process. Instead, Oakley notes that interviewing is fluid and interactive. She argues that a feminist approach requires a more interactive, compassionate, and subjective approach to researching women and women's experiences. She states that:

> the mythology of 'hygienic' research with its accompanying mystification of the researcher and the researched as objective instruments of data production be replaced by the recognition that personal involvement is more than dangerous bias—it is the condition under which people come to know each other and to admit others into their lives. (p. 58)

These ideas fit with my own views, whereby I believe that researchers should be genuinely interested in and interact with the participants they are speaking with. Therefore, to fulfill a more feminist and compassionate approach, I undertook a more interactive and conversational interviewing format.

Hartsock (2004) echoes Oakley's (1981) desire for a more women-centered method of inquiry. Hartsock's Standpoint theory delivers a central foundation for feminists interviewing women. Using Marxist theory, she recognizes the patriarchal, positivist, and essentialist systems that often guide research on women. Instead, Hartsock offers Standpoint theory as a way to counter the patriarchal systems, and encourage women-centered knowledge production based on women's experiences. Standpoint theory offers a non-hierarchical method of inquiry that values women's perceptions and experiences as true and legitimate. This theory complements my research goal of highlighting otherwise largely ignored experiences of voluntarily childless women.

Along the same lines, Smith (2007) argues that researchers should examine practices, starting with personal practices, in order to become more familiar with social life. For Smith, it is crucial to understand and explore ordinary practices in order to raise consciousness about overarching issues. Everyday practices form a "locus" or a "point of entry" into understanding social life (p. 339). Practices inform structures, make up social life, and are done socially in relation to others and in relation to historical and social context. Smith's methodology "explores the social relations individuals bring into being in and through their actual practices" (p. 340). Instead of trying to examine what is "behind" practices, researchers should be examining practices themselves because it is practices that make society. In this framework, Smith encourages researchers to start with local practices and situations. Smith's own standpoint approach focuses on women, beginning from where they live and their everyday lives, and then exposing relations of ruling. For this research project, I chose a topic that was important to me and to my social

location. Through my examination of the local everyday practices of both myself and others, I then comment on larger social issues surrounding voluntary childlessness.

Typically, the generalizability of most qualitative research is called into question as the results cannot be generalized to the larger population. However, by naming everyday issues as problematic, and effectively extrapolating the single case to a more generalized concept, the issue of generalizability is diminished. Furthermore, through the use of a women-centered method of inquiry, including Standpoint theory, I have been able to more fully examine the issues which are of importance to voluntarily childless women themselves.

Ethical Considerations

There is a need for "greater integration between feminist research that reflects on issues of ethics and methodology *and* feminist scholarship on epistemology and ethics" (Doucet & Mauthner, 2002, p. 123, original emphasis). It has been my goal to contribute to ethical feminist research in an emancipatory and critical way. My research questions are both ethical and feminist insofar as my aim is to increase understanding regarding this reproductive choice, by using knowledge from the women most impacted by social norms relating to womanhood and motherhood, in an effort to mitigate negative social consequences for women who are childless by choice. My research is ethical and feminist insofar as the intent is to contribute to the emancipation of voluntarily childless women.

The role I play as a researcher (and thus, as a legitimate "professional") differentiates me from the participants and creates a power inequality. Thorne (2004) astutely notes: "It has often been observed that to be powerful is to be able to guard one's interests, to protect one's self from unwanted intrusions" (p. 171). In this case, Thorne is

arguing that research involves power dynamics, where researchers often have the most power and participants are left with little power to refuse the researcher. To mitigate this issue, I assured participants of their rights and ability to decline to provide information, as suggested by Thorne (2004, p. 171). I attempted to challenge the researcher-participant power dynamic by inviting participants to be co-creators of knowledge, where they had the ability to refuse to answer any question, or initiate topics I failed to consider. I endeavoured to create a respectful atmosphere within the interview, and encourage participants to assert their right to inform or not inform the research. Overall, I aspired to "always remain attentive to the moral dimension of interviewing" and honour integrity and privacy by not intruding on "areas that the narrator has chosen to hold back" (Anderson & Jack, 1991, p. 25).

Before I began interviewing I obtained ethics approval from the University of Lethbridge under the Tri-Council guidelines. I followed these guidelines conscientiously while preparing, executing, and following-up on my research. I did this by facilitating rigorous free and informed consent, offering the right to withdraw at any time without penalty, preserving confidentiality, and maintaining honest and open communication with those involved with my study. Participants were properly informed and were required to sign a letter of informed consent before we began the interview. The letter of informed consent (Appendix A) was worded in plain-language, and elaborated on issues of confidentiality and the right to withdraw. The letter also listed contact information for myself, Research Services at the University of Lethbridge, and local counselling services should any aspect of the study provoke any emotional distress. Oakley (1981) notes that:

> the women said that being interviewed had affected them and the three
> most common forms this influence took were in leading them to reflect

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on their experiences more than they would otherwise have done; in reducing the level of their anxiety and/or reassuring them of their normality; and in giving a valuable outlet for the verbalisation of feelings. (p. 50)

For this reason, I acknowledge that my research project has had and will continue to have an effect on participants. It is my hope that the participants look back on the interview process as positive and enlightening, although I recognize the potential for emotional distress should any more negative elucidations occur. Participants were also able to request that a summary of the research be sent to them upon completion of the project. A copy of the letter of consent was given to each participant.

Following data collection, I uploaded interview recordings to a password protected file location, and subsequently ensured that there is no identifying information to connect each recording with a particular participant. I used pseudonyms for all persons and places mentioned within the recordings. All identifying information, such as the face-sheet containing contact information for participants, is kept in a locked cabinet in my office.

Not all ethical considerations are firmly regulated by boards and institutions, but both procedural ethics and ethics in the field must be equally practiced. Often, formal application ethics vary greatly from real-life ethics, which are often unpredictable and unexpected (Guillemin & Gillam, 2004, p. 263). Guillemin and Gillam (2004) note that unexpected issues will arise during the course of field research, and researchers have an ethical obligation to interact with participants "in a humane, nonexploitative way while at the same time being mindful of one's own role as a researcher" (p. 264). Some researchers might not find this to be an ethical dilemma because these issues are not included in ethics applications, but in the case of qualitative research, "[r]esearch

involving humans comes from a place of ethical tension" (p. 271). As such, I felt compelled to fully explore ethical considerations for my research, including the less-regulated practical ethics.

Not only have I gained ethics board approval at the University of Lethbridge, but I have also held myself accountable for my behaviour and interactions with research participants in the field. More specifically, I attempted to prepare myself adequately to react to and offer assistance in the cases of emotional, dangerous, and difficult situations for myself and others. Often, interview-based research involves asking tough questions, which can bring up emotions and put personal issues into a new perspective for the participant. A list of locally accessible counselling services was provided to each participant as an appendage to their copy of the letter of consent, should any aspect of the research process negatively affect any participant.

One participant was visibly upset and distraught during the interview. In this case, I temporarily halted the interview, and resumed only after the participant was willing to continue. In addition, I also encouraged all participants to contact me at any time after the interview if they had any additional issues or thoughts that the interview might have provoked. A handful of participants emailed me shortly after our interviews to mention an additional point they had forgotten, and none of these participants showed any signs of distress.

Effect of Research on the Researcher

Although there are multiple procedures and practices in place to ensure the safety and wellbeing of research participants, there is less of a focus on researcher safety and wellbeing during the research process. Even so, Dickson-Swift, James, Kippen, and

Liamputtong (2007) note that many researchers feel physical or emotional vulnerability during interview-based research (p. 342). Emotional vulnerability can include being asked uncomfortable questions and/or interviewing in a state of exhaustion, and I faced both of these issues during my research project. Along the same lines Doucet and Mauthner (2002) agree that participating in an interview can create unintentional effects of participation for both researchers and research participants.

Wanda, the second woman I spoke with, was very apprehensive about the future, and became emotional at the prospect of being alone as she aged. She reflected upon her own grandmother's aging, and was moved to tears when I asked the question "What, in your opinion, are the 'cons' of being childless by choice?" Although this topic was very sensitive for a few women, Wanda was the only woman I spoke with who became visibly upset (at least in my presence). This "ethically important" moment later re-played in my head several times; what could I have done differently? According to Guillemin and Gillam (2004) practical or field ethics are important, but rather unscripted – researchers should act as fellow humans, and do what feels most ethical at the moment. During the interview I immediately stopped the tape, and offered Wanda a tissue. We continued the interview at her insistence after a short break, and she left my office in higher spirits. After speaking with my committee, I contacted Wanda to inquire about her wellbeing and to discuss any additional material that she would like to add to the interview. This is something I did with many participants in order to clarify sections of their narratives and to see if they had anything to add to their comments, and to help create knowledge in a "back and forth" kind of way.

Oakley (1981) argues that qualitative research is fluid and interactive, and requires a more compassionate and subjective approach, unique to each researcher. Pillow (2003) argues that there is a need for uncomfortable reflexivity in qualitative research, which should involve a more responsible accounting of the self in the research. Along the same lines, Nairn, Munro, and Smith (2005) urge researchers to revisit apparently "failed" interviews. In effect, these theorists help me work through what to do with the interview with Wanda, and where to go next. I came to recognize that emotions are inevitable in interviews, and they can actually be productive: Wanda's narrative proved to be very compelling, and her points provoked me to evaluate the drawbacks of voluntary childlessness.

Research with humans is always ethically complicated, and I recognized this before I set out to do my interviews. Nonetheless, I found myself thinking about Wanda and our conversation long after the interview itself. In fact, I underestimated the impact that such an "ethically important" moment would have on me personally. For several weeks I felt extremely guilty for inciting someone to cry, and came to realize that I could do real harm through the seemingly innocuous act of asking a question. During the days and weeks that followed, I debriefed to colleagues and my supervisor, who ensured me that this event helped to substantiate that my research was "touching a nerve," and that the experiences of voluntarily childless women need to be brought to attention.

To mitigate safety issues, I took precautions for both my physical and mental wellbeing throughout the data collection. First, I anticipated that the interviews themselves would take place at a public coffee shop, in my office at the university, where security is on-hand, or at the homes of the participants. For interviews that took place

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within a participant's home, I brought a cell phone for emergencies, and notified someone[2] where I was going and when I expected to return. During the interviews I was fully prepared for and expected personal questions regarding the research topic. My first impulse was to answer any and all questions pertaining to my own stance and experiences regarding voluntary childlessness to the best of my ability. Although some of the questions posed to me could be considered personal in nature, I answered them in good faith. After all, I was asking similar questions of the participants, and I believe that to answer these same questions for the participant is part of maintaining an honest and reciprocal research practice.

Finally, Dickson-Swift et al. (2007) acknowledge that transcription can be emotional for the researcher, especially when the research is sensitive. However, they argue that "the transcription process allowed them the freedom to really respond emotionally to the data" (p. 337). I used note-taking and journaling to respond to the interview recordings during transcription. I found that this process helped, along with my proactive understanding and mindfulness of the intensity of the research process. In addition, regular meetings and debriefings with my supervisor throughout the research process helped to reduce exhaustion.

Interpretation & Representation

The issue of representation of research participants involved in my project brings several complications to the forefront. Riessman (1993) argues that researchers may start out with the best of intentions but important details may be lost with the subsequent

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[2] I carefully weighed the competing interests of personal safety and confidentiality. To help mitigate this issue, I wrote the interview address in my personal day planner, and instructed a trusted friend to open the day planner only if I did not return from the interview within a few hours. I returned promptly from all interviews so this person did not have to open my day planner, and confidentiality was not breached.

interpretation and use of the data. The five steps of representation in the qualitative research process include: attending, telling, transcribing, analyzing, and reading (pp. 9-15). Through these steps meaning can be lost, shifted, changed, or forgotten because meaning is both fluid and contextual.

Riessman's (1993) argument that meaning is fluid is important to acknowledge. As a researcher, I have had access to the data during every stage, and I have manipulated the data in various ways throughout these stages. I have removed "umms" and "ahhs," from the transcripts when they do not imply meaning, but are instead speech habits. I have also chosen when and where to use punctuation within the text. However, I have attempted to choose quotes that are accurate and contextualized for use in my writing about the project. When reporting, I have attempted to showcase the consensus that represents the majority honestly.

Although misrepresentation is a serious concern in research, it is also essential to note that accurate representation can be both damaging and productive for the represented. The question of representation becomes a serious ethical problem when the notion of social groupings comes to the forefront. The creation of "us vs. them" categories compares "us" to the "other." Kitzinger and Wilkinson (1996) discuss the range of possible otherness, which includes "'race' and ethnicity, class, age, sexual identity, (dis)ability and motherhood status" (p. 1). Although each individual may be a member of several groups, no two individuals are exactly the same; thus, anyone who is not you is an other. Representation of this other category can be problematic and harmful because "we" create meaning through what we are and are not, effectively functioning to delegitimize the other (Kitzinger & Wilkinson, pp. 9-10).

One social category of otherness includes women who are childless by choice. Voluntarily childless women are the "other" in relation to the majority of women in Canadian society who either desire to have or already have children (Stobert & Kemeny, p. 2). Women who desire to remain childless can also be marginalized and othered based on feminine lifestyle and behaviour norms (Gillespie, 2003). As a result of this marginalization, several different ethical considerations needed to be taken into account before beginning research. Kitzinger and Wilkinson (1996) offer four ways to negotiate the problem of othering, which include: speaking only for ourselves, celebrating otherness, destabilising otherness, and interrupting otherness.

Many researchers avoid studying the other altogether to avoid these issues, and instead focus on themselves through autoethnography (see Ellis, 1997). Despite honourable intentions, "the *effects* of speaking only for ourselves are often the silencing of 'Others,' the erasure of their experience, and the reinscription of power relations" (Kitzinger & Wilkinson, 1996, p. 12, original emphasis). Similarly, celebrating otherness serves to continue to represent the individuals as different. Finally, destabilising and interrupting otherness focuses on analyzing the construction of categories in society and challenging oppressive structures. My research contributes to the destabilising and interrupting of otherness because I critically examine the mechanisms and structures that help to other voluntarily childless women.

Alcoff (1995) makes four key recommendations to keep in mind when speaking for others. These recommendations include the need to: analyze the impetus to speak, interrogate the bearing of our location and context, be accountable and responsible, and analyze the probable or actual effects in greater material and discursive contexts (Alcoff,

pp. 111-114). I have followed these recommendations by actively listening to and interacting with participants, and treating participants as crucial key informants. Although I recognize that my "expert" opinions can be viewed as more legitimate than that of the marginalized other, I hope to create legitimacy for the other through the acknowledgement of participants as insiders and key informants. Further, my own location in the research is important to note and understand in order to understand the research more deeply.

Reflexivity

Interviews are "inextricably and unavoidably historically, politically, and contextually bound" (Fontana & Frey, 2005, p. 695). With so many forces affecting an interview, there can be no true objectivity, only reflexive subjectivity. As such, researchers today are persuaded to be reflexive, where "reflexivity is imbued as a form of validity" (Pillow, 2003, p. 187). However, Pillow notes that we rely on "reflexivity as methodological power" which leads to us "listening to and desiring only certain kinds of reflexive stories" (ibid). I have taken on this research project with reflexive subjectivity, with the limits of reflexivity in mind. I have endeavoured to create and maintain a dialogue with my peers, supervisors, and participants that has enabled me to work through various research related issues from varying perspectives. Reflexivity, for me, means being accountable for my paradigm, maintaining a wide perspective, and taking part in key practices that have encouraged transparency and honesty. Above all, I recognize that I am influenced by others just as others are influenced by me, and I have strived to maintain integrity throughout my research. For my research, "reflexivity holds together methodology, epistemology and ethics" (Doucet & Mauthner, p. 125).

According to Pillow (2003), there is a need for an uncomfortable reflexivity within qualitative research. Uncomfortable reflexivity in this case "is not about better methods, or about whether we can represent people better" but is rather about accountability in terms of people's attempts at self-representation (p. 193). As such, I have attempted to be honest and fully accountable in my self-representations within the research. To do this I have negotiated meanings alongside my participants, which includes clarification of meaning in a "back-and-forth" way. This means that I have engaged in a more conversational style of interviewing that allows for participants to ask me questions and take up some power as the key informants.

Further, uncomfortable reflexivity involves some uncomfortable realizations and revisiting. For Nairn et al. (2005), "an apparently 'failed' interview which might not be included in data analysis on that basis, should always be revisited" (p. 223). Although I enjoyed every interview, I recognize that some interviews were more fruitful than others, while others were seemingly "failed" or "less than perfect" interviews. In these cases, I listened to the interview recording and consciously noted when and where things did not go well. This practice helped me reflect as an interviewer and helped me to improve upon my interviewing technique. Also, I included every interview in my analysis, no matter if it was less than perfect.

Doucet and Mauthner (2002) note two means of improving ethics in research. First, researchers must be conscious of the effect of the research in greater discourse, and secondly, there needs to be accountability in terms of honesty and reflexivity. Specifically, researchers need to "conceptualize reflexivity not only in terms of social location, but also in terms of the personal, interpersonal, institutional, pragmatic,

emotional, theoretical, epistemological and ontological influences on our research"
(Doucet & Mauthner, 2002, p. 125). Thus, simply noting your social location does not
create reflexivity. Instead, qualitative researchers need to be aware of how their
positionalities affect how they take up the narratives of others. In my case, I have been
aware and cognisant of the various influences on my research, and how my research
might be taken-up in the future. As such, I have striven to carefully consider the possible
outcomes of my research questions, and the impacts on the women themselves.

My research is both personal and politically charged, which makes reflexivity
especially important. I keep an ongoing, open, ethical, and critical perspective on my
work. Doucet and Mauthner (2002) encourage researchers to journal while conducting
research to maintain perspective and keep track of thoughts and emotions (p. 138). As
such, I have engaged in both journaling and note-taking throughout the research process:
after every interview, during and after each transcription session, and continually
throughout the analysis, writing, and reporting processes. I will continue this reflection
after the research project has ended.

Speaking for Others

Fine (1992) notes that there are three possible stances within qualitative research:
ventriloquism, voice, and activism. Ventriloquism is often critiqued because researchers
who take this approach avoid using "I" in the text, deny outside influences, and deny the
subjectivity of participants (p. 214). In effect, "ventriloquism," where the author uses the
voices of the participants but shows nothing of themselves in the work, can impart false
impressions on the reader. The reader may assume or believe the writer is impartial and
objective, with no effect on the data and final result. Research through a "voice"

approach may seem more liberated, but in effect, is not. Researchers who simply "give voice" without providing an account of their own biases and positionality often deny the power relations involved in research, do not put enough of themselves into the research, and may misinterpret results based on personal aims (p. 215). For Kitzinger and Wilkinson (1996), "[i]n 'reclaiming' the lives of Others for feminism, such researchers run the risk of representing in their lives what they would like to see in our own" (p. 13).

Fine (1992) goes on to state that instead of using ventriloquism or voice, more activist research is needed, and the "only way to do activist research is to be positioned explicitly with questions but not answers" (p. 230). Because the topic of childlessness can be political and controversial, it has been my ambition to be transparent in my actions and conduct my research through questioning, analyzing, and examining pertinent issues. I have attempted to analyze the impacts of gender expectations, pronatalism, the morality of motherhood, and the role of differently-abled bodies in these constructs.

Like Fine (1992), Goode (1999) argues that the self is not a contaminant, but it is a key to what we know (p. 302). We are not given the "full story" behind social science observers, and "there is almost certainly a great deal more participation and involvement than is admitted; full self-disclosure tends to be the exception rather than the rule" (Goode, p. 302). Similarly, Thorne (2004) states that "fieldworkers are rarely honest and forthcoming with information as they could be" (p. 162), and Oakley (1981) promotes personal interaction as crucial to a feminist method of inquiry. During my research, I aspired to interact with each participant both as a researcher and as an individual, complete with full self-disclosure.

I took a more personal approach not only with the participants, but also with my data analysis and reporting in that I have attempted to be reflexive and personal in my writing. I pursue qualitative research where the focus is often on the individual rather than the collective, and I subscribe to a combination of critical theory and constructivism. I have little real-life field research experience. I am privileged because I have the ability to choose, for the most part, what I study. I am a white, middle-class, able-bodied, heterosexual, thin, young woman.

This acknowledgement of my theoretical standpoint, status, and social position does not satisfy quality reflexivity in many respects. True reflexivity needs to be ongoing and it needs to bridge interpersonal relations and ethical aspects of research. For Doucet and Mauthner (2002) "it may be more useful to think in terms of 'degrees of reflexivity,' with some influences being easier to identify and articulate at the time of our work while others may take time, distance and detachment from the research" (p. 138). As such, my own reflexivity will be an on-going process, and will not cease after I have submitted this analysis.

Research can be a power-laden experience, and Hoffman (2007) recognizes that "[b]y exploring the shifts of power and the emotional labour demands in the qualitative, open-ended interview... power shifts and emotions within the interview are, themselves, important data" (p. 318). To enhance reflexivity and account for power dynamics, I have reflected upon the following questions: "What do I bring to my research?", "How has my research affected me?", and "What are my biases towards my research participants?"

Similarly, del Busso (2007) channels the feminist argument that suggests power be shared with participants in several different ways. These techniques include using less

structured interview methods, allowing participants to take part in the interpreting of their data, and empowering research participants. I have endeavoured to empower research participants in the creation of knowledge by promoting a more conversational interview style and by offering to contact them with a copy of the final write-up, which they are welcome to review and revise. In addition, I encouraged participants to contact me with any supplementary information in the days, weeks, and months after the interview, which helped to foster "back and forth" co-construction of knowledge.

Self-Disclosure & Reciprocity

Several researchers discuss the impact of the researcher sharing or not sharing personal information during an interview. Specifically, self-disclosure can "enhance rapport, show respect for the participants and validate the participants' stories" (Dickson-Swift et al., 2007, p. 332). Furthermore, reciprocal sharing can help to ensure that the participant-researcher relationship is non-hierarchical (Dickson-Swift et al., 2007, p. 332). Honest self-disclosure is especially important when conducting sensitive research; I do not expect individuals to tell me everything about their personal reproductive choices without answering a few personal questions myself.

Reciprocity, a feminist practice, can vary in form and definition, which can include community action (Dickson-Swift et al., 2007, p. 334). In my research I reciprocated during the interview through the telling of my own stories, and I have started to engage in community action and activism to promote women's rights and public interest in order to reciprocate on a broader level.

Self-disclosure and reciprocity play a part in the creation of a more sensitive research methodology. For Borland (2004), "we are forever constructing our own

identities through social interactions" while we "similarly construct our notion of others" (p. 531). Instead, we need to "open up the exchange of ideas so that we do not simply gather data on others to fit into our own paradigms once we are safely ensconced in our university libraries ready to do interpretation" (Borland, 2004, p. 532). Specifically, researchers must pay attention to the framing and context of narratives, and the multiple meanings generated as a result. Similarly, Anderson and Jack (1991) argue that "[i]f we want to know how women feel about their lives, then we have to allow them to talk about their feelings as well as their activities" (p. 15). Therefore, to fully understand women's voluntary childlessness, I have listened to and carefully explored not only discussion pertinent to their experiences and motivations regarding voluntary childlessness, but also to more ordinary discussion about day-to-day life.

Tinker and Armstrong (2008) note that sharing multiple commonalities with your research participants is not always beneficial. For Tinker and Armstrong, difference is needed for "good" research, as "closeness to the data can hinder a researcher's ability to be rigorous in his or her analysis" (p.57). However, qualitative research can never be fully objective, so I believe this perspective is flawed outright. Dickson-Swift et al. (2007) note that a researcher's status as a stranger may encourage some participants to disclose more information (pp. 338-339). In fact, Tinker and Armstrong suggest deceiving participants in order to maintain an illusion of ignorance (p. 57)! Although I recognize that appearing as an outsider can be helpful in order to gain more detailed information from participants, it is not the sole condition of good research, and I did not engage in deception or lying to participants in any way. However, "allowing the respondent to adopt the position of expert can empower the interviewee and help produce

detailed and comprehensive interview data" (Tinker & Armstrong, p. 55). Overall, I endeavoured to be caring and "human" in my research, especially when faced with other people's emotions.

Participant Recruitment

The purpose of this research project is to better understand and explore the motivations and experiences of women who are childless by choice. For that reason, I specifically targeted and recruited women over the age of majority (18 years of age) who were at the time and foreseeably childless by choice. Because I am interested in exploring the everyday experiences of voluntarily childless women, I sought to include and analyze both intersectionalities and overarching themes. Thus, I interviewed women with a wide variety of backgrounds and intersectionalities, including age, marital status, sexuality, family background, religion, disability status, health/genetic status, and so forth. Through examination of these intersectionalities I discovered social and cultural differences, which allowed me to analyze the data in a more complex fashion.

As mentioned in Chapter One, both pronatalism and antinatalism are competing forces that complicate women's childbearing choices. Pronatalism and antinatalism can manifest in different ways for individuals with varying traits, and as a result I was eager to recruit a wide variety of participants to explore these aspects. For example, age is important to note due to potential generational and cultural factors that may have affected childbearing in different ways in the past. Also, age may play a part in how others react to voluntary childlessness; young women may be perceived as potential mothers despite their affirmations of childlessness (Statistics Canada, 2011) or, conversely, young women may be discouraged from mothering (i.e. if they are single, for example (Hadfield et al.,

2007)). Marital status has implications for the ways childbearing decision-making takes place, as well as implications for stigma and scrutiny by others. Family background is another important aspect to explore. Veevers (1980) notes that eldest daughters are often called upon to take care of younger siblings, which can influence their childbearing decisions (pp. 60-61). In this way, the everyday duties of motherhood have already been experienced and performed, and voluntary childlessness is a rational alternative to mundane domestic labour.

Religious imperatives to mother fuel scrutiny for some voluntarily childless women, while these same imperatives discourage mothering among women with varying sexualities and marital statuses. In particular, O'Toole (2002) highlights antinatalist policies, beliefs, and resources surrounding disability and sexuality. Further, disability, health status, and genetic status are complex and interesting factors; how and why do women with disabilities or various health conditions choose childlessness? For certain genetic statuses, women choose childlessness in order to exonerate morally problematic issues arising from giving birth to a child with a high likelihood of a similar genetic status. Therefore, it was important to include women of all ages, marital status, sexualities, family backgrounds, religions, ethnicities, disability statuses, and health/genetic statuses.

Following the ethics board approval from the University of Lethbridge, I began recruiting participants for this study. I successfully recruited 21 women to participate in my research project. To recruit these women, I posted calls for participants on free public notice boards (i.e. supermarkets, libraries, fitness centers, salons, shopping centers, churches, cafes, etc.) in the Lethbridge area. I also posted calls for participants on online

notice boards (i.e. kijiji, craigslist, etc.) for the Lethbridge area. Due to budgetary restraints I did not take out any paid advertisements, nor did I travel outside of the city of Lethbridge to complete interviews. As such, I considered telephone interviews for participants outside of Lethbridge, but did not use this method. In addition, I attempted to utilize snowball sampling to recruit participants (Esterberg, 2002). Esterberg (2002) recognizes the benefits and limitations of snowball sampling: it is a great way to recruit participants in "hidden" communities, but there is potential that the participants might not be very diverse (pp. 93-94). Nonetheless, I attempted to use this method of recruitment to capture the voluntarily childless community, which is typically both small and stigmatized. My use of snowball sampling was unsuccessful, despite my attempts to recruit new participants through each woman I spoke with.

The criterion for participation in this study was very open. Those excluded from participation included men, women under the age of majority (18 years of age), mothers (but not those women who have given birth and placed the child for adoption), non-English speakers (due to the cost of translators and budgetary restraints), and those who could not give free and informed consent. Included in the study were women over 18 years of age, who were childless by choice for the current and foreseeable future. "Childless by choice" in this case included women who had reached the end of their childbearing years and had not had children by choice, and women who place very little significance on childbearing and childrearing and did not anticipate bearing children of their own in the future.

Participant Profile

I conducted interviews with 21 women who responded to my call for participants. These women, who identified as childless by choice at the time of the interview, provided rich accounts of their childbearing decisions and the context surrounding these decisions. At the time of interviewing, the participants ranged in age from 21 to 59 years. Eight women were legally married, one woman was engaged to be married, two women were in common-law relationships, one woman was dating, and eight women were single; of the single women, two were divorced. Highest completed education level ranged from high school (7), college (3), university (7), and graduate degree (4). Of the women interviewed, two women were attending technical school, while five women were attending university, and one woman was pursuing a graduate degree. The women I interviewed were employed in various occupations including: project manager, veterinary nurse, small business owner, cashier, corporate secretary, speech pathologist, event coordinator, photographer, web designer, artist, executive analyst, university professor, paralegal, non-profit administrator, and odd-jobs.

Six women interviewed identified as belonging to a Christian religion, thirteen women identified as atheist/agnostic/not religious, one woman identified as Pantheist, and another woman identified as Wiccan. Of the women who identified as atheist/agnostic/not religious, three mentioned that they were raised within a Christian church and had since left the religion. Seventeen women identified as heterosexual, with one of those women also identifying as asexual, while four women identified as bisexual. Five women expressed a health or disability issue. The participants came from various family backgrounds, including only-child, multiple-child, two-parent, lone-parent,

divorced, and foster-care configurations. Two women were immigrants to Canada, while one woman was a visible minority.

All the interviews took place at mutually convenient locations in the city of Lethbridge, Alberta. Although the participants were all in the area at the time of interviewing, two women were in Lethbridge on a short-term basis, one woman resided in Coalhurst, another woman resided in Raymond, while the remaining women were residents of the city of Lethbridge.

Table 2.1 Participant Profile

Name	Age	Education Level	Partner Status	Occupation	Religion	Ethnicity	Disability /Health Status	Sexuality
Arielle	21	3rd yr University Student	Single	Student	Atheist	Caucasian		Heterosexual
Beverly	59	B.A.	Twice Divorced Dating	Corporate Secretary	None (raised Catholic)	Caucasian		Heterosexual
Ella	28	Diploma in Electrical Engineering in-progress	Single	Electrician	None	African		Heterosexual
Erika	28	High School	Married 6 yrs	Cashier	None (raised Mormon)	Caucasian		Heterosexual
Jody	30	M.A.	Married 5 yrs	Speech Pathologist	Atheist	Caucasian	Anxiety Issues	Heterosexual
Madeleine	57	B.F.A.	Single	Artist & Shop Cleaner	Christian		Ringing in ears (tinnitus)	Heterosexual
Madison	28	B.A.	Single	Film Festival Coordinator	None	Caucasian		Heterosexual
Maggie	31	High school 1 yr of Bible College	Married 9 yrs	Non-profit Administrator	Christian	Caucasian		Heterosexual
Marcie	30	B.A. in-progress	Dating 1 yr	Student & Odd Jobs	Atheist/Agnostic	British/ Canadian		Bisexual
Nadia	24	B.Sc.	Common-law 3 yrs	M.Sc. Student	Atheist	Caucasian		Heterosexual
Natasha	30	M.A.	Married 4 yrs	Executive Analyst	Non-practicing Catholic	Caucasian		Heterosexual

Norah	22	4th yr University Student	Single	Student	Wiccan	Canadian/ Caucasian	Epilepsy	Bisexual
Sabrina	24	High school, Currently in Hair School	Single	Hairdressing student	Christian (no specific type)	Caucasian	Antiphospholi pid Antibody Syndrome	Bisexual
Sandra	39	College Diploma	Married 9 yrs	Veterinarian Nurse	United	Caucasian		Heterosexual
Sasha	51	College Diploma now 3rd yr University	Single	Student	Non-attending Protestant	Scottish-Canadian	Crohn's Disease	Heterosexual
Selene	36	Diploma, B.S.W. in-progress	Divorced currently Single	Paralegal & Student	Pantheist	Caucasian		Heterosexual
Shirley	42	Ph.D.	Partnere d 4.5 yrs common -law	Professor	Atheist	Caucasian	Mental Health issues: long-standing depression	Bisexual
Stephanie	46	Ph.D.	Married 8 yrs together 30 yrs	Professor	None	Caucasian		Heterosexual
Taryn	27	B.A.	Engaged	Photographer & Web Designer	None	Caucasian/ Eastern European	Depression & Cleft Palate in the family	Heterosexual/ Asexual
Veronica	37	B.Mgt.	Married 4.5 yrs	Project Manager	Atheist (raised Mormon)	Caucasian		Heterosexual
Wanda	37	B.A.	Married	Small Business Owner	None	Caucasian		Heterosexual

Despite my attempts to recruit women from a variety of backgrounds, I recognize that this sample is not all-encompassing. As such, there are both ethnic and cultural limitations to this sample. However, as discussed in Chapter One, childless women are typically portrayed as white, educated, middle-class women, who focus on their careers over raising children (Hird, 2003). As Table 2.1 shows, not all the women I spoke with fell into these stereotypical categories.

Data Collection: The Interviews

I had an overwhelmingly positive response to my call for participants. My initial fear was that I would not get any responses to my call and I would need to re-formulate a research project entirely. As such, I am extremely grateful to each woman who willingly and graciously spent time talking with me about a very personal topic. I realize that without their generosity I would not have the project I have today.

Not only were the women willing to freely give their time to speak with me, they all expressed genuine excitement about the research project itself. Each participant elected to receive notification pending the final write-up of my study, and a handful of the women mentioned they would like to attend my thesis defense. The conversation both before and after the interview tended to focus on the importance of my work and the relative scarcity of opportunities to speak openly about voluntary childlessness. In particular, Veronica mentioned:

> As you ask these questions I realize I'm pretty independent and it's
> nice to have other people's opinions but at the end of the day my
> decision is *my decision*. It's very interesting to go through this thought
> process.

I am pleased that participation in my research project afforded these women the opportunity to speak about voluntary childlessness, and to reflect upon their identity as a

childless woman.

Anderson and Jack (1991) note that the context of the interview is important to analyze and review in order to see if the women were feeling comfortable enough to answer questions openly and honestly (p. 17). As such, it is important to note the interview settings. The interviews took place at a mutually convenient location—I did not conduct any interviews by telephone. Thirteen interviews took place in the conference room at the university, three interviews took place at the participant's office, two interviews took place at the participant's home, and the remaining three interviews took place at a mutually convenient coffee shop. I endeavoured to exude a warm and comfortable tone, manner, and dress. I also endeavoured to be honest and authentic in my interactions with the participants in my study.

Analysis

Transcription and coding.

To begin the analysis, I first transcribed the recorded interviews. Transcription is a key component to data analysis, and as a consequence, to the research project itself. In effect, the way you write the interview can, and does, affect analysis (Dickson-Swift et al., 2007; Kvale, 1996; Bird, 2005). According to Anderson and Jack (1991), some interpretation is required when interviewing, as "[w]e need to hear what women implied, suggested, and started to say but didn't" and we also need to "interpret their pauses and, when it happens, their unwillingness or inability to respond" (ibid). As such, I retained all ambiguous "umms," "ahhs," and pauses in the final transcripts and write-up. Anderson and Jack also note the importance of having women clarify moral language – I noted several occurrences of moral language while interviewing, and strived to understand the

underlying meanings accordingly. Essentially, I attempted to "immerse [myself] in the interview, to try to understand the person's story from her vantage point" (p. 19). Overall, although I recognize that objectivity is impossible, I strive to remain faithful to the women I am representing.

I am especially mindful that we as researchers often treat transcripts how we should be treating the actual tape (Kvale, 1996, pp. 162-163), and thus, the transcript needs to be as accurate and as detailed as possible. Despite removing extraneous "umms" and "ahhs," I attempted to capture not only the words, but also the tone and emotion in my interviews through bracketed comments. I took notes at the end of each interview for my benefit (to de-compress) as well as for use in interpretation of interview transcripts. Unfortunately, transcripts are decontextualized and detemporalized (p. 167), but I kept this in consideration when evaluating the final transcript and when contemplating my final write-up.

Following the interview transcription, I used the software program Atlas-ti for formal coding of the interview transcripts. Although some themes had already begun to coalesce in my mind, formal coding allowed me to go through the transcripts carefully and methodically in order to become more familiar with the finer details of the women's narratives. This method of coding involved open coding, whereby I initially looked for broad themes and concepts, and then axial coding, whereby I looked for more specific themes and concepts, effectively creating sub-categories within broader themes.

The blend of deductive and inductive approaches I used supported the open and axial coding techniques I employed. In effect, both open and axial coding techniques were especially useful and relevant for this particular project; the women spoke to the

questions I asked, but they also brought up new unforeseen issues. Accordingly, I had a few broad themes in mind before I began formal coding, and the participants' narratives provided many more categories and sub-categories to the analysis.

Conclusion

Overall, I have endeavored to engage in a qualitative research project with feminist theoretical underpinnings. This methodology involved a contentious women-centered approach, which supports participant-researcher interaction and the co-creation of knowledge. I acknowledge that I am forever indebted to the women who willingly met with me to discuss such an intensely personal issue, and as a result helped to make this research possible. The candid conversations I engaged in with the participants in this study helped me to frame my own voluntary childlessness in a meaningful, although sometimes challenging way. In the following chapters I discuss the women's narratives alongside my own reflexive impressions of the research process.

Chapter 3: Pronatalism, Intensive Motherhood, & Childbearing Decisions

> I want fancy cars, I want clothes, you know, but most of all I want freedom. I don't think children *ever* give you that freedom, *ever*. It's a lifetime commitment that is not given too much thought and particularly young people think, "Oh a little baby!" They're not thinking teenager, they're not thinking out of work in your early twenties, they're not thinking, "What about my life?" I made the right decision for me, I know that, and I'm very happy I chose to go that way.
>
> Beverly, 59 years old

> When my husband and I got married I tried thinking about it [having children] but you know you can't push a chain. You can't make somebody want something. And I had been thinking about it and thinking about you know, "Maybe it would be okay to have one," and then I got thinking about little clothes and stains and car seats and Cheerios and I was just like, "I can't do it, I don't want it" and I'm not going to force myself to do something that I don't want to do, and I would definitely not want to be a failure at something that important.
>
> Sandra, 39 years old

In this chapter I explore the ways women make sense of their childbearing negotiations in light of pronatalist pressures. Throughout, I discuss the social imperatives to mother, both on personal and cultural levels (Izzard, 2001), and how these norms impact women who are childless by choice, or who may be in the process of childbearing decision-making. In this chapter, I consider the following questions: How do women come to identify as childless by choice? What motivations and influences impact women's decisions? How is the ideology of intensive motherhood, set forth by Hays (1996), constructed in the women's lives? How does this intensive motherhood ideology affect women who are navigating their childbearing options? Do women reject motherhood because they internalize the intensive mothering ideology and do not believe that they would be good enough mothers? Do women reject motherhood because they

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recognize the impossibility of attaining the ideals of intensive motherhood? To frame my analysis, I first examine the ways in which mothering is put on a pedestal. I then discuss how women come to simultaneously realize and make sense of their decision, with a focus on the moral aspects of decision-making.

How do women come to identify as childless by choice?

For many women, the question of whether to bear children is an extensive, complex, and personal negotiation (Hays, 1996; Ireland, 1993; Kelly, 2009; Letherby & Williams, 1999; Morell, 1994; Park, 2005; Shaw, 2011). By the time women come to publically identify as childless by choice, the majority of the negotiation or "work" has already been completed; the hard decisions have been made, and each angle of the choice has been explored. In the interviews, the first question I asked each woman was how she came to identify as childless by choice. This is perhaps the most important question I ask because it is only through an initial commitment to voluntary childlessness that any further questions are relevant. This question also invited women to explore the question on their own terms. This first portion of the interview often spanned longer than many of the other sections, which demonstrates the important and complicated nature of the women's decisions. Although Izzard (2001) argues that searching for causes of childlessness can collude with a pathologizing view, the ways that the women responded to this question indicated that they felt invited rather than judged by being asked to tell their stories.

While each woman's experience and understanding of her voluntary childlessness is unique, some commonalities between the women's narratives are apparent. In every case, the women's social experiences as children and teenagers helped to shape their

adult expectations regarding childbearing and childrearing. Experiences of "testing the waters" of motherhood through babysitting, tending to nieces and nephews, and/or spending time with children of friends played an important part in many women's early childbearing decisions. A focus on career, travel, education, and personal freedom was cited regularly as a motivation, while health and body issues were noted intermittently. In addition, financial reasons were commonly cited as a motivation and benefit for remaining voluntarily childless. Finally, negotiations with partners often complicated the women's personal decision-making process.

However, no single experience or influence can be examined as the sole factor affecting women's childbearing decisions. Gillespie (2003) highlights both the "pull" of being voluntarily childless as well as the "push" away from motherhood. In other words, women's decisions are influenced both by the desire to maintain their freedom, but also by the rejection of motherhood and the activities associated with motherhood. In effect, childbearing negotiations are multi-faceted and complex, often involving numerous influences and experiences over long periods of time. I will briefly discuss each influence in turn, with the caveat that no single influence works independently. Subsequent chapters will serve to complicate this initial overview of the experiences that impact women's childbearing decisions.

Decision-making: pronatalist influences and women's experiences.

As noted earlier, pronatalism can be briefly described as the culture, policy, or practice of encouraging childbearing, whereby women's worth is tied to childbearing. The celebration of Mother's Day, child tax credits, and celebrity "bump watches" all serve to reinforce the culture of motherhood. On a more personal level, pronatalist

pressures are visible in seemingly mundane everyday interactions; from informal conversations with strangers, to coworkers asking you when it will be "your turn" to have a child. In effect, Meyers (2001) argues that "[p]ronatalist doctrine saturates women's consciousness and chokes off the options that are subjectively available to them" (p. 764). A culture of idealized motherhood propagated through media, government, neighbors, friends, family, and colleagues reinforces pronatalist discourses and, as a result, diminishes the appeal and legitimacy of voluntary childlessness.

Childhood expectations to mother.

On the whole, the women began to articulate their decision during their teens or early twenties when precautions against childbearing became necessary, when childbearing became more of a focus for friends and family, and when childbearing plans became complicated by other factors. Ireland (1993) notes that "it is fair to say that all women begin their pathway to adult identity by positioning themselves toward motherhood—either positively or negatively" (p. 14). Ireland is right to make this distinction; six of the 21 women told me they always knew they did not want to mother, while nine women spoke about their childhood expectations to mother. Sabrina noted that as a child when other people asked her what she wanted to be when she grew up, she would quip, "I want to be a stay-at-home-mom." Conversely, Sandra stated a disinterest in babies, dolls, and playing "house" that resonated at an early age. She noted, "I remember being as young as 10 years old knowing I didn't want children." These quotes from Sabrina and Sandra demonstrate that some children can be and are often effectively socialized into the imperatives of motherhood from a young age, but that they can also reject these imperatives.

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Young girls are groomed to be mothers through gendered dolls, Barbies, playing house and other interactions with peers and older adults. Martin (2003) argues that not only are children's bodies disciplined to reflect socially acceptable gendered behaviours, but the children themselves act to reproduce and create gender constructions. In effect, socialization is not a top-down process, but one that is constructed from all sides. Playing house, then, is a gendered activity that is perpetuated not simply by adults, but by peers. With such pressures on children from such young ages, it follows that many girls are socialized to desire motherhood, and then later come to identify as voluntarily childless. Erika notes that:

> I played dolls far too long. And house, and dishes, and laundry, and I had thousands of little baby dolls and it's just I wanted so badly for them to be real. You know? Just ahhh… [trails off] Ya, you would have thought that that's where I was headed. 100% So ya, definitely as a kid, I guess I didn't know any better. It's what you see your mom doing; it's what you see everybody else's moms doing.

Erika's participation in gendered activities such as playing house, dishes, and laundry demonstrates her gendered experiences as a child. Erika's narrative resonated with me in reflecting on my own childhood; I too took delight in playing with Barbies and dolls – my "babies." In fact, at age five I wanted to be a neonatal nurse when I "grew up" so that I could hold babies all day. For me, it was a question of "when," not "if" I would be a mother.

Similarly, Erika observes that, "you would have thought that that's where I was headed," effectively recognizing the prevalence of motherhood and expectation to mother. When she notes that as a kid she "didn't know any better" she is making an astute observation; girls are not provided with ample choice in terms of potential subjectivities. Erika's turn-of-phrase suggests that now that she "knows better" she has

chosen not to bear children, implicitly stating that newfound knowledge has shaped her childbearing decision-making. Her comment that, "[i]t's what you see your mom doing, it's what you see everybody else's moms doing," reinforces the seemingly all-encompassing view of women as mothers while simultaneously connoting the scarceness and unnaturalness of non-mothers. It follows that young girls are socialized into motherhood; social circles comprises mainly of adult women who are mothers, and interactions with peers that mimic the normativity of motherhood offer young girls limited subjectivities.

Along the same lines, nine of the 21 women explained that they had never *truly* wanted children, or had changed their minds due to subsequent experiences and a shift in desires. This progression to voluntary childlessness is categorized by Ireland (1993) as "transitional" and/or "transformative." The transitional woman has not had the chance to have children or has delayed motherhood, while the transformative woman consciously made the decision to remain childless by choice. Wanda's experiences, for example, would fall into these categories; she delayed motherhood for many years, and then came to an active realization of her voluntary childlessness.

Following up on my first question (how did you come to identify as childless by choice?), I asked Wanda, a 37 year old married small business owner, if she wanted to be a mother when she was a young child. She replied:

> Oh absolutely, ya, and I think part of it is this society's "this is what you do," right? You grow up, you go to school, you get a job, you get married, you have children. And so I think like growing up that was kind of the expected plan, both that society thinks that you're going to do and that also I assumed that I was going to do, and then it was kind of like, "Well wait a minute, I might want to skip some of these, or do them in a different order" or whatever and ya… that [having children] was just something that I didn't want to do.

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Wanda's experience was similar to that of several other women; motherhood was initially seen as a logical step in their lives as women. In this case, Wanda's experiences and perceptions about what the expected plan was while she was growing up demonstrate very real pronatalist pressures. However, although pronatalism is seemingly monolithic, women face competing discourses and expectations. Her later deviation from the "expected plan" involved going to school and getting a job instead of mothering, demonstrating the competing capitalist discourses involved in being a woman in contemporary western societies. Some women forgo motherhood in favour of other options and expectations.

For many of the women who spoke about their childhood expectations to mother, realization of the decision to remain childless can be loosely described as a progression or process. Veronica's narrative echoes Wanda's experiences of the "expected plan." Veronica, a 37 year old married project manager, explains her decision-making process in terms of rejecting the "mould" amid a myriad of factors:

> Umm I guess it's a matter of a process. I actually grew up in a religious household. I grew up Mormon and my family was very, you know, "You get married, you have kids, that's what you do." Umm and then as I got a little bit older and reached college age, I realized there were other options, I didn't have to fit that mould, I could do other things, and then I became much more focused on my career and other interests. And I think it's just been an evolution from about the age of 18 or 20 until now, and a couple of years ago, well when I met my husband, which was about 5 years ago, I could have gone either way on whether I was going to have children or not. He didn't want children and it was a really easy decision for me to say, "You know what, that's fine, I don't have to have children, I don't feel that need" so then that's just something that we decided and that was about 5 years ago, so that's just been the way we live. [laughs]

Veronica's decision-making process was lengthy and complicated, and can be categorized as transformative. Although she was initially encouraged to "get married" and "have kids" by church and family members, her view changed when she challenged pronatalist assumptions during her college years. Veronica "realized there were other options," suggesting that she was never offered other options as a child. Further, her realization that she didn't have to "fit that mould" implies that to be voluntarily childless is to "break the mould" and go against social expectations. Veronica mentions her focus on her career, her other interests, and her partner's influence as additional factors in her decision-making process. She discloses that her decision-making process was "an evolution" through time, with her partner aiding to finally solidify her decision.

Although many women explained their childbearing decision-making as a lengthy organic process, Morell (1994) argues that the progression to voluntary childlessness does not simply just proceed; "[w]omen must constantly engage in acts of subversion if they pursue goals that are not stereotypically feminine ones" (p. 31). These acts of subversion were often explained as first occurring during the women's teenage years, when expectations to babysit and plans for the future became normative.

Negative childhood and adult experiences.

Four women stated that their own less than ideal experiences in childhood contributed to their decision-making process. While many researchers have confirmed that the fear of replicating negative childhood experiences is real for some women, the majority of women are not influenced in this way (Kelly, 2009). Nonetheless, childbearing decisions were complex and based in numerous other influences for these four women. Maggie, for instance, explained that she had been abused as a child, and this

contributed to her fear of having to watch a child go through that experience. She

explains:

> I mean in today's society, you know if I were to have a kid and it were
> a girl I would be terrified at all times of letting her out of the house.
> When she went to school I would just be absolutely petrified because
> of, you hear every day of stories of pedophiles and like, oh my gosh
> and like I mean I realize that the danger's there for boys too, but there
> is a notion that boys can take better care of themselves, whereas girls
> seem to be a little more vulnerable. And I was sexually abused as a
> child too and so I think that to find out that that would have happened
> to my daughter would be absolutely *heart-wrenching*, knowing what it
> is and what, what you go through. So not having that on my brain is a
> perk.

Maggie's experience has undoubtedly shaped her views on the vulnerabilities of children,

especially young girls. For her, not having a child brings peace of mind; she does not

have to worry about the potential for someone to abuse her child. Further, Marcie, a 30

year old university student who spent most of her adolescence in foster care, did not want

to "make the same mistakes" her parents had made, and admitted that her childhood

experience was an influence in her childbearing decision-making. Marcie elaborates on

her situation near the end of the interview:

> I referred to my aunt, she's actually my foster mother, so I was in
> foster care from the time I was 13 until I was uhh like 17 when I
> moved out on my own. So I still have a sort of relationship with my
> mother and sister that's kind of umm "off and on," but I don't think
> that my mother did a particularly good job.

While her childhood experiences were definitely counted in her decision-making process,

Marcie's narrative includes other childbearing decision-making factors such as her

partner's influence, her educational and occupational goals, and more, reflecting the idea

that there was more than one aspect to her decision-making process.

Similarly, Stephanie's experiences as a child helped to delineate options for different subjectivities for women. She states:

> I think that I did not particularly enjoy my own childhood and adolescence. Not that I was abused or there was anything particularly wrong with them, but I always remember being very relieved to be an adult, that I really always wanted to be independent and I didn't particularly want to be part of a family unit […] So I think possibly because I didn't particularly love being a child I didn't ever have any desire to take a child through childhood and adolescence.

> …for example I have a girlfriend out in Ottawa and I remember her talking a lot about wanting to have children and part of it was this desire to introduce her kids to the things that she had loved when she was a child, so she was really looking forward to have a little girl so she could read "Charlotte's Web" with her and do these kinds of child activities with her […] to me I was always more worried about the negative parts of childhood and adolescence that I would have to go through with the kids, like possible bullying or feeling unpopular or all of those less positive things that you have to go through as a child and adolescent, and not really wanting to have to kind of relive those through watching a child go through them.

Although Stephanie, a 46 year old married professor, cited her lack of interest in children and childhood, her desire for independence, and her partner's influence as factors in her childbearing decision-making, her experiences as a child initiated her decision to remain voluntarily childless. She did not enjoy her childhood and adolescence, and recognizes the "less positive things that you have to go through as a child and adolescent." Particularly, Stephanie does not want to "relive" bullying, feeling unpopular, and other negative experiences that many children go through. She is pragmatic in her expectations of motherhood, and recognizes the realities of raising a child. In addition, she explains:

> My mother worked and I mean, you know this is a bit difficult to say, but I think that I did get the message that my mother probably regretted having had children; she wasn't particularly happy with the way that her life had worked out. So I don't think she ever came out and said that, but that was uhh maybe a message that I picked up on, which made me think that, you know kind of conversely that, well you

didn't *have* to have children, you don't *have* to. So you know that
might have sort of put that idea in my head.

Stephanie highlights that her mother's regrets aided her to view childlessness as a

legitimate option. Despite the example of her mother, Stephanie's narrative draws

attention to pronatalist influences throughout the interview; she held the mainstream

notion that she was expected to have children until her experiences as a child and her

subsequent realizations pushed her to consider other options.

Like Maggie, Stephanie, and Marcie, Sandra's negative experiences as a child

helped to shape her vision for the future. Doucet (2000, 2001) argues that women are

expected to do more work in the home, despite efforts to share domestic work, including

childcare, even when both partners engage in paid labour outside the home. Sandra's

experiences as a child reinforce this argument and also address the complex demands

placed on women to simultaneously excel at motherhood and career:

> Look, I don't want to say my mother's a bad mother, but she was
> absent a lot. Work was always more important than her children, and
> it still is, up to right now, today. I mean I'm okay with that, but I just I
> always thought if I'm going to work I'm not going to cheat my
> children out of having a mother, and it was like, "Well, I want to work
> more than I want to be a mother, so..." [trails off] I think that's what it
> was, my mother was never really present […] it didn't matter what it
> was, Christmas concerts or Church things if you were singing in choir
> or whatever, she was never there because she was always working.
> And although that's great because she had a family to provide for, you
> know as a kid you don't care about that stuff, you just care that your
> mom's not there. So I think that my mother being absent was an
> influence on me saying, "I'm not going to be like that."

Sandra's "absent" mother reinforces the notion that a mother should be present and

accessible to her children despite paid work commitments. For Sandra, paid employment

and motherhood do not coincide; her desire to not "cheat" her children is directly

traceable to her own experiences as a child with an absent mother, which has shaped and

influenced her own childbearing decisions. This line of thinking complicates the notion that women must simultaneously and successfully engage in paid work and motherhood, while in reality many women recognize the difficulty of taking on both roles and consequently may choose one over the other.

Madeleine, a 57 year old artist and shop cleaner, explained that her experiences of domestic abuse from her ex-husband helped shape her decision not to mother. Similarly, Maggie told me that she had been abused as a child. Maggie explains how this abuse has affected her desire to be a mother:

> I think that a lot of people, and myself included, a lot of the reason why being childless is an option is a certain level of fear. Fear that, I mean raising a kid in society today you know, and always having to be more watchful.

Maggie's fear is genuine – she knows that abuse is real and can happen to anyone, even children. As such, by choosing to remain childless, she is saving herself from feeling like she has to be extremely watchful at all times. Both Madeleine and Maggie's past experiences have influenced their sentiments regarding raising a child where there is the possibility of abuse.

Testing the waters of motherhood.

Social situations, as well as experiences with friends, family, and acquaintances, are central in women's early childbearing decision-making. Women learn about motherhood through experiences with family, friends, babysitting, and other opportunities to interact with children. For 15 participants, these experiences of motherhood helped shape their negotiations. Nadia notes that as a child she wanted children, but this started to change when she entered high school and began babysitting for family members. She states:

…so about grade 10 I lived with another set of my cousins, my family tree is very large, and [I] babysat her children for a couple of weeks and just ouff! It instantly turned me off children! […] Ya, babysitting was like the, my family always calls it really good birth control, 'cause then you see what your life would be like if you did have these children. So babysitting all of my little family members was a really good eye-opener for what your life could be if you had kids, whether they're good kids and well-behaved or not. That was my big eye-opener.

Nadia's narrative aligns with that of many other women; normatively gendered expectations for young girls to babysit and take care of children for short periods of time were influential in providing these women with a glimpse of what motherhood might have to offer. It is important to note that the young girls specifically are encouraged to take up caretaking activities such as babysitting: it is not a neutral activity. Morell (1994) argues that "gender norms organize the daily lives of children in an immediate way, and, for girls may channel energy into caretaking activities" (p. 33). Babysitting and other caretaking activities typically work to actively reinforce the gendered imperative to mother, but for some women, these activities can have an opposite effect.

Babysitting was not the only way the women experienced motherhood as young women. Seeing friends and family struggle through childrearing often spurred the decision to remain childless. Watching her cousin struggle through motherhood was influential for Nadia, who is 24 years old and in a long-term common-law relationship:

… my cousin who I'm very close with, she is a year younger than me and she got pregnant and her boyfriend left and so now she's a single mom and her son's 9 months old and I look at her life and it's hell, and her baby is a very good baby, it's not colicky, but it, she has no free time now and like her life, in my mind, has gone down the drain [laughs] 'cause she's had this child so young without a job and there's no father-figure. So that's definitely a negative influence.

Witnessing the strains and pitfalls of motherhood first-hand, both by babysitting and by watching her cousin struggle through motherhood had a large impact on Nadia's decision-making process. It was apparent during the interview that Nadia clearly identified with her cousin, and worked through the possibility that this is what her life might be like if she too became a mother. In particular, Nadia highlights the lack of a "father-figure," her cousin's unemployment, and the increased time-constraints of motherhood as reasons why her cousin's life is "hell." These experiences and perceptions, combined with the desire to work on her education and career "tipped the scale" in favour of voluntary childlessness for Nadia.

Similarly, Sabrina, a 24 year old hair dressing student, highlights her experiences of watching her 18 year old sister struggle as a single mother:

> …it was around 18 when she started really kind of, before she met her husband now, and she was having a really hard time, she was really skinny, so it was probably about 17, 17 or 18, and she was really skinny and she was just very depressed because she was alone and had this kid and I thought […] "You know what? Like even if it's someone helping, it's not what I wanted." Like every, I mean it's nice to see kids happy and stuff but a lot of the time I had to babysit and she was not happy! [laughs] You know? And it's like even the kid having tantrums and stuff, like it's part of life and we all have them but my sister, I saw how hard it was for her and I was like, "You know what? I'm not going to voluntarily do that!" [laughs] so it was kind of an eye-opener.

Sabrina views motherhood as an extremely difficult process, and she made it clear that she would not want to go through these same ordeals, and as a result, motherhood was out of the question. All these prior experiences were solidified during her participation in her sister's childbirth. She recounts a particular memory that helped shape her decision:

> I remember I watched my sister give birth to her second and at first I was like, "Wow this is beautiful" like I was front row and center of her havin' her baby and right before she starts pushing the doctor

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mentions that, "Just to let you know, she might shit" and I was like, "Whoa, whoa, whoa I did not sign up for that!" [laughs] Luckily she didn't, but I was thinking ewww it's so gross! [laughs] …And then she grabbed her husband by the skin of the neck and pulled it so far down [laughs] and was screaming, "Get it out of me!" I was like, "No, no, no, no, not worth it! Not worth it at all!" [laughing] So... [trails off] I was pretty much like ya, no, *definitely* not having children… I mean I was already kind of, "I don't want kids" but when I saw that... [trails off] She was trying to use it as a form of birth control and I was like, "Oooohhh trust me, it's, that's done more than enough, I don't want that done."

Sabrina's sister's attempt to use her childbirth as a "form of birth control" was successful: this experience helped Sabrina solidify her decision to remain childless.

Similarly, Madison witnessed her younger sister give birth to a child through a "very difficult labour," and then subsequently struggle to raise that child. She explains that watching her sister rear her children was particularly dissuasive:

…just seeing a mom lose total and complete control; lose their minds and start screaming. You know that state of, and it doesn't even have to be because of a child, but that complete state of you have no control and you are saying and doing things that you are going to regret. Umm, the stress of it all, the stress, umm it's expensive, it's very expensive, very time-consuming.

When I asked Madison if she was talking about anyone in particular in relation to her narrative, she confirmed that her sister had lost "total and complete control" in some instances as a mother. Madison's observations of her sister helped her to recognize that motherhood is stressful, expensive, and time-consuming – perhaps contributing to the perceived loss of control and "loss" of the mother's "mind."

Nadia, Sabrina, and Madison's experiences reflect what many women explained to me: their experiences as a babysitter, aunt, and friend were important ways in which to test the waters of motherhood. These experiences often involved being present for the day-to-day activities of childrearing, and in some cases, childbirth itself. In many cases,

the women explained how being involved with childrearing "opened their eyes" to the everyday realities of motherhood, which then either piqued their interest in or reinforced their decision to remain voluntarily childless.

Intensive motherhood.

In this section, I consider how the ideology of intensive motherhood is constructed, and how this ideology affects women who are navigating their childbearing options. As I discussed in Chapter One, the natural and normal aspects of motherhood are culturally constructed. For Sharon Hays (1996), the ideology of intensive mothering is transcendent as a modern, western phenomenon. She argues that western women implicitly understand the principles of intensive motherhood, whereby mothers should be self-sacrificing. Accordingly, women are exposed to intensive mothering ideology and discourse from a young age, and then actively participate in its construction and maintenance through their gendered lives.

The ideology of intensive mothering effectively functions to dictate what motherhood involves, and who should and who should not mother. I will discuss each of these issues in turn. As I highlighted previously, Ambert (2001), Badinter (1980, 2012), Hays (1996) argues that motherhood is child-centered and good mothers should be self-sacrificing. In Hays' words, intensive motherhood involves childrearing techniques that are "*child-centered, expert-guided, emotionally absorbing, labor-intensive*, and *financially expensive*" (p. 8, emphasis in original). The ideology of intensive mothering is taken up not only by mothers, but by women in general. Ironically, women may choose not to take up motherhood due to their perception of motherhood as intensive and absorbing.

The ideology of intensive mothering was evident in many, if not all of the women's narratives. In particular, Marcie explained that mothers in particular are expected to go above and beyond on a daily basis, and are most often held responsible for domestic duties. She noted, "I could be a father, but I could never be a mother."[3] This quote resonated with me and kept me thinking long after our conversation ended. It summarizes so nicely what I had already known but never conceded; I too feel like I could be a father, but (intensive) motherhood is out of the question. I wondered if other voluntarily childless women also felt this way. Did they feel as though intensive motherhood is too much to bear, and as a result, reject motherhood altogether?

Marcie's realization mirrors Ireland's (1993) findings that some women feel like they could be good fathers, but do not want to be (or feel like they cannot be) primary caregivers (pp. 72-73). Marcie's narrative also underscores what Doucet (2000, 2001) argues: women and men are not equal in parenting duties, even when they try to split the work evenly. Marcie later added:

> Fatherhood seems a lot more flexible than motherhood. Under the
> right circumstances I would be a father in a heartbeat. My viewpoint is
> that a father only has to do half of what a mother does to look like a
> "great dad" and if he does commit a major "screw-up" like say he
> takes an extensive absence from the child all he has to do is come
> back in the picture and people will interpret his efforts in a positive
> way ("look how hard he is trying") whereas a mother is not afforded
> such flexibility.

So, with women being held responsible for the lion's share of domestic work, and with children undoubtedly exacerbating this division of labour, it follows that some women

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[3] Although my thesis focuses on the discourse of intensive motherhood, it is important to note that this discourse only functions in tandem with particular discourses of fatherhood – specifically those that produce fathers as basically inept but well-meaning "helpers" (see Coltrane, 1997; Ranson, 2010; Sunderland, 2000). Fatherhood, for many of the women, was understood as less demanding than motherhood.

may wish to father instead of mother. Of course, these women may then choose not to bear children altogether.

Intensive mothering ideology also serves to dictate who should and who should not be a mother. If motherhood is supposed to be absorbing, expensive, and child-centered, then those individuals who are not willing or able to center their lives around children, refer to experts, devote their emotions, perform extensive labour, or offer heavy financial support to children are by definition not following the expectations of intensive mothering. In many cases, the women I spoke with recognize that they could not offer one or more of these qualities, and subsequently opt out of motherhood. In other cases, the women recognize the falsehoods of intensive mothering ideology, but chose to abstain for other reasons. I will explore both responses to intensive mothering ideology in subsequent sections.

Chinks in the Armour: Questioning the Culture of Intensive Motherhood

Several of the women spoke about questioning the culture of motherhood. This questioning typically stemmed from interactions and experiences with friends and family members who were experiencing motherhood or who hoped the women would experience motherhood. As such, Butler's (1993) concept of disidentification, or the rejection of labels and subjectification, was reflected in many narratives. Voluntarily childless women, despite a culture of pronatalism and gender binaries, actively engage in a type of disidentification whereby they challenge and resist pronatalist ideologies, gender binaries, and moral imperatives to mother. Therefore, when I asked the women to recount how their experiences had shaped their childbearing decision-making, many

women explained how they first began to question the culture of motherhood, and what

this meant for them.

For example, Erika explained that she began to question the values of friends and

family around her as a teenager:

> I was raised LDS[4] and I had a lot of LDS friends and I was in high
> school, 16, and I was watching my friends' older sisters, they would
> like get all excited about graduating and marrying a returning
> missionary. And I'm like what happens in-between? You graduate
> high school and then 'bam' you're a wife and cranking out kids?! I
> mean that's crazy to me! I have a friend a month younger than me and
> she just had her fifth child. I mean, where does your life go in there?
> So I was like, "I'm not getting married and I'm not having children."
> Like where's my life? I've never really felt the urge to have children,
> it just kind of went away. I mean there's a lot of reasons now why I
> don't have children but at the time I just thought, "Where does your
> life happen?"

Erika's questions of "where does your life go in there?", "where's my life?", and "where

does my life happen?" expresses her questioning of the status quo in an otherwise highly

pronatalist environment that encourages young women to graduate high school, get

married, and bear children.

Freedom, individualism, and self-improvement.

All 21 of the women cited motivations related to freedom, leisure time, career,

educational, travel, financial, and/or self-improvement goals. This focus on the self and

self-improvement ties in with the ideology of individualism prevalent in modern

capitalist societies (Hays, 1996). In particular, Ambert (2001) argues that children can

negatively influence their parents' lives insofar as their children's well-being takes

precedence over their own (p. 23). The focus on the individual has allowed for women to

develop themselves, control their reproductive rights, and remain childless if they so

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[4] The Church of Jesus Christ of Latter-day Saints (LDS) is a protestant Christian group
commonly known as the Mormon religion.

desire.

Erika's above narrative aligns with what Kenkel (1985) argues, and what Madison details; voluntarily childless women's choices involve questions of upward social mobility. Madison began to question the status quo at the age of 18 when faced with career, travel, and employment options. While she opted for education and career instead of "settling down," she states that many of her classmates did not share these same goals:

> You know sometimes you don't think too much about it but I just
> [had] no drive or desire to settle down and have kids, which always
> made me feel a little strange compared to the rest of my friends who
> were, kind of that was their *goal in life* after high school.

Both Erika's and Madison's quotes serve to highlight pronatalist values and expectations for young women, yet despite these pressures, some women question these values and choose to remain voluntarily childless in order to fulfill other life goals.

Moral decision-making.

Childbearing and mothering are at the crux of what it means to be a woman in contemporary western societies (Badinter, 1980). The importance of motherhood is made clear through the conversations, behaviours, and structures with which women engage. Nonetheless, it is not only mothers themselves who value and revere motherhood; many voluntarily childless women hold motherhood in high esteem as well. The ways the women explained their childbearing decisions offers particular insight into their views of motherhood as a mission, duty, and privilege.

Foucault (1987, 1988) argues that self-mastery or self-improvement is a top priority in an individual-based society. Foucault's "technologies of the self," include technologies by which individuals manage their thoughts, conduct, and ways of being in order to consider themselves as good citizens and moral individuals. Many of the women

explained their decisions to remain voluntarily childless through these methods of self-management.

For the women I spoke with, individualism and self-improvement took precedence over motherhood, despite the social importance of childbearing and childrearing. Taryn summarizes nicely what many women expressed:

> I want to travel a lot and I see so many people my age who already have two or three kids and they're so burdened down financially. And they can't go and do anything fun for themselves anymore and I guess a lot of people would say that I'm selfish for wanting to go do fun stuff for myself, but I feel like I'm still really young and I have a lot I want to see and do yet and I don't want to have kids getting in the way. So that's a big thing. And like I'm really happy with the career choices that I've made and I want to keep following that for a long time; I don't want to be stuck with kids.

Taryn's narrative reflects contemporary western capitalist values; she wants to travel, have fun, work on her career, and maintain her finances. Taryn's narrative demonstrates the capitalist values of hard work, financial responsibility, and responsible citizenship gained through travel and other self-improvement experiences. Further, she explains that mothers do not maintain a focus on these values in the same way that she can as a voluntarily childless woman; she wants to avoid getting "stuck" with children, who she perceives would drastically change her focus from "selfish" to selfless. Voluntary childlessness can act as a technology of the self since it allows women to guiltlessly focus on self-improvement and self-fulfillment, which are highly valued in contemporary western capitalist societies.

On the other hand, Sandra uses the discourse of "good" and "bad" mothering to help justify her decision to remain childless. She argues:

> I can't see myself living in chaos like that, like coming home and having to cook and clean and take care of little ones and wipe noses,

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and having to drive them everywhere and pick things up and bake
cookies for the bake sale, and that's just – I couldn't imagine that kind
of manic activity all the time. Some people thrive on it, but when I'm
home I need quiet and silence and I don't think I would be, honestly, I
don't think I would be a very good mother.

In this case, Sandra is practicing good citizenship; the moral choice is to not have

children because not having children is better than being a bad mother.

Some of the women use the possibility of adoption, fostering, and surrogacy as a

way to maintain their decision as moral and acceptable. In this way, they are not seen as

rejecting motherhood altogether. This form of justification to themselves and others is a

"technology of the self." In particular, Erika mentions that:

Ya. I don't think you could pay me enough money to be pregnant.
That just seems like a nightmare. [laughs] There is nothing about that
I want any part of. If I did decide to have a kid I might consider
adopting, which my husband's not about, so I guess we're out, you
know!

In reality, however, women who are childless by choice have undoubtedly explored their

adoption and fostering options as part of their decision-making process. Although

fostering, adoption, or surrogacy might seem like socially acceptable alternatives to the

physical aspects of childbearing (at least for the women who expressed this concern) the

resulting responsibilities are unattractive and the end result is the same.

Negative world views.

Not only did women make moral decisions in terms of their own selves, but two

women also took overpopulation and the environment into account, while a further four

women cited negative world views as featuring in their childbearing decision. According

to Kelly (2009) and Park (2005), overpopulation is a real concern for voluntarily childless

women. Park (2002) links fears of overpopulation to ideas about selfishness and

selflessness, whereby mothers are held as selfish because they are overpopulating the

planet. Further, May (2005) argues that these fears are contextual, and have become more

prominent within the last few decades due to increasing public awareness about

overpopulation. Arielle explains her views:

> Arielle: As humans we're always changing and something could
> happen where say I meet someone […] that just kind of changes my
> whole view on things then ya, probably I'll change it [her decision to
> remain childless] or if the world wasn't highly populated and it wasn't
> an environmental thing that's kind of like [laughs] you know so it's
> kind of, sure it can be up in the air. […]
>
> Gillian: So does the environmental population factor into your
> decision?
>
> Arielle: Ya, ya, like that's not a huge portion of it, a large portion of it
> is emotional for me, but definitely, like that's one thing that has
> crossed my mind that, "Why would I have kids if I didn't really want
> them?" I mean there are so many people in the world already so it just
> doesn't make any sense just to go and pump some more out there.

Similarly, Taryn highlighted the "Human Extinction Project" and explained:

> What that is is that there's too many people on earth so they don't
> want to reproduce to help the human population dwindle a little bit
> and I'm not into that at all. I mean I think that's a good reasoning,
> that's a good by-product of what I want, but for me it's all personal,
> selfish reasons.

Although both Arielle and Taryn cited population factors, both women reinforced that

those reasons were not the most prominent influences during their childbearing decision-

making process.

Population arguments are closely tied to negative world views. Madison explains

how her negative world views have impacted her childbearing decisions:

> I have a little bit of a pessimistic view of the world and I don't think
> it's the *greatest place* to bring a child into. And there are so many
> children on the other side of the world that could really be adopted.

For Madison, to bring a child into this world would be a bad decision and unfair for the child. She adds quickly that many children need to be adopted, possibly to maintain her position as a potential mother and therefore salvage her moral identity.

Selfishness/Selflessness.

Although Badinter (1980) argues that selfless motherhood is neither instinctual nor natural, contemporary western societies demand self-sacrifice from mothers. The notions of selfishness and selflessness have developed into an imaginary bar, used to measure the work of mothers. While selfish mothers are constructed as "bad mothers," and surveilled and disciplined, selfless mothers are constructed as "good mothers," and similarly rewarded. Mothers are judged as good or bad, selfish or selfless not only by themselves, but by other mothers, women, men, and society more generally. As Kelly (2009) points out, voluntarily childless women can simultaneously both take up and reject the notion that they are selfish.

The discourse of selfishness and selflessness was taken up by several women I spoke with. Of note, 11 women used the word "selfish" during our conversations about childbearing decision-making, including Beverly. She states that:

> I know I would not have made a good mother. I would have resented losing my freedom, I would have resented having to give up things— money, travel— you know that may sound selfish, but I think that women who have kids for the wrong reasons are even more selfish because now you're involving someone else's life and you are having a negative effect on their life. So when I was called selfish many times and that was always my rebuttal: "I think *you're* selfish for having kids because you probably don't want them either. If you don't want them and you have them because your husband wants you to have them, do you think that's fair?" So that's how I feel about selfishness.

Beverly's narrative helps her to view herself in a positive moral light. For her, it would be selfish to have a child and not adhere to the tenets of intensive mothering through self-sacrifice and devotion by way of giving of money, time, effort, and emotion. In effect, Beverly believes she is doing the "right" thing by not having children. The notion of "either do it right or don't do it at all" came up several times during my conversations with the women. In particular, Wanda's narrative echoed what many other women understood. She said:

> I would want to do it right, and so like I don't care if I come home and eat Kraft Dinner for dinner, I would care if my 6 year old ate that twice a week, you know what I mean? I would want to do better for them because they don't have the choices that I have, just because of the fact that they're little. So I would want to make sure I did it right, and therefore I don't have the time, the energy, the need to pass on my genes so badly [that] I would do all of that for someone else [laughs] because I can't even manage to do it for myself.

The notion of providing for another person when you cannot take care of yourself brings the focus back to the individual and the technologies of the self outlined by Foucault (1987, 1988). Wanda explains that she is unable and unwilling to "do motherhood right" and as such, mothering would be morally wrong. She justifies her decision to remain childless with this explanation, which preserves her identity as a moral citizen both to herself and others.

Education and career.

Of the 21 women interviewed, 18 women stated that they wanted to spend their time on their education and/or career rather than mothering. Kenkel (1985) found that young women who intended to remain childless had higher social mobility, as well as higher educational and occupational goals than their counterparts. It follows then that experiences with children may not be the single determining influence in young women's

childbearing decisions. Rather educational and occupational goals help young women to

solidify their childbearing decisions, where motherhood and a successful career are often

seen as incompatible.

For Stephanie, a professor, motherhood was never something she thought about

when imagining her life as an adult, and she frames it within this context of positioning

motherhood against self-fulfillment and ambition. She notes that:

> I think when I was a teenager and I sort of imagined what my life was
> going to look like I think I would have sort of pictured myself as
> living in a big city and working. Like that was sort of what I thought
> my life was going to look like, and if I really got into detail it would
> probably be like you know some fabulous New York apartment and I
> was going to be working for a fashion magazine or something like
> that, that was sort of my image of what I would be like. So even when
> I was playing with Barbies they never married, they weren't mother
> Barbies, you know? They were always, you know, independent career
> women. That was kind of my model of what I wanted to do. So I don't
> think that having children really ever came into my idea of what I
> would be doing as an adult.

Stephanie's imagination as a young child showcases her desire for a high-powered career

and the "fabulous" lifestyle that accompanies it. For Stephanie, motherhood does not

enter in to the equation; her focus was, and still is, on her career and the lifestyle that her

career can help her obtain, and has helped her obtain.

Similarly, Norah mentions a focus on career as one of the central factors

influencing her decision to remain childless:

> I don't know, as I got older, I'm really career-orientated so I just never
> really thought about it and then, it, at the end of high school it's like,
> "Oh what do you want to do?" and then, "Oh I want to like, go to
> university, get a job" like all that, like, "Oh how many kids do you
> want?" I just came to the decision that I didn't want any I guess.

Norah's realization of her voluntary childlessness came when others began to question

her plans for the future. She recognizes and reinforces the idea that motherhood and a

career are not compatible, despite discourses that encourage both options for women, but also render doing both "properly" almost impossible.

These narratives demonstrate the competing capitalist discourses that women face; although women are encouraged to stay at home, produce workers, and maintain the gendered status quo, they are also encouraged to find a rewarding and successful career. The women acknowledge gendered expectations for women, and recognize that voluntary childlessness is a rational and planned choice that allows them to resist certain gendered expectations of motherhood, and at the same time reduce negative impacts on their education and career, as outlined by Veevers (1980). In addition, the desire to focus on education and career can be linked with notions of freedom: women with high levels of education and outstanding careers can afford a level of freedom not otherwise available to women with limited education or career prospects. Therefore, education and career can lead to greater freedom, while childbearing and motherhood can thwart women's efforts to attain these things.

Financial issues.

Of the 21 women interviewed, 20 mentioned financial issues in some way during our conversations. An overwhelming majority of the participants who mentioned financial issues cited them as factor in their decision-making, while the remaining women perceived them as a "pro" of voluntary childlessness. The idea that mothering is expensive reflects shifts in family life since the Industrial Revolution. Children are no longer a net financial benefit to the family, but a financial loss (Ambert, 2001; Hays, 1996; Hird & Abshoff, 2000; Morell, 1994; Rothman, 1994). There are resulting tensions between pronatalism, which encourages motherhood at any cost, and rational choices that

position motherhood as irrational. Accordingly, many of the women took up a rational

approach, which positions motherhood as irrational insofar as it is an inefficient use of

time, effort, and, most importantly, money.

Selene, Veronica, Stephanie, and Shirley all argue that voluntary childlessness has

and will benefit them financially. When I asked if there was anything that affirmed her

decision to remain voluntarily childless, Selene answered:

> Ya, my ability to go to university and still be able to afford to live
> comfortably while doing so. Like I have, I'm a student and I own a
> house and I own a brand-new car. Not many students can say that.

Selene's comments affirm the notion that children are extremely expensive. Her

comments allude to the belief that children would stand in opposition to her other goals.

Along a similar vein, Veronica argued that by not having children, she is able to afford a

particular lifestyle. She argues that she has other priorities besides children:

> Let's see [pause] the pros are an ability to lead the lifestyle I want to
> lead. It may sound selfish but more money in my pocket or to pay
> down my mortgage or things like that. But children are very expensive
> and I have other priorities right now, so the pros are that I can focus on
> those priorities with the dollars I have. Umm definitely flexibility in
> my day-to-day life […] my personal flexibility, my personal choices. I
> don't have to take umm that element of a child and have it impact
> every little decision I make.

For Veronica, her decision to remain voluntarily childless is a matter of priorities. Her

financial motivations are multifaceted, and involve flexibility and freedom, which may

include more spending money or the ability to quickly pay off her mortgage. In

Veronica's narrative, we can understand that some women are choosing to retain

flexibility and freedom through exercising their choice not to have children.

Stephanie also mentions debt repayment as a "pro" to remaining voluntarily

childless:

I mean financially I think that for the first time in my life I feel like I can kind of see debt-free in the distance in terms of me being debt-free before retirement. And I imagine that if I had a child that, that would have been harder to achieve, that I would feel, – like I have friends, for example, who still support their adult children, they're still living at home, they're paying their tuition and I am glad that I don't have that extra financial responsibility or burden.

Stephanie views children as an "extra financial responsibility or burden," which reflects the conception that children are a "financial loss" in contemporary western societies. Although she too speaks about debt repayment, Shirley puts a humorous spin on her decision to remain voluntarily childless. She highlights that:

One of my favourite lines of comedian Wanda Sykes is, "I'll have kids when I'm tired of having free time and money" [laughs] [...] I mean I'm still paying off my student loans, and if I had children I'd be paying them off for 10 more years.

Debt repayment featured prominently in Veronica, Stephanie, and Shirley's narratives, which is a reflection of the fiscal concerns that are prevalent in western societies. Debt, but more specifically student debt, has mounted immensely in recent years. Student loans can often be a necessary source of funding in order to establish oneself in contemporary western societies. Luong (2010) reports that between 1989-1990 and 2008-2009, tuition fees in Canada more than doubled after accounting for inflation (p. 5). This tuition increase is mirrored by increases in the prevalence of and cost of student loans for university students and graduates. It figures that student debt repayment is a major source of frustration and worry for young women, who made up 61% of university students in Canada in 2007 (Parsons & McMullen, 2009).

Williams (2006) argues that debt teaches individuals many things, including how to choose a career, how to view the world, and how to value yourself and others. Specifically, he argues that "[d]ebt teaches that the primary ordering principle of the

world is the capitalist market, and that the market is natural, inevitable, and implacable. There is no realm of human life alterior to the market; ideas, knowledge, and even sex... simply form sub-markets" (p. 164). Individuals are measured in many ways by their financial status; "good citizens" are those who maintain a secure financial standing and manage their debt wisely. For many women, voluntary childlessness may be a strike against them, but for what they lose in terms of pronatalist values, they gain in terms of rational capitalist values. I can identify with this line of thinking, as financial considerations are prominent in my own childbearing decision-making; I would rather be debt-free, and be able to afford a comfortable lifestyle than be a mother.

Not only did the women agree that motherhood was expensive, but they also commented that women should be financially stable before they have children in order to do it "right." This line of thinking follows Hays' (1996) notion of intensive mothering, whereby modern motherhood, if done properly, requires extensive financial resources. In particular, Madison noted that "it's important to have financial means to support a child. Once again, just for me, I'm not saying that you don't, you can't have a child if you're making below the poverty line, but I don't think it's really the best idea." Similarly, Sabrina argued that "you should get financially stable before you have children." Children were overwhelmingly thought of as expensive, requiring inordinate financial resources in order to do a "good job." Specifically, the women I spoke with highlighted the need for financial sacrifices, careful financial planning, and a good income in order to parent properly. Under this line of thinking, "bad mothers" are mothers who are those women who are financially unstable and are "making below the poverty line." In fact, several women mentioned that they would not be able to financially support a child, and

this factored into their decision not to mother.

The decision not to mother for financial reasons is a more complicated choice than simply money versus children; it can be attributed to the ideal not just of mothering, but of mothering well. In a climate where women's choices are limited, the women who refuse motherhood on financial grounds have carefully calculated the moral and social costs and benefits of their decision. They are not acting selfishly, but are making a seemingly responsible choice between mothering poorly without money, and not mothering at all.

The physical aspects of childbearing.

Of the 21 women interviewed, 17 women expressed the impacts of bodily issues on their childbearing decisions. This issue surprised me during the first interview; I had not given much thought to body issues during my own personal childbearing negotiations. Nonetheless, the first woman I spoke with stated her negative feelings towards the physical aspects of pregnancy, weight gain, childbirth, and breastfeeding. Although I had initially not anticipated this response, her aversion to these bodily aspects of motherhood piqued my curiosity: did many voluntarily childless women feel this way? I subsequently added a question regarding the physical aspects of pregnancy, childbirth, and breastfeeding to my interview guide.

Although I did not initially focus on physical influences on the decision to remain voluntarily childless, several theorists do address this issue. Of note, Park (2005) cites Houseknecht's (1987) study of childbearing motives, and recognizes that 24 percent of studies on voluntary childlessness explore the "concern about physical aspects of childbirth and recovery" (pp. 379-380). As well, Veevers's (1980) research found that

some women chose to remain childless due to their fear or repulsion of the physical aspects of childbearing. She goes on to discuss the perceived impacts of pregnancy and childbirth, which can include physical risk factors, and perceived reduction in sexuality and sexual enjoyment.

Stephanie's narrative summarizes nicely what many women expressed during our conversations. When I asked her what she thought about the idea of pregnancy, childbirth, and breastfeeding, she replied:

> Umm I don't like the idea of *me* doing it. I wouldn't welcome the idea of having *that* happen to my body. I don't find it disgusting when other people do it, I just don't want to do it myself.

I asked Stephanie to further clarify her thoughts regarding which parts of the childbearing process are disgusting:

> Gosh, just the whole thing. The childbirth part itself just seems like it would be excruciating and umm you know that ripping and tearing and like what it does to your vagina, I just don't find any of that appealing! [laughs] And also I'm somebody who's always struggled with my weight and so the idea of putting on 30 pounds is kind of like horrifying to me, really. You know I realize that you lose it afterwards but, my God I would just be waddling around, you know? And again like I don't think that about other women, "Oh my God she's so fat" or anything like that *at all*, just for me I just think it would feel I think like a kind of a invasion or like being taken-over by something that I wouldn't be happy with.

> Gillian: Mhmm. I had someone say that it would be like an alien inside you. [laughs]

> Stephanie: Ya, ya, like even hijacked. [laughs]

As this excerpt reflects, Stephanie finds the potential for vaginal disfigurement, pain, and weight gain abhorrent. She mentions the pain of childbirth, the impacts of weight gain during pregnancy, and feeling like she has been "hijacked" by a foreign entity as motivations to avoid pregnancy, which are motivations cited by many other women.

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These issues, along with the topic of breastfeeding, were the primary focus of conversations concerning the physical aspects of childbearing.

The embodiment of femininity figures prominently in pregnancy, childbirth, and breastfeeding. Embodying femininity involves hard work and seemingly contradictory efforts. Women are expected to be pure and innocent while at the same time objects of sexual desire (Malacrida & Boulton, 2012). Thus, the issue of vaginal disfigurement during childbirth is an issue related to the embodiment of femininity. Competing discourses encourage women to mother and simultaneously remain sexually available at all times, specifically for heteronormative vaginal intercourse, and there may be a fear that if that avenue of sexual fulfillment is not available, even for a short period of time, male interest may wane (ibid).

Not only is vaginal disfigurement an issue of embodiment of femininity, but weight gain also features prominently as an issue of femininity. For example, Erika, the first woman I spoke with, cited body issues related to pregnancy, weight gain, and breastfeeding as deterrents to motherhood. She noted:

> My mom had my youngest brother when she was in her thirties and [gesture] she got *really big* after she had him! The rest of us she bounced right back, like Mark is 21 so he's a lot younger than us, and she struggled. She struggled up until he was probably 14, 15 years old to be thin again.

She added "I'm very biologically built like my mom. [laughs] We have the same everything going on." In effect, Erika has an underlying fear that she would gain weight like her mother did when she had her last child.

Gillespie (2000) offers some insight into the bodily issues expressed by many women, and outlines the ways that voluntarily childless women make sense of their

feminine identities. She notes that many voluntarily childless women draw "upon other stereotypes of femininity" when making sense of their identities (p. 231). Femininity is taken up and understood by many women as "thin and beautiful" rather than as a mother. Voluntarily childless women can thus maintain their femininity through their ability to maintain their bodies and buy nice clothes. Therefore, motivations to remain voluntarily childless can and do include the desire to maintain acceptable femininity. Femininity in this instance is an achievement that represents the time and effort spent on the self, and the rejection of motherhood is at the same time a refusal to be physically marked by motherhood by way of the pregnant belly, stretch marks, vaginal trauma, sagging breasts, and so forth. Through their decisions, these voluntarily childless women expressed that they were asserting control over their bodies, disciplining their bodies to be feminine, and simultaneously conforming to fleeting patriarchal ideals of the "feminine woman."

Bartky (2003) notes the unfairness in the way women in particular are scrutinized. She argues that men elide the gaze, but also that women surveille other women; women are constantly under surveillance, and nobody is watching to see if a man has a "baby bump" in the same way as they are watching women (p. 81). diPalma and Ferguson (2006) argue that women's bodies are the site of cultural values; they are the culmination of culture, historical processes and power relations. In addition, Butler (1997) argues that individuals perform gender, including the gender performances involved in mothering. Although the performance of mothering is both socially regulated and constructed, gender performances are also reflected in the narratives of women who chose not to have children; voluntarily childless women perform gender as well. Women who are childless by choice are not embodying or performing their gender in "normal" or

"natural" ways, but their bodies continue to be sites for the expression of cultural values. Specifically, the cultural values of patriarchy and individuality are inscribed on these childless women's bodies insofar as they have decided not to embody motherhood, but instead opt to maintain their bodies to heteronormative feminine cultural standards

Although weight gain featured prominently for many women, for other women, the idea of having something foreign growing inside them was enough to turn them off motherhood altogether. Five out of 21 women expressed some level of apprehension about the feeling of being "hijacked" or taken over by an "alien" during pregnancy. For example, Ella stated that this was a key motivation for her childbearing decision-making, saying:

> And the whole, if I sound weird or whatever, but the whole pregnancy process I thought that, "Gross!" it just, I had, one of my sisters when she was pregnant, like she made me touch her belly which was a really awful experience. Oh, and my niece moving in her belly and it was so, it was just, I just can't grasp it. The idea of having somebody growing in you I find just disgusting and scary and awful, to have that happen. [laughs] So that kind of really made me think that really, I don't want anything growing inside me. So I just [laughs] didn't even trust it. No, I don't want it doing that. So my options are not having any.

Ella reaffirmed this notion throughout the interview, and later expressed that although she had other motivations to remain childless at first, the physical aspects are now her primary motivation. She states that "now my decision is more about the fact that I am repelled by pregnant women and babies." Along the same lines, Shirley explained her feelings towards the physical processes of childbearing:

> Gross! If anything that was probably, when I was younger that was probably the *first* thing that turned me off the whole thing, is that it just seems like a really physically disgusting process. And again, that's not something you say. Like you don't ever say that you actually find the very thought of pregnancy and childbirth and

breastfeeding *really revolting*. Umm but there's a high squeamish factor around those, *seriously*! [laughs] Eww!

When I asked her to clarify her point, she noted:

> Oh all, you know there's a parasitical relationship and you're not supposed to ever say that in polite company, but that's kind of what it is you know. I remember going to a feminist video festival once sometime during my first degree and someone like filmed you know a birth and I was like, "Oh my god in heaven!" [laughs] "If that's what's involved, forget it!" [laughs] Umm and same with the breastfeeding. It's like, I know for a lot of women it's a happy thing and you know whatever, and I just think I'm not a milk cow; I didn't get a Ph.D. so I could be somebody else's milk cow, of course – people who want to be mothers would find that connection horrifying but that's really it for me. I don't really want my body to be hijacked by this other organism for 9 months. You know maybe if humans used eggs it would be slightly more appealing, but the birthing process... [trails off]

The "parasitical relationship" of pregnancy is a topic Shirley has learned to moderate in "polite company." Her self-censorship indicates that to publicly state that pregnancy is a parasitical relationship would be looked down upon. Instead, pregnancy is normatively considered a natural, beautiful, and sacred time (Badinter, 1980). Her comments also reproduce dominant norms about the mind/body dualisms, and superiority of the mind over the profane body.

Marcie, a 30 year old university student, states that "hormones" and "brain chemistry" take over during pregnancy and childbirth, leading mothers to think and feel differently than they would without these hormones. This notion echoes the idea of being hijacked that other women spoke about. Not only do women dread the physical body of a baby inside them during pregnancy, but the idea of losing themselves to the hormones of pregnancy is equally disturbing.

The feelings of apprehension towards something "foreign" growing inside the body can be attributed to the contemporary notion of the individual. To mother well

requires an inordinate amount of time, energy, and effort, and many of the women fear losing themselves in the role. The trepidation of being taken over or hijacked does not necessarily end at childbirth. Rather, according to intensive mothering ideology, children should, and often do, take over their mothers' lives.

Shirley's reticence to breastfeed because she has a Ph.D. demonstrates that breastfeeding is considered a trivial task. Moreover, breastfeeding requires the mother to be available at a moment's notice, effectively reducing her autonomy, flexibility, and accomplishments. In effect, Shirley would rather be working instead of subjecting herself to something as debased and profane as breastfeeding. Shirley's narrative also highlights the superiority of the mind over the body. Badinter (2012) argues that the contemporary pressure to breastfeed serves to keep women waylaid and out of the public sphere. In her view, exclusively breastfeeding a child for months at a time forces women to stay within the confines of the home, and distracts women from focusing on their own education, career, and self-improvement. Shirley undoubtedly recognizes that for her, breastfeeding a child would take her away from her employment and research for a prolonged period of time.

In the same vein, several participants viewed breastfeeding as a boring, trivial, or gross task. For example, during our discussion about friends with children, Erika asks "do I want to sit around while you breastfeed and change diapers and that's our fun evening? No." For Erika, breastfeeding and changing diapers is trivial and boring. On the other hand, Beverly explained how she was repulsed by breastfeeding and the pregnant belly. She notes:

> The thought of breastfeeding *absolutely disgusts* me. I think it's
> absolutely gross and these people, these women, you know I came

back to my office one day […] and there's this woman and she's sitting on the floor outside my office […] and she's got a baby hanging from her boob. And everything, you know, I think that is *so* gross! I think it's *gross* ugh! Even the very *thought* [laughs] of a kid [gestures], ugh! I think it's disgusting.

Beverly later clarifies "I think it's repulsive, that's nobody's business but hers." Further, she continues:

Ya, I think like I couldn't imagine my body being that distorted and I honestly, if you see a dog pregnant or a horse or whatever I think it looks nice. When I see pregnant women I think "ugly." I think it's horrid, and now they're wearing all these tight tops to kind of show it off. Well I don't care! [laughs]

Not only does Beverly consider the thought of breastfeeding repulsive, but the sight of a pregnant belly is equally disturbing to her. The thought of a "distorted" body reflects contemporary values of the "ideal body" – one that is thin, beautiful, and perfectly undistorted.

The theme of the distorted or disgusting body recurred throughout my conversations with the women. Douglas (2003) explains that under this view, it is not a question of *what* something is, but *where* it is. In particular, she explains the social constructions of things within and outside of their given contexts. For her, matter out of place is something outside of its given context, and therefore inappropriate and an affront to social order (pp. 36-50). For Beverly, the pregnant body is out of place—in other words, it is inappropriate and exhibitionist. The pregnant body is disgusting not just because it is "fat," as four women overtly stated, but because it is out of place; women's normatively private sexuality is made public through the spectacle of the pregnant body. Under this view, the disgust felt by these women in regards to the pregnant, lactating, and

birthing body can be explained as a prudish reaction to the physical results of sexual activity.

Beverly's views are a taboo in contemporary western societies, where we are encouraged to think of the pregnant and nursing body as natural, normal, and good (Badinter, 1980, 2012; Wall, 2001). The lack of interest in, and in some cases, repulsion by the physical aspects of pregnancy, childbirth and breastfeeding can be viewed by others as the rejection of "natural and fulfilling" motherhood (Gillespie, 2003). Nevertheless, amongst the participants these aspects were often viewed as unfulfilling and disgusting, and, for many women, were the primary motivating factors to remain voluntarily childless. Further, these activities are known to temporarily remove women from their education, career, and other personal pursuits (Badinter, 2012), so the decision to remain voluntarily childless can be construed in part as a conscious, rational effort to maintain an acceptable individuality within capitalist constraints, and in part an unconscious rejection of the pregnant body as a symbol of sexuality.

I engaged in emotional labour, as outlined by Hochschild (1983) in many instances during the interviews. For example, when Beverly expressed her feelings of disgust towards pregnancy and breastfeeding, I was shocked. However, I recognized that this was her point of view, and as a researcher I had to listen respectfully. During the interview I acknowledged her feelings, and asked several follow-up questions to clarify her narrative. In this way, I downplayed my own emotions in favour of the need to appear professional and understanding in the interview, and in order to create space for her to speak candidly without fear of judgement. I left the interview feeling somewhat conflicted – did Beverly's narrative mean that all voluntarily childless women were

supposed to be disgusted by the sight of the pregnant belly? Was I not as committed to voluntary childless as Beverly because I did not share this view? My subsequent interviews helped me to negotiate this internal conflict, and I came to realize that women view the physical aspects of childbearing and childrearing in various ways, which helped to reassure me of my own views.

Although 17 women expressed various levels of distaste at the idea of being pregnant, gaining weight, giving birth, and/or breastfeeding, three women expressed curiosity and lamented the fact that they would never get to experience being pregnant. For example, Sabrina admits that she will miss being pregnant:

> I think it'd be interesting. I think that's the one thing that I would miss the most, is being pregnant because it's something that you can't, that someone can't describe and you can't understand; you have to experience it.

Sabrina's sentiment was mirrored by Arielle:

> Umm ya, I kind of like the idea of experiencing everything in life […] I don't know what it's like but I've heard [...] [laughs] I think it'd be a cool experience nonetheless.

For both Sabrina and Arielle, experiencing pregnancy is described as important in order to experience everything in life, possibly indicating that these women have internalized the notion that women without children are not living full lives and are lacking in some basic ways (Izzard, 2001). Arielle later discusses the potential for her to be a surrogate for a friend in order to experience pregnancy and childbirth, but Sabrina's decision is cemented: a pregnancy could end her life due to a blood disorder.

Partner influence.

Of the 21 women interviewed, eight women were married, one woman was engaged, and four women were dating or in common-law relationships. Several of the

partnered women spoke about the influence their partner had on their childbearing

decision-making process. Of note, McAllister and Clarke (1998) posit that for situations

where one partner felt a strong desire to not have children and the other partner was

ambivalent, the strong desire typically was the deciding factor in childbearing intentions.

For five of the women, the decision to remain childless was solidified as part of a couple,

while for eight the decision to remain childless was already made by one or both of the

partners before they entered into the relationship. In fact, for six women, their partner

was described as equally, if not more, steadfast in the decision to remain voluntarily

childless.

Wanda, 37, partnered since her early twenties, describes the joint decision-making

process she engaged in with her husband. She explains this process as a constant

reaffirmation:

> I don't think there was a defining moment of, "I'm definitely not
> having children." Like my husband and I would, we talked about it
> before we got married and neither of us really wanted kids and then for
> years after we would, you know you get together with friends and
> family that have children and you're hanging out for the day or
> whatever and we'd leave and we'd kind of look at each other and say,
> "So you're sure?" and, "Ya, ya, I'm sure" "Okay I'm sure too" kind of
> thing. We kind of kept reinforcing the decision, yet I don't think we
> ever, there wasn't a defining moment where it was like, "Okay, that's
> it, no children" If that makes sense… [pause] We were on the same
> page from day one whether we knew it or not.

On the other hand, several women explained how they engaged in separate decision-

making processes before partnering. Taryn's fiancé had already decided to remain

voluntarily childless before they met. Taryn explained how her relationship with her

fiancé began:

> My current fiancé, we actually met through online dating where you
> can select that you don't want children, so it was just out there in the

first place. So we got that out of the way and he even wasn't sure if I misunderstood him because a lot of people put that but they mean right now and they still want it in the future, so once we got over that little hurdle we realized we wanted the same thing like that and it worked out.

Taryn's experience is common; for many women, their current partner's childbearing intentions impact the relationship going forward, and many of the single women I spoke with echoed this sentiment. In these cases, childbearing intentions were typically stated early on in a relationship. These women's experiences effectively contradict the notion that all it takes is the "right guy" to change your childbearing intentions. In reality, many women chose who they would date based on their stated childbearing intentions. Six of the eight single women I spoke with (Sabrina, Nadia, Arielle, Jody, Selene, and Madison) all agreed that in many cases, finding out a potential partner wants children or currently has young children would be a "deal-breaker."

Finally, for Madeleine, a 57 year old artist, her decision to remain childless initially stemmed from the abusive marriage she experienced in her early twenties. She states her main reasons for choosing childlessness was a fear of bringing a child into an abusive situation, her focus on her career as an artist, and her current religious beliefs, whereby she counts herself as married to God. She explains that she "knew it from the very beginning" of her abusive relationship that she would not have children "'cause [she] didn't want them to be beaten up." Although Madeleine's experience with a violent relationship was the principal factor in her decision-making process, her continued childlessness has been sustained by her religious beliefs.

Conclusion

In this chapter I have explored the ways that women make sense of their

childbearing negotiations in light of pronatalist pressures. I have discussed the social imperatives to mother, both on personal and cultural levels, and have explored how women come to make the decision to remain childless. Women's experiences are all different, but they often have a similar thread; decision-making can be loosely grouped into early and late deciders, with various factors facilitating the decision-making. Gillespie (1999) offers her own categorization of voluntary childless women, and distinguishes "active" decision makers from "passive" decision makers (pp. 45-46). However, she argues that often combinations of both active and passive choices were made in relation to life circumstances over time. Similarly, Callan (1984) distinguishes between "early articulators" and "postponers," whereby early articulators know from an early age that they will not bear children, while postponers remain ambivalent and can slowly progress to voluntarily childless. Very few women that I spoke with could be classified as early articulators, and instead many women remain ambivalent about their childbearing decisions and will undoubtedly continue to engage in their childbearing decision-making process.

Given the imperative to mother and prevalence of pronatalism, if follows that the decision to go against the normative and gendered expectations of motherhood for women in contemporary western societies has consequences and ramifications. Women's voluntary childlessness is atypical, and as such it can create negative public responses to personal decisions. It is these responses – and resistance to these responses – that I explore in the analysis to follow.

Chapter 4: Negotiating the Decision

> I really just don't want to [have children]. I mean in everybody's
> life and certainly in working and family life there's always a
> bunch of stuff that you have to do that you probably don't want to
> do, but you have to do because it's part of the course or the job or
> the relationship or whatever it is. You have these obligations and
> responsibilities that you have to do. So really when I think of a
> child I think of, "this would be one more thing that would be
> something that I don't really want to do." I just don't really want
> to do that particular activity and it honestly doesn't mean any
> more to me than saying, "I don't have any interest in skydiving or
> learning chess"; it's just not something that appeals to me.
>
>   Stephanie, 46 years old

As discussed in Chapter Three, voluntarily childless women both take up and resist the ideology of intensive motherhood when negotiating their childbearing decisions. Intensive motherhood stipulates the importance of mothering well, and this chapter discusses the implications of women's perceived responsibilities on this front. First, I discuss how ambivalence is experienced by women who identify as childless by choice. I then explore the social constructions involved in natural motherhood, and how women experience and understand the biological arguments to mother. Further, I examine how the discourse of natural motherhood factors into ambivalence regarding childbearing intentions. I then discuss the identity construction and maintenance experienced by women who are childless by choice. Finally, I explore how women engage in resistance to these constructions, with a focus on feminist experiences of resistance.

Although some women are encouraged to mother, others are discouraged from mothering, and thus I explore the underlying issues involved in antinatalism. Regardless of these outside pressures, for those women contemplating motherhood, children are

thought to be a risk to the sanctity of relationships, mental and physical health, as well as financial stability, freedom, and other life-options. This conversation will be bookended by a discussion of what it means to be a mother, and specifically how voluntarily childless women understand motherhood.

Women's Responsibility

As delineated in Chapters One and Three, women are responsible for the majority of household and domestic labour. Further, childrearing is considered to be a woman's responsibility (Badinter, 1980, 2012; Doucet, 2000, 2001; Gerstel & Gallagher, 2001; Veevers, 1980), and several women mentioned that this was a factor in their childbearing decision-making. For example, Madison notes that:

> My sister, you know I've seen her go pretty crazy and I find [pause] it just seems from observing strangers or my sister or friends that guys, the man never really comprehends how much work that the woman takes on by having this child. It just seems like it's never a fair deal. And I'm sure there are situations where in the relationship it's very fair and the man will do a lot of work, but it seems like, and because it's a more conservative kind of area here it seems like the woman is really swallowing 75% of the work. It seems like it's not an equal distribution of responsibilities.

I then asked Madison if she was worried that this type of situation might happen to her should she have children, to which she replied "Ya, that would not make me very happy, no [laughs], and then to think too of ending up alone or divorced." Madison's fears are not baseless; Doucet (2001) argues that couples often revert to stereotypical gender roles when they have children, and Milkie, Bianchi, Mattingly, and Robinson (2002) note that women are often burdened with the majority of parenting duties despite fathers' increasing involvement. For Madison and many other women with whom I spoke, the

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fear of taking on the majority of household work and childrearing duties while in a partnership (and even more while single) factored into their childbearing negotiations.

The fear of single motherhood was closely linked to the underlying fear of complete failure as a mother for several women I spoke with. Of note, five women expressed a fear of divorce or separation, and expected that if they divorced or separated, they would be the ones to take care of the children alone. Maggie offered particular insight on these issues:

> …the fear of being a bad parent, you know, being the parent that resents the kids, being the parent that is absentee, maybe not having enough, maybe not having – I don't want to say this judgmentally – just not being super sure in your marriage. I mean 50% of all marriages end in divorce right? So if you don't know if you're going to be married in 10 years, why have a kid?

The fear of failure that Maggie describes can be attributed to the intense pressure that women experience, not only to mother, but to mother well. Under this view, mothering well means mothering alongside a partner, and further, it seems immoral to willingly raise a child on your own, as women cannot possibly do a good job by themselves.

It figures then that women negotiate their childbearing decisions with these cultural constraints in mind. For example, Veronica argues that a main influence on her voluntary childlessness has been her status as a single woman:

> Then the circumstances were such that there was never anybody that I wanted to have a child with, and I grew up in a single parent home and I've always felt very strongly that children should have two parents if at all possible, and there was nobody that I wanted to raise a child with, so it was partly circumstance, partly choice.

Kelly (2009) corroborates what Veronica experienced; marital and/or partner status is by and large one of the chief determining demographic factors for voluntary childlessness.

The cultural assumption that mothering well means mothering in a two-parent situation furthers the tenets of intensive motherhood.

It follows that not only are women held responsible for domestic labour, but childbearing decisions are largely believed to be women's decisions and responsibility. In particular, Wanda notes that her husband's family does not know about their decision to remain childless. She argues that telling them "will just make them dislike me more – I don't want them to think that it's my fault that they're not getting more grandchildren or cousins or nieces or whatever." Wanda believes that her husband's family would think she convinced him into remaining voluntarily childless, when in reality it was a joint decision. She then offers a particularly insightful analogy regarding women's responsibilities:

> I think it's kind of like when you come to someone's house and the house is dirty, do people blame the wife or the husband? They're going to blame the wife, it's still in your brain that women are supposed to [clean the house], well women are supposed to have babies too right? So I think when the decision to live in a dirty house [laughs] or whatever, like the decision not to vacuum daily, that comes down to that's the woman's fault. Even though there's two of you in a house and either of you can vacuum and so the decision not to have children because it's more of a woman's role, I think people will view that as more of a woman's decision.

Several women I spoke to elaborated on Wanda's observation; women are the ones perceived to be in charge of childbearing decisions, no matter if the decision was made as a couple or as an individual. Being in charge of the decision-making has ramifications – women are subsequently blamed for and thought of as manipulating their partners into the decision to remain voluntarily childless.

Women's responsibility to mother can manifest in a variety of situations. For example, Beverly cites that:

> when I was small and my friends were all playing with dolls (and I
> only ever had two dolls) my mother used to make comments that,
> "Yes, when you have kids of your own..." and my friends, as children
> we would talk about you know babies, as children do.

The encouragement to mother from a young age can be explained as a pronatalist social imperative to mother, and so can the iterations of "when you have kids..." or "you would be such a great mother." Taken as compliments, these iterations also put motherhood on a pedestal and reinforce that it is a privilege to be a mother, which is the pinnacle of what it means to be a woman.

Several women cited familial and workplace experiences as situations where they were reminded of their responsibilities as women, and encouraged to mother. Natasha, for example, explains that:

> My manager went on [maternity] leave and we were all at the baby
> shower and they said, "So who's going to be the next person to have a
> baby?" and there was myself and another woman my age who had
> still not had a child there so everybody looked at us, and I said,
> "Don't look at me, I'm not having kids" [laughs].

Similarly, Wanda notes that:

> I can remember back when I used to work in an office you know a co-
> worker would have a baby and she's approximately your age and they
> come in to you know, show off the baby and so everyone's passing
> the baby around and visiting and you'd be holding the baby and
> everyone would be like, "Oh, you know, that looks so good on you,
> when are you going to do it yourself?" I think if I was a man that
> comment wouldn't be said, right? So I don't think he [her husband]
> hears it the way I hear it.

Although seemingly harmless, questions such as "when is it going to be your turn?" are inherently detrimental to women. In these cases, women are viewed as incomplete until they become mothers. These questions and comments demonstrate the importance of women's reproduction in our society by decidedly asking "when" not "if" women will

bear children. These types of questions effectively further the unfortunate reality that women are defined by their reproductive statuses. In addition, the women who receive these questions are then required to formulate a response, which often involves using emotional labour to carefully navigate the expectations of the social situation.

Not only is it women's responsibility to take on the majority of domestic work, childrearing, and accountability for reproductive decisions, but it is also happens that women monitor and surveille other women's childbearing intentions. During my conversations with the women, I gleaned that the majority of questions and comments related to childbearing come from other women, and almost never from men. Henderson, Harmon, and Houser (2010) argue that although structural imperatives enable and maintain pronatalism, they are not necessary to reinforce it. Instead, women reinforce pronatalism on a personal basis through surveillance of other women. For example, Maggie experienced encouragement to mother from the other women in her church circle, but never from the men. She explains this difference as:

> I think that the Bible talks about older women guiding the younger women and so a lot of women take that a little too personally, you know? And it's like the context means that if you're invited into my life and I give you control or I give you say then you can, you know, I can come to you for advice. But no one ever listens to that so it's like, "Oh it's my responsibility as an older woman to guide and direct the younger generation" and it is an anomaly in the church to not have children. It's just kind of what you do; you get married and you have kids. And so I think that being in a church environment, a *Southern church* environment, with very specifically defined roles for women, umm I think maybe why the men didn't say much is because it's a woman's responsibility to say something and "not my responsibility to say something."

This surveillance has a basis in biblical teachings in some cases, but also reveals an important insight into gender expectations and discourse. This dichotomy can also be

explained as another facet of women's responsibility – women are responsible for keeping other women "in line," and reinforcing pronatalism. However, women's bodies are considered public domain (demonstrated through the social acceptance of questions about personal reproductive status), and as such, are everyone's responsibility to discipline and monitor.

Motherhood as Natural

Motherhood is repeatedly constructed as a natural and normal state for women (Badinter, 1980, 2012; Wall, 2000, 2001). Ethology, or socio-biology, helps to reify evolutionary psychological approaches to behaviours, including motherhood. Under this view, women should bear children because they can (Rich et al., 2007). Although many women argued that motherhood was not intrinsically linked to womanhood, several women took up the discourse of natural motherhood. In particular, women's responsibility to mother is so entrenched that many of the women I spoke with found themselves justifying their childbearing decisions to others on a regular basis. These justifications often took the form of biological arguments, which serve to support and reinforce cultural assumptions about the naturalness of motherhood, and consequently, the *un*naturalness of voluntary childlessness.

Of the 21 women I spoke with, 11 women spoke in some way about the biological instinct to mother, particularly to profess that they did not possess this instinct. The maternal instinct was explained in several ways and by using several terms, including "baby ache," "drive," and "biological clock." Women are supposedly born with these biological drives. Although the legitimacy of the maternal instinct is disputable (Badinter,

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1980, 2012), the women I spoke with generally trusted the idea and referenced it in their

narratives.

Erika was the first person to mention the baby ache during the interviews. She

noted:

> I'm waiting for that, "Oh there it is! I want to have children, I forgot!"
> [laughs] The "aha" moment about having children. […] Biologically,
> I don't like hold children and my uterus starts to ache.

Erika used the lack of an "aha" moment as just one of the reasons she chose to remain

childless. Although biological arguments can serve to stigmatize voluntarily childless

women by outlining the seemingly unnaturalness (and therefore immorality and

undesirability) of their decision, Erika has effectively co-opted the biological argument to

her benefit as a "technology of the self" (Foucault, 1987, 1988). To speculate, she can

rest assured that she is making a moral choice by remaining childless; to mother poorly

without the corresponding biological instincts would be unethical and selfish.

Conversely, Taryn uses the term "biological clock" to explain her inability to

solidify her childbearing decision-making. Her narrative also underscores the wide-

reaching influence of the maternal instinct. In particular, she explains that her mother also

went through a period of identifying as childless by choice:

> I am open to the idea that I could change my mind because my mom
> was actually the same; she didn't have me until she was 38 when her
> biological clock kicked in and she thought "Oh no what am I doing?"
> but mine obviously hasn't kicked in so I don't know what I'll think in
> the future but at this point I just definitely don't want any [children].

For Taryn, the fact that her biological clock could kick in at any time is a very real

possibility. The idea that women can experience an overwhelming and uncontrollable

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urge to mother is one that Taryn accepts as possible and very real, but for now, her own

clock's silence is a natural explanation for her childbearing choice.

On the other hand, Stephanie argues that although her decision to remain childless

was "open-and-shut," she occasionally experiences bouts of "maternal instinct":

> …it's funny because now I find now that I will occasionally have a
> kind of a maternal sort of instinct-like feeling that I would like to take
> care of something, but honestly that's directed towards like a puppy or
> something. [laughs] Like when I think about that impulse of, "Oh I
> really want to take care of something" really I'd like to get a puppy
> and actually I hesitate to say that to a lot of my friends because they
> find that quite offensive. They find it offensive that I would equate my
> getting a puppy with them having a baby. And you know we make
> jokes about our fur babies you know that we have cats or dogs or
> whatever, that those are our children, but honestly that's more
> appealing to me.

Not only does Stephanie take up the maternal instinct, but she then goes on to mention

how she often equates her pets with children. Both of these understandings serve to

reinforce the notion that women need to care for something, and that women are

inherently caring and nurturing.

Childless women are often portrayed as substituting creative or caring "outlets"

for children (Gillespie, 2000; Ireland, 1993). In fact, the women themselves often offered

this explanation for their childbearing decisions, citing their career, pets, or their

relationship with other family members as the substitution. For example, Madeleine

explains how she substituted her university education and career as an artist in exchange

for motherhood. She refers to her paintings: "They're my life, they're my children.

Seeing them go into new homes, people enjoying them – and they're quite happy! I like

to work." Madeleine equates the time, energy, and emotion that she puts into her

paintings as comparable to the time, energy, and emotion that other people put into

raising their children. In this way, she reinforces biological assumptions about women, and reaffirms that motherhood and career are not compatible.

Eleven women expressed the importance of pets in their lives, while three women expressly explained that the pets were "child substitutes." Natasha, for example, highlights her dog Teddy as her "child substitute." Conversely, Shirley uses her nieces and nephews as "child substitutes" when speaking with people who do not understand or accept voluntary childlessness. She notes that, "if push comes to shove I'll mention my two nieces or I'll say 'Oh he comes from a big extended family' you know 'he's got lots of nieces and nephews' and make it sound as if whatever child needs we have are being filled by those." Again, the women both utilize the notion of child substitutes when explaining their voluntary childlessness to themselves and to others, which helps soften the blow of a potentially stigmatizing decision. The child substitute is an essentialist notion and serves to reinforce the idea that motherhood is natural, normal, and universal for all women – some women just nurture in different ways. Through these mechanisms, these women soften the blow of their "unnatural" decisions to remain childless, by framing themselves as nurturing and caring women, despite their childlessness.

At the outset of my research, I was particularly interested in the ways women make sense of biological arguments to mother. I especially wanted to understand what purposes the maternal instinct serves. I posited that the natural desire to bear and raise children is socially created and exists solely to coerce women into childbearing and motherhood, and to make women who don't experience this desire feel inadequate and somehow biologically flawed. I anticipated that many women would reject the notion of biological instinct as false, but in reality many women took up this notion and accepted it

as fact. Moreover, these women effectively used biological arguments to their benefit to help justify their voluntary childlessness to others. Again, this demonstrates the normative power of this discourse: women cannot refuse biological instincts without acknowledging themselves as non-women, or unnatural. Instead, these women compensate by using the "caring" discourse in creative ways – as pet owners, aunts, godmothers – so they can continue to lay claim to being natural women.

Ambivalence

Though six of the 21 women told me they always knew they did not want to mother, the remaining 16 experienced some sort of ambivalence towards cementing their decision to remain voluntarily childless. Ambivalence towards finalizing childbearing decisions is a common experience in the decision-making process (Brown, 2007; Gillespie, 2000; Letherby & Williams, 1999; Letherby, 2002; Morell, 2000). Morell for instance, explains the intricacies of the "wavering no" (2000), whereby some women desperately yearn for children at times, but decide to remain voluntarily childless after rationally considering other factors. In particular, Selene voiced her experiences with the "wavering no." She elaborates on her decision-making process:

> It was a progression. When I was married I went through a phase
> where I was desperate to have kids and I attribute this to some kind of
> hormonal change in my physiology because it wasn't a rational thing;
> it was a compulsion. It was a physical yearning that I needed to have
> kids *right now*. And it was so bad that my period would come and I
> would cry even though I was on the pill. So like I said there was no
> rationale attached to it whatsoever. My poor husband [laughs] it must
> have driven him crazy! Umm and that lasted for about a year and that
> was probably in my mid 20's. Before then, it was really a foregone
> conclusion that well ya, I'll grow up and have kids and that's how life
> goes, and then after that incident with the hormones and everything it
> wasn't as strong, but I always figured it would happen, but then it just
> kind of started to decrease: "Well maybe it's not so important after

all" and you know it then just kind of progressed into, from one extreme to another.

In this case, Selene blamed hormone fluctuations for her deep yearning to bear children, but cites rational decision-making alongside a decrease in hormones as the early foundations of her voluntary childlessness. Further, she uses the biological argument of "hormonal changes" as justification for this ambivalence. The idea of hormonal changes as real and uncontrollable reflects the ideology of natural motherhood – in this case Selene no longer experiences these "hormonal changes," which effectively justifies her decision to remain childless.

Similarly, Jody highlights some "waffling" in regards to her childbearing decisions. She brings attention to various episodes she experiences revisiting her decision to remain childless, particularly when faced with significant life changes, such as finishing university, moving cities, starting her career, and growing her relationship with her husband. These life changes prompted Jody to re-evaluate her reasons for remaining childless as many of the things that previously inhibited her from motherhood changed.

Norah also explains an episode in which she experienced some revisiting of her childbearing decisions:

> I went through a little phase just in-between, I took a year off, and in-between there one of my really good friends from high school got pregnant and she was saying about the baby and she posted pictures, she put her ultrasound on [Facebook] and she was just so happy that I was like, "Well maybe I'd like that" like she just was *so* happy about it. So I think that might have been the one time where I was just kind of like, "Am I going to miss out on something? Am I going to regret this?" But now that I think about it I'm like, "That's okay."

For Norah, the potential for regret was important enough for her to reconsider her childbearing negotiations. Both Jody and Norah accept their questioning as a normal part

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of their decision-making process, and work through episodes of uncertainty when they materialize. Listening to these women speak about their ambivalence was beneficial for my own decision-making process; I previously understood ambivalence as uncommon and unproductive. Their narratives helped me to recognize that childbearing intentions are individual, and that the decision-making process can be (and often is) continuous.

Identity

Women's everyday lives and subjectivities are linked to moral identities influenced by structural and ideological factors (Doucet, 2000). Morality and femininity are closely connected, and as a result, voluntarily childless women often experience negative consequences for their childbearing decisions (Badinter, 1980; Gillespie, 2000; Glenn, 1994; Hird, 2003). Lorber (1994) argues that norms and expectations are built into women's identities and self-worth. As such, women who face stigma and negative portrayals due to their childbearing intentions might also internalize and experience their apparent failure to take up these norms in a negative way.

Interviews focused on impacts of voluntary childlessness on women's self-perception and identity. To better understand this issue, I asked the women if they would actively identify as childless by choice; would they highlight their childbearing decisions if they were asked about themselves? Only six out of 21 women replied that their reproductive status would be among the top things they listed about themselves, while the remaining 15 women explained that it would not be one of the main things they listed, or it would depend on the situation. In effect, most women explained that their reproductive status was not a core attribute to their self or identity. Instead, the women underscored the

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importance of their personal qualities, career, hobbies, and interests over and above their desire to bear children. In particular, Maggie noted that:

> It's [voluntary childlessness] just a facet, and a kind of minor one. In my brain it's minor, you know, in other peoples' brains it may be more substantial, but for me it's like, "I'm interesting, I'm fun, I'm smart, I'm good company, oh and by the way I don't have kids." It's an after-thought for me.

I can identify with Maggie's narrative; voluntary childlessness is an after-thought for me too. Contrary to the idea that women without children are somehow lacking, the women all expressed that they experienced full and abundant lives. It makes sense that the women I spoke with have already worked through many issues relating to identity; only those who actively identified as childless by choice chose to contact me for participation in this study.

Butler (1993) posits that identities are formed through exclusion and boundary-making. Identity – specifically gender identity – is constantly formed and re-formed by social interactions, through the forces of exclusion and abjection (p. 3). Therefore, women who are part of pronatalist communities may experience exclusion and may not identify as "normal" in that group on the basis of the binary of motherhood and non-motherhood. For women, socially acceptable gender identities are both constructed and shaped through motherhood, regardless of one's motherhood status. Foucault (1984b) further argues that the normal is a tool of coercion; in this case, women are coerced into being normal for the sake of homogeneity and maintenance of the gendered status quo. Women who participate in an "alternative scene" have effectively found a group where they are normal, and experience all the benefits that go along with the label of normal.

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Marcie, Shirley, and Stephanie all mentioned that they identified with an alternative scene, with mostly positive impacts on their experiences of voluntary childlessness. Marcie explains that "I think I've managed to make friends with a lot of people who are similar, like I have a lot of artist and musician friends who are kind of in the same boat." Stephanie also notes that most of her friends and acquaintances are musicians or artists, who by her account are more likely to be childless by choice themselves, and generally more liberal in their views and accepting of diversity.

Shirley, a 42 year old bisexual who identified as a lesbian for over 10 years, highlighted the gay and lesbian community as a low-pressure environment. She argued that "It's much more common in the queer women's community to not have them [children] and have it be okay to not *want* them." Shirley later clarifies that this reality may have shifted in recent years: "My generation until, I would say the late '90s, and all of a sudden it was becoming a bigger, a more common decision for lesbian couples to want to have kids, but at that time the community […] for that group it was just normal that none of us wanted to have kids." These social milieus are important to note because, as Marcie, Shirley, and Stephanie mentioned, voluntarily childless women are widely accepted therein.

Despite the seemingly supportive environments and attitudes that the women mention, they are also stigmatized and scrutinized for their childbearing choices. A discussion of stigma will follow this chapter.

Resistance

Butler (1993) describes resistance, or disidentification, as the rejection of labels and of subjectification. Subjectification involves the construction of the individual

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subject, and in this case can involve the construction of the gendered self. This disidentification or rejection of subjectification was discussed during my conversations with the women, although it was veiled in discussions of feminism, going against the norm, and the importance of role models. In some ways, all the women I spoke with have effectively challenged and resisted gendered expectations simply by identifying as voluntarily childless.

Despite pronatalist pressures, some women took exceptional pride in their voluntary childlessness and recognized it as a broader act of resistance. A handful of women discussed how they delighted in going against the norm, which can be understood as a disidentification with motherhood. For example, Selene explains that:

> …I take a certain amount of pride and joy in not being part of the masses. You know that's a reinforcement for me; it's not the only reason, you know that wouldn't be the only reason I wouldn't have kids, but that's part of what makes me feel confident in my decision.

For the women who take pride in being different and challenging the status quo, choosing childlessness is part of their identity. Further, Stephanie, a 46 year old professor, explained to me that:

> I would say that I actually enjoy being a little bit defiant of certain stereotypes. I mean I consider myself to be a feminist and somebody who has some pretty strong social opinions so I don't mind if I get to be somebody who challenges other people's gender assumptions. That's something I actually might take a little bit of pleasure in.

The feeling of defying the norm was not present for every woman, however. Sabrina notes that:

> I don't think it's really going against the norm these days as a lot of people are not having children. If anything I feel more comfortable now than I did eight years ago, but I'm not ashamed of what I've chosen. I don't think I'd consider myself a feminist, maybe an odd-

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ball [laughs]. I feel like I'm just living my life the way I see fit, if anything maybe just being independent.

Sabrina did not view her decision as an act of resistance, but instead as an act of living her life the way she desires. She considers herself an "odd-ball" who lives independently. For these women, their identities and self-perceptions are closely linked to being an individual and exercising their freedoms, often noting feminist politics as a foundation. Stephanie goes on to liken her resistance and brazenness to her strong feminist beginnings:

> I think I would have had a teacher in like junior high that I kind of admired and I think umm didn't have children. And I remember her particularly because she had a hyphenated name, which in those days, that would have been in the 70s, that seemed very umm I don't know, *avant-garde*, that she would have a hyphen in her married name. And that somehow signaled you know, I don't know if I would have understood the idea of feminism specifically at that point, but that was probably what I was thinking was, "Oh here's this woman who dares to be different" kind of thing.

Along the same lines Shirley explains the importance of being honest and unapologetic about being a voluntarily childless woman, as a form of political activism:

> And in terms of the risks of you know not being "out" about it, you know it's the flip side of that; you normalize it, you know? If by not admitting that you don't have them and don't want them I feel like I'm going along with the social idea that I'm supposed to have them and want them and not ever challenge that. You know, like as a woman I'm supposed to want babies. And what the hell is feminism for if it still comes down as a woman I'm supposed to want babies, you know? So I really do think that by hiding it or by deflecting too often […] It's part of, it's not just a personal thing about being honest about who I am, but I see it as part of a broader social, my own little personal political social movement.

Shirley later added:

> You know that somebody's got to de-stabilize these categories and it has to be, it's going to be those of us who are outside those categories and are choosing not to participate in them. So I think someone has to say, "It's okay to not want them" it's not just that I don't, but it's okay to not want

them; you don't *have* to have them. You know as a woman, as an adult, as an opposite-sex couple you don't have to have them and the world doesn't end.

However, not every woman explained the decision as a form of political action or feminist resistance. In fact, the overwhelming majority of the women did not identify as feminist, and several actually pointedly rejected the idea altogether. This realization shocked me. I previously thought that the majority of the women I spoke with would actively identify as feminists, and in some cases, as activists as well. Instead, I found that most women viewed their choice as intensely personal and in no way political. For example, Ella pointedly said: "I'm not a feminist at all" and continued on to deride feminism. As a feminist, I was upset that someone would not share my view. In any case, I engaged in emotional labour to resist conflict, and allow Ella to share her feelings in an accepting way.

Antinatalism

Antinatalism serves to discourage particular women from bearing children. For example, bearing children can be seen as immoral for young women, older women, unmarried women, and women with disabilities (Chance, 2002; Dotson et al., 2003; Hadfield et al., 2007; Malacrida, 2009; Mosoff, 1993; O'Toole, 2002; Park, 2002). In addition, Morell (2000) highlights what she calls a "new pronatalism" whereby there is an ever-increasing encouragement to motherhood, but only for the "right" women (pp. 315-316). This new pronatalism can be likened to intensive mothering, which stipulates that motherhood should be all-encompassing for the (right) mother. In this case, bad mothers are those who cannot fulfill the tenets of intensive mothering for some reason.

These reasons or characteristics can include sexuality, marital status, age, and health or disability status.

Antinatalism was prevalent throughout my conversations with the women. In particular, the discourse of "new pronatalism," intensive mothering, and moral language, as delineated in Chapter Three, was taken up and discussed. Several women received praise for remaining childless from family, friends, colleagues, and casual acquaintances. The women who experienced praise for remaining childless typically exhibited personality traits that might hinder intensive motherhood, including lack of patience, irritability, and a potentially disabling condition. As mentioned above, single women are encouraged to marry before they are encouraged to mother. Sandra and Sasha both experienced antinatalism with family members. Sandra explains that her inexperience with children may have played a role in this experience:

> I've had people say it [that I would be a bad mother], like close people
> to me have said it. My sister said it. My niece has said it to me.
>
> Gillian: Why is that?
>
> Sandra: I don't know. Because I don't have patience for kids, because
> I don't know how to talk to kids, I don't know how to read them, I
> don't know how to make them understand. I guess maybe that's what
> it is but you know kids don't come with a handbook. Maybe when
> you have your first kid you won't know what you're doing either!
> [laughs]

Similarly, Sasha's family has also discouraged her to mother:

> Umm with my family, it really pissed me off when they started
> saying, "Well I don't think you should" you know? It really made me
> mad to think they thought so little of me that I shouldn't you know, I
> shouldn't be doing this, type of thing, you know? […] it really made
> me angry when they, like my friends not so much, I don't really care
> about, that's them, fine, whatever, but my family really made me, I
> guess it hurt a lot too, which is why it made me angry. 'Cause it's like
> I said, to me when they tried to discourage me to do things like that it

just comes across like they don't think I'm capable of stuff like that, like being a mother or [pause] and it just sort of makes me feel about this big [gestures] type of thing. It just like ahh, I don't know how else to put it; you feel a bit diminished in a way.

Specifically, she recounts a time when she was shopping with her mother:

We were out shopping one time and I pointed out a maternity dress that I kind of thought was pretty. "Oh I hope you don't ever wear that, I don't need another child I need to bring up" and I was like "Pshh pardon me?" I thought oh wow, that just really knocked me for a loop that. And like I said that was like *years* ago so the fact that I still remember it, it still hurts a bit you know.

Sasha has Crohn's disease and she explained that her family did not want her to mother based on her disease and her temperament. Crohn's disease has the potential to be very disabling with severe side effects such as pain and arthritis, loss of mobility, inability to work, and so forth. Her disease combined with her self-professed temper were enough to push her family to discourage her to mother. Sasha later explained that her family was the most vocal in their discouragement for her to mother because they know her the best and therefore see her "weaknesses," as well as feel it may be appropriate to say something about childbearing intentions.

Age Issues

Motherhood, morality, and age are closely interrelated; bad mothers are either too young or too old, while good mothers must fall somewhere in-between. Young mothers, for example, experience antinatalism and are culturally constructed as less desirable and morally repugnant (Hadfield et al., 2007; Park, 2002). This notion was not lost on the women I spoke with. In fact, four women derided teenage pregnancy, while eight women spoke about the negative impacts of mothering at an advanced age. In addition, older mothers were increasingly thought of as at risk in terms of genetic conditions such as

Down's syndrome. In particular, age functions alongside disability issues, body issues, stigma, and intensive mothering as another pressure on women's reproductive decision-making.

For the four women who commented on teenage pregnancy, the underlying implication suggested a moral judgment on teenage mothers. Specifically, these women offer that it is more desirable to be voluntary childless than it is to be a teenage mother. For example, Erika used the reality television show "Teen Mom" to justify her decision to remain childless and to outline who should and who should not mother. She notes:

> I feel badly when people like my friend live a good life and have enough money and time for a child and possibly can't have one, that's very sad. And there's frickin' 17 year olds and "Teen Mom" out there!

> Gillian: "Teen Mom," yes, yes.

> Erika: "Teen Mom" getting pregnant – like they look at each other and they're pregnant and you're like uggg, it's just so wrong. The plight of some children breaks my heart, but there's nothing you can do about that.

In Erika's estimation, teenage mothers do not deserve to get pregnant, while other women who have the resources to engage in intensive mothering do deserve to get pregnant. Her narrative highlights her pragmatic world view and serves to justify her voluntary childlessness as the right choice for her. In addition, Erika also takes on the discourse of moral motherhood, and refuses its capacity to judge her as lacking. Instead, she appropriates the good mother/bad mother discourse to subjectify herself as a moral woman, as compared with other women who make seemingly poor choice, such as teenage mothers.

Douglas's (2003) concept of "matter out of place" can be applied to the seemingly inappropriate timing of motherhood. In this case, teenage mothers are seen as "out of place" because they can be considered both children and mothers at the same time. Graham and Low (2008) also highlight the cultural expectations of timing of reproductive life in contemporary western societies. They argue that women who have children "too early" in life do not participate in socio-cultural "lay rituals" surrounding pregnancy and childbirth, and remain in "status limbo" because they are anomalies (pp. 191-192).

Of the eight women who spoke about older mothering, several women expressed experiencing the pressure to mother before they got "too old," while other women spoke of their self-imposed deadline for motherhood. In particular, Madison, 28, noted that during social outings "somebody who I know will kind of ask, you know 'Are you knocked up yet?' or 'Are you getting married yet?' you know 'You're pushing 30 you know!'" These seemingly cordial comments are in fact careful reminders that she should mother soon, if at all. The pressure to mother before you get too old is something that I have experienced from my partner's extended family. While visiting with family members and friends at a recent event, one of my partner's family members came to visit with us at our table. He said, quite bluntly, "You should have babies," and later added "before you get too old." I am 25 years old. I calmly changed the topic of conversation despite my initial anger over this comment, and effectively used emotional labour to avoid a potential conflict at a family event. Upon further reflection, this experience served to reaffirm the importance of my research and of contributing to discourse that will hopefully help to construct voluntary childlessness as a legitimate childbearing choice for young women.

Many women carefully consider age in their childbearing decisions. For example,

Madison explains the impact age has on her tentative decision to remain childless:

> I am not interested in giving birth to a child after the age of 35 which means that I am running out of time to make a definitive decision. I think women can have healthy babies after 35, but I already struggle with energy levels at 28 and cannot imagine having the energy to give birth and raise a child at 40.

Similarly, Marcie notes "so I just think that, not that I'm old, but that if I were to have

kids I would prefer to do it before 35 so the chances of it happening are in my mind,

slim." Along the same lines, Erika had a self-imposed deadline: "I always said that if I

didn't have children by the time I was 30 I wasn't going to, so I guess it's pretty close to

final for me." These women set a deadline based on an understanding of how much work

mothering is, how much it demands of you, and a belief that they are not, or certainly will

not be up to the task after a certain "best before" date.

The "cut-off" ages most cited by the women were 30 and 35 years. Jody

elaborates on this particular threshold, particularly in terms of risks and disability:

> And I don't know, part of the anxiety thing too is I'm scared because I'm aware of what, I'm aware of the risks that come with being a little bit older and getting pregnant, and I'm not, I know that they have "modern medicine" and all this kind of stuff, I'm completely aware of that, however, risk for disabilities and disorders increases when you're over 30 when you have kids. And, and if I don't want to have the responsibility of a so-called typical child, I definitely am not, at this point, looking to have the responsibility of having a child who has a disability or disorders. By no means am I saying that like, "Oh people over 30 shouldn't have kids" or anything, I'm just looking at it from my point of view that if I think that it's interesting to have kids or the idea is interesting but that I don't want to do half the stuff that comes with it, basically if you're not sure about it I don't think that you should be doing it.

Self-imposed deadlines to mother align with the tenets of intensive mothering,

responsible citizenship, and quasi-eugenic discourse. Not only is there an increased

medical risk for older women, but older mothering is viewed as selfish and unfair to the child. The idea that it is unfair to mother at an advanced age is tied in to the ideology of intensive mothering, where children come first and deserve only the best of everything. In this view, women who are "too old" are perceived as not having the same ability to mother well as their younger (but not too young) counterparts. In fact, it is considered immoral to mother at an advanced age and it is considered unfair for a child to have older parents, and a higher risk for certain disabilities and disorders.

Age also functions as a very concrete limiting factor for women's childbearing decision-making. Menopause, expressed as "running out of time," was high on many women's minds. As such, the women often alluded to feelings of urgency regarding reconsideration of their childbearing decisions; if they are going to reconsider childbearing, it needs to happen sooner rather than later. However, DeLyser (2012) argues that most women do not experience feelings of regret about their childbearing decisions during menopause and middle age. Rather, the women have already worked through and revisited their childbearing options throughout their adult lives. Men do not face the same pressures regarding the age at which they choose to have children. There is no real deadline on men's ability to father – they can wait longer while women are saddled with this decision on a deadline.

Despite the intense pressure to mother at the "right" age, older women eventually benefit from the reduced pressure to mother that advanced age brings. For a few of the older women I spoke with, questions such as "When will it be your turn?" were no longer relevant. In many ways, as Maggie notes "the ship has completely sailed" by age 40 or 50. Specifically, Wanda, 37, notes that:

'Cause I'm older, or maybe because I'm not hanging out in the same environments or the people around me don't really have young children as much either, right? So because as I age all my friends age and the time for having a newborn infant is when all the questions seem to come up, so I'm just hearing it less and less. I can't remember the last time someone said something to me.

Marcie corroborates Wanda's observation, and anticipates experiencing this phenomenon as she ages:

Yes, I think my decision does go against the norm. I'm neither proud nor ashamed, though as I get older and my decision becomes more obvious (it is quite "normal" for me to be childless at my age) I will likely become a little more on the proud side.

Age can be constricting, but also liberating, depending on the context. Women can be too young, but also too old to be responsible mothers, with a general "cut-off" or "expiry date" of 30 to 35 years. The intense focus on age and motherhood is in some ways a reflection of risk-obsessed culture and the pervasiveness of intensive mothering ideology.

Health/Disability Issues

The themes of health and disability came up frequently in my conversations with the women. Three women's childbearing negotiations were complicated by health issues that presented during their teenage years. Sabrina was diagnosed with a blood disorder at age 15, while Sasha was diagnosed with Crohn's disease at age 17, and Norah was diagnosed as having epilepsy as a teenager. Additionally, Shirley mentioned her long-standing battle with depression, Jody explained that she experienced anxiety, and Madeleine revealed that she had been diagnosed with tinnitus, a constant ringing in the ears, and had been receiving social assistance due to the severity of her condition. These health issues added a layer of complexity to the negotiation process for each of these women, and provoked deeper questions about this research: who "counts" as childless by

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choice? How are women with disabilities actively discouraged to bear children? How does having a disability or disorder that prevents you from bearing children challenge your ability to identify as childless by choice? In this case, I was looking for women who self-identified as childless by choice, no matter their reproductive health status. In addition, the decision to not seek ARTs or pursue adoption was equally important; motherhood does not need to be biological.

Sabrina's diagnosis with antiphospholipid antibody syndrome, an auto-immune disorder, at age 15, complicated her childbearing decision-making; a pregnancy could end her life. While she was devastated upon her diagnosis, Sabrina had always considered adoption and/or fostering as an alternative to a pregnancy of her own. However, her experiences as a nanny and an aunt in her late teens and early twenties eventually prompted her to consider voluntary childlessness.

Sasha was diagnosed with Crohn's disease at age 17 and while her diagnosis does not make it impossible for her to bear children, she recognizes that her disease might make it harder for her to bear and care for them. She explained:

> I'm 51 now, I've only got 120 centimeters left of my bowel and there's just no way I could, I mean there's just no way I would have been able to. I think I have 120 centimeters left since 1984 for my last operation and there's just no way you can carry a baby fully you know? I can't absorb about 80% of what I eat myself, so if you're carrying a baby how are they going to absorb your nutrients if you can't do it yourself... [trails off] So I mean there's the risk factor of kids being you know mentally and physically challenged *anyway*, even when you are in good health. So I mean there's just no way I can do it.

Despite her diagnosis and her health concerns, Sasha later cited several other motivations for remaining voluntarily childless, including her desire to focus on her education and career, financial issues, personality issues, and being discouraged to mother. Sasha's

narrative raises important questions about what it means to be a mother, and who can and/or should be a mother. In fact, she notes that, "well, the truth of the matter is I was very much discouraged not to have kids."

Physical disabilities were not the only health issues mentioned by the women I spoke with. Both Shirley and Jody cited previous struggles with mental health as important factors in their childbearing decisions. Shirley makes an important revelation about her mental health:

> All these sound like really frivolous reasons but I just, you know, in terms of the pros of not having them, my life is calmer and quieter, and I do think for me it's a mental health issue. I mean I've struggled with depression my whole life umm and I work very hard on it and I'm in a really good place thanks to lots of hard work over the years, and I really do think that if I had had children, I think my mental health would have been a disaster, umm, because for me part of maintaining an even keel is I need peace and quiet and I need time to decompress. I need to have time to re-balance away from all the pressures of the world and I think that that would be much harder to achieve if I had kids.

As such, the possibility of aggravating pre-existing conditions – both physical and mental – was at the forefront of many women's negotiations. Further, Maggie's sister-in-law's health struggles as a mother have prompted her to re-think childbearing due to unforeseen mental health issues:

> When I was 15 my older brother had his first [child]. He's five years older than I am, I was 15 when he got married. And his wife went like bat shit crazy [laughs] like seriously off the freaking walls nuts and I'm like, I saw that and I'm just like, "What the crap happened?" This is a woman with three years of Bible college underneath her belt, she's not super well-educated but she's got a diploma and she's able to think and she's passed classes and taken courses and now she is like bat shit nuts. Like what [laughs] the crap just happened?! [laughs] And she has not regained sanity since.

For Maggie, the possibility of children spurring serious mental health issues is a very real prospect; a woman she knows and respects has had this experience. In addition, her

sister-in-law was educated and "able to think" for herself before she had her children, furthering the idea that motherhood can cause seemingly unforeseen mental health issues to arise "out of nowhere." Bodily and psychological issues were listed by many women as a main factor in their childbearing decision-making.

Norah was diagnosed with epilepsy as a teenager, and although she is physically capable of bearing children, her diagnosis has complicated her decision-making process. She spoke about the risks involved in driving a car, and how her illness has affected her parents:

> I guess in a way I would be [worried] because whenever I drive now I'm kind of, it's always in the back of my mind, "What do I do if I have a seizure" so I assume that if I had a kid in the car or something like that it would just exacerbate the potential danger […] it was only a couple of years ago I found out I had epilepsy and had a big seizure and everything like that. I saw what my parents went through just worrying about me and stuff and like my sister had a fun alcohol experience, uhh alcohol poisoning in the summer, so I saw what my parents went through with that and I can't imagine having to go, be that upset about something that's happening to someone else, that I just... I think I would drive myself up the wall worrying about another kid. So I guess stuff like that, just seeing the effect, like if something happens to the kid has on the parents. I guess that's a little bit... [trails off] Like the stress of being a parent, ya.

Although the risk of a potential seizure while driving factored into her decision-making process, Norah highlights her experience witnessing her own parents worry about her and her sister as central factors influencing her childbearing intentions. In this case, Norah is worried about the impacts of her own health on a child, but more so about the possible psychological distress associated with being responsible for a child's well-being.

Fear of Disability for Child

Although the fear of potential health issues for the women themselves was a large consideration for women contemplating motherhood, the potential to have a child with a

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disability was a factor that encouraged eleven women to reconsider motherhood

altogether. The notion that disabled children take up more time, energy, effort, and

money was not lost on the women I spoke with. The potential to have a child with

disabilities was discussed alongside the increased medical risks inherent with advanced

mother's age. Down's syndrome, in particular, was listed by six women as a potential

outcome of having a child later in life. Maggie summarizes nicely what many women

expressed:

> I think that a lot of people, and myself included, a lot of the reason
> why being childless is an option is a certain level of fear. […] Fear of
> maybe having a child with a developmental disability. I know
> personally the thought of having a child is terrifying enough; the
> thought of adding that on top of it is kind of over the top, like I just
> don't know if I would be able to handle it. I had a teacher actually in
> high school, her fourth child had Down's syndrome and she actually
> gave her up for adoption 'cause she just knew that she wasn't able to,
> she didn't have the patience. [sigh]

Wanda further elaborates on what Maggie speculates. Wanda explains that having a child

with disabilities would be:

> Not my thing. Ya. Ya, and that sounds horrible, but it's just another
> level of care. I don't want to provide care for someone for 18 years – I
> can't imagine providing care for 40 years. And again, the
> responsibility would be to do it, and I would do it, but I wouldn't
> *enjoy* doing it.

For women already uncertain that they would enjoy mothering in the first place, the

possibility of needing to provide increased levels of care is overwhelming. Marcie echoes

Maggie's feelings towards raising a child with a disability:

> Down's syndrome, ya after 40 […] that's the big one that I just, it
> sounds so terrible. If I'm already in doubt about wanting to be
> maternal and look after a child and I doubt my own, not capabilities,
> but interest in doing so, if it was a Down's syndrome baby I would
> just consider my life *ruined*. Like it's so horrible to say that – I would
> want to move away and adopt it and not have anyone know.

Marcie elaborates on what many women were alluding to: to have a child with a disability would "ruin" their lives. Although no woman cited this as the sole reason for their voluntary childlessness, the perceived risk of having a child with disabilities was at the forefront of many women's minds.

Wanda, Maggie, and Marcie self-surveille during their discussions about having a child with a disability. Although they are being frank, they know that it is not socially acceptable to admit that they would not want to mother a child with a disability. Therefore, they adjust their explanation to reflect what they think *is* socially acceptable. Regardless, I was not shocked when these types of feelings were discussed, as this is a line of thinking that I have encountered in the past.

Childlessness & Relationships

Of the 21 women interviewed, six women cited the desire to focus on and maintain their marriage or relationship as a factor in their childbearing decision-making. Both Gillespie (2003) and Park (2005) agree that the potential negative impact on one's marriage or relationship is a main motivation for many voluntarily childless women. Specifically, the extra time involved in childrearing is viewed as taking away from personal time with one's partner, and thus, children are often perceived as coming between spouses or partners (Kelly, 2009). For many women, children add an element of stress and hassle into a relationship – children are what couples fight about (Carmichael & Whittaker, 2007; Gillespie, 2003)! In addition, children are perceived as an added burden for relationships that already require additional attention (Kelly, 2009). For example, Erika explained that her husband has struggled with addictions to alcohol and drugs, and his sobriety has helped solidify her childbearing intentions:

I'm not really interested in bringing anything into that that might change it […] it's been a tough enough road and now I don't want to, not saying that having a child or not having a child would make or break anything, but it's so good the way it is right now I don't want to change it.

Erika's desire to keep things the same was echoed by Stephanie, who argued that children

do impact relationships:

You know if I'm sitting having dinner with my husband or something like I never think, "Oh I wish I had a child here" you know, quite the opposite. I'm usually like, "I'm very happy with our lifestyle and our relationship" and I really wouldn't want something else to, I don't want to say interfere, but I mean that's another reason, is that I do have a really, really good marriage and I've always maybe worried that I – 'cause people always say when you have children that it changes your relationship with your husband, right? I don't want my relationship and marriage to change. I don't actually want that other person vying for my attention. I like being focused on that one person and him being focused on me and there not being anybody else in that relationship. I don't really feel the need for something other than what we already have.

Stephanie's narrative highlights the notion that children are a potential menace to

relationships and marriages instead of enriching.

Erika further explains the impact of her own perceptions of family and friends'

relationships on her own voluntary childlessness:

I just looked at girls getting married and having children right away, honeymoon babies and all of that stuff, and where's the fun with your husband? And where's being married? And where's building *that*, you know? My parents didn't have children for about two years after they were married but they divorced not long after I moved out because they were raising children for 25 years and as they started to leave they looked at each other and went [gesture].

Gillian: Nothing in common.

Erika: "Oh I don't like you, I forgot!"

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Erika's narrative highlights the underlying assumption that children divide couples and incite divorce and/or separation.

Conclusion: Children vs. Everything Else

The women I spoke with overwhelmingly thought of children as a burden, complicated, and unnecessary. Moreover, the women view children as an inherent risk to the type of lifestyle and the freedom that they desire. In particular, the women construct children as risky to bear, in terms of the physical and mental health ramifications of pregnancy, childbirth, and childrearing, and in terms of the potential to have a child with a disability or health issue that might need additional supports. In addition, women view children as risky to relationships, in terms of the effects children might have on marriages and partnerships. For the women, then, the decision is simple: either bear children, or have freedom, fun, adventure, money, health, a good relationship, and career. As my dad put it jokingly, "it's children versus Porsche."

Unfortunately, motherhood is constructed as natural, and the women's narratives serve to highlight the belief that if you do not have the biological instinct to mother, it is better not to have children. Childbearing without a motherly instinct is considered selfish and immoral. As a result, childbearing decisions are complex, and ambivalence is common for the women who struggle to negotiate a moral subjectivity. However, the women I spoke with engage in various forms of resistance to pronatalist ideologies and the responsibility to mother. Finally, although most women are encouraged to mother, I did speak with a handful of women who experienced various levels of antinatalism, and were actively discouraged from motherhood altogether.

Chapter 5: Pressure and Support

> I don't consider it a secret and it's not anything that I feel
> ashamed of. I know that there are people who tend to look down
> their nose at me because of it and I generally have noticed that
> those people are of a certain religious affiliation. […] I think it
> goes along with the whole strong, independent, educated woman.
> If you don't like my choices I don't really care [laughs]. So if
> they ask me, "When are you going to have kids?" I don't say,
> "None of your business" or anything like that, I say, "I'm not
> having 'em!" And if they really want to be prying and really want
> to know the information, fine, I'll tell 'em.

Selene, 36 years old

The Everyday Experiences of Voluntary Childlessness

The previous two chapters have focused on the ways these women came to the decision to remain childless. This chapter explores further the everyday experiences of voluntary childless women within the cultural context of Southern Alberta. In particular, I focus on interactions with family, friends, colleagues, religious groups, and medical professionals, and consider the following questions: What kinds of pressure and support do voluntarily childless women experience in interactions within these various groups? How do voluntarily childless women cope with engrained social expectations to mother? What kinds of techniques help women manage these expectations from both self and others? What kinds of stigma and surveillance do these women experience? Further, what are the real and perceived costs of remaining childless by choice? I then discuss the implications of structural imperatives to mother in the personal lives of women who are voluntary childlessness. More specifically, I discuss how pronatalism can be seen on a structural level in modern capitalist societies.

Experiencing Stigma

Childless women experience stigma in multiple ways and are subject to negative portrayals and perceptions (Gillespie, 2000; Izzard, 2001; Letherby, 2002; Park, 2002; Riessman, 2000; Veevers, 1980). Goffman (1963) argues that stigma occurs as abominations of the body, blemishes of individual character, and tribal stigma of race, nation, or religion that can be transmitted through lineage. In the case of voluntarily childless women, stigma most often can be categorized as a blemish of individual character. Pronatalist influences encourage women to bear children, while those who do not bear children are taken as immoral. This stigma in an individual blemish insofar as voluntary childlessness is perceived to be an individual choice, made by selfish, immoral women.

Goffman's (1963) theory of stigma states that fellow "sufferers" of stigma support each other. However, none of the women participated in formal support groups, and in many cases, the women were the only voluntarily childless woman they knew. Nonetheless, many women explained that their partners and close friends fully supported their decision. In addition, I had originally posited that voluntarily childless women might feel uncomfortable around children. In effect, nine women expressed that they did not like kids, and tried to avoid them when possible. However, several participants were sure to explain to me that they did not hate children, perhaps in an effort to mitigate negative stereotypes of voluntarily childless women as "child-haters" or stoic, cold, and un-feeling.

Many women have come to expect strong negative reactions when they talk about their childbearing decisions. In particular, Shirley notes:

It's just kind of a running joke that people look at you when you say you don't want kids as if you just said you actually consume them for breakfast or something, you know because it's some kind of deep societal programming that you're supposed to, *everyone* wants kids and you're supposed to line up behind women who will pay gazillions of dollars to try to get pregnant and stuff. So they look at you as if you said something quite awful sometimes. […] so you just kind of have to get used to that I think if you're going to be honest about it.

For Shirley, being honest comes at a price; voluntarily childless women must accept that they will face stigma and scrutiny. Taryn supports Shirley's argument, and explains the stigma she has received in her workplace due to her voluntary childlessness. She notes that her coworkers, "take it further and they call me 'Baby-Hater' [laughs] even though it's not true but that's the reputation I have and I'm okay with that [laughs]." Taryn has effectively taken up and accepted her position as a stigmatized childless woman.

Sexuality, femininity, and motherhood are closely intertwined (Badinter, 1980; Gillespie, 2000; Glenn, 1994; Hird, 2003). As such, women who do not want children are seen as less feminine than mothers, and in rare cases, thought of as lesbians. Both Arielle and Madison have been mistaken for lesbians on the basis of their voluntary childlessness. Madison elaborates:

And the thing too is that I feel like society is very judgmental. Not all of society, but I feel that in southern Alberta there is a pressure to... obviously my friends won't pressure me 'cause I wouldn't be friends with them if they did, if they didn't accept me for who I was, but I do find that I'll sometimes get the odd comment, "Oh are you a lesbian?" "No." "Are you? What's wrong with you? Why can't you find a man?" You know? So sometimes it's the strangers that... [trails off] It shouldn't matter, but ultimately it's hard to... [trails off]

Madison's experience highlights the narrow subjectivities available to women; women who want children are heterosexuals, while women who do not want children surely must be lesbians. Shirley, who identified as a lesbian for over 10 years, explains that she

internalized this belief and used it to help justify her childbearing decisions. She explains that she was "shading it [voluntary childlessness] into a sexual orientation":

> When I started coming out as a lesbian, initially I thought, "Oh that's why" right? I turned around and, "Oh I'm a lesbian, that explains it!" Well "I'm a lesbian and lesbians do not want to have children." […] I think it's this deep entrenchment with heterosexuality with reproductive sexuality […] it's certainly not a belief that I have now but it was interesting that so deeply imbedded was that stereotype in my head when I was coming out as an early 20-something, the whole, "Lesbians don't have children" right? It's kind of part of the deal somehow: you don't date men, you have short hair, you don't have children. It was just on the list, you know? [laughs] […] in that moment in the mid 90s it was just part of the stereotype of what a lesbian was.

Shirley's early conflation of her sexuality with her childbearing intentions reinforces stereotypical linkages of sexuality and reproduction, and further reinforces the limited subjectivities available to women.

Categorization of individuals is a top priority for others as well as the women themselves. In effect, stigma is a direct function of categorization of normal and abnormal. Those who are considered abnormal or who challenge the status quo are effectively stigmatized. Morell (1994) argues that stigmatizing and depreciative discourses about childless women help to normalize and reinforce motherhood. Foucault (1984b) supports this notion more broadly through his argument that categorization serves to coerce individuals into conformity. He furthers that those who do not conform to the "normal" receive judgments and punishments for their deviant behaviour, which makes conformity look more attractive.

An example of these judgments and punishments is offered in the experiences of three of the women who described experiencing pity from others for their childbearing decisions. Letherby (1999) argues that involuntarily childless women are met with pity,

and several women explained that they were pitied for their decision to remain childless.

For example, Veronica, who grew up in the Mormon community, elaborates:

> I would say the vast majority [of church members] were understanding right off the bat and didn't question it. There were a couple Mormon church members [laughs] who questioned it, they weren't mean or accusing, they almost felt sorry for me like I was missing out on part of the experience of being a woman and tried to steer me to their way of thinking, but I would say that's the exception and most were understanding that it was an individual choice.

Selene echoes what Veronica highlights:

> It's not a necessarily an overt, "You're a bad person because you don't want to have kids" kind of judgment, it's more of a smug, "We've got it right and you've got it wrong" kind of judgment.

The pity that these women experienced can be explained as a moral judgment closely linked to cultural expectations of what it means to be a woman, and in particular, a *happy and fulfilled* woman. In effect, motherhood is considered the pinnacle of womanhood, in part due to the view of children as pure, innocent, and good. Furthermore, Stephanie explains:

> I think that the only thing that might bother me is the same kind of maybe unspoken opinion as my mother expressed, is that people may look at me and think, "Oh you don't know what you're missing." You know like, "You think that you made the right decision but actually it's too bad you didn't have kids because you really missed out on something great" and there actually may be a little bit of pity or I don't want to say condescension, but you know a kind of a belief that they're the ones that made the right decision and I actually made the wrong decision, and so I may think I'm happy in the decision that I've made, but really if I *knew* better I would be sorry.

The experience of being pitied and patronized resulted in the women feeling judged and inferior. It follows that women would try to avoid this judgment, and this is possible through techniques of resistance and stigma management.

The cultural context.

Interview participants were recruited from a relatively small geographic location, which allows for an in-depth analysis of the impacts of the cultural context of Southern Alberta, namely the city of Lethbridge and surrounding area. The city of Lethbridge, located in the southern agricultural region of Alberta, Canada, had a population of 83,517 in 2011 (Statistics Canada, 2012). Lethbridge is a small city, and as such, maintains aspects of small-town life.

Southern Alberta is a relatively conservative area, both in terms of political and religious leanings. According to recent opinion polls, the Progressive Conservative party remains the most popular provincial and federal political party in the region (Lethbridge College, 2012a, 2012b). Additionally, according to Statistics Canada (2002), out of a total population of 66, 275 in 2001, an overwhelming majority of 50, 245 Lethbridge residents claimed a Christian religion, while 1,240 residents claimed another religious affiliation. With over 50, 000 residents claiming some sort of Christian religion in the city of Lethbridge in 2001, most residents maintain largely Christian beliefs and values, including Christian beliefs and values surrounding childbearing. In addition, the most prevalent religions were United Church of Canada, Roman Catholic, and the Church of Jesus Christ of Latter-day Saints, with the latter two groups traditionally professing strong pronatalist ideals (ibid).

Adsera (2006) argues that conservative Protestants and Catholics prefer a higher number of children than members of other religions and those without an affiliation. In particular, McQuillan (2004) notes that in the United States, the Mormon "combination of pronatalist values and far-reaching institutional influence over Church members has

produced a fertility rate among American Mormons that has been consistently higher than that of most other religious groups" (p. 46). Therefore, we can conclude that the level of religiosity in the area is linked to an ethos of multiple childbearing.

The largely conservative nature of the area was not lost on the participants. Many of the first women I interviewed volunteered this information, while in later interviews I specifically questioned the experience of being voluntarily childless in the context of Southern Alberta. The values surrounding childbearing, motherhood, and what it means to be a woman are culturally constructed and historically situated (Ambert, 2001; Badinter, 1980; Glenn, 1994; Hays, 1996; Hird, 2003; McMahon, 1995; McQuillan, 2004; McQuillan & Greil, 2005; Wall, 2000). As such, it is important to understand the cultural context and social interactions that the women engage with on a daily basis. The strong pronatalist values in Lethbridge and surrounding area reflect the prevalence of certain religious and political identities and the importance of hegemonic femininity. These pronatalist values can serve to alienate those who challenge hegemonic femininity through the rejection of motherhood.

Ten out of 21 women made substantive comments on varying aspects of pronatalist or religious influences within the community. In particular, Beverly mentioned that "[t]his is *so* the Bible-belt down here," which summarized in many ways what many women were telling me. Norah, Jody, and Madison substantiated Beverly's claim, and perceived an increased prevalence of religious groups in the area. To elaborate, Norah offered that:

> Ya, it's quite a bit more religious here and it's kind of the more
> hardcore religions, like Mormon and the Hutterites, Mennonites, so
> the more, I want to say stricter I guess. 'Cause back home it's like
> loose Baptist is the main religion in my hometown. And you know it's

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more they go to church and do church things but it's not a prevailing way of life, unlike a lot of people here.

Jody reiterates this comment, and highlights the connection between religious influences and childbearing within the community:

Ya, I guess if I'm going to be completely candid and I don't think that necessarily everything comes down to religion, but I know that Lethbridge is a fairly conservative town, with that type of thing, and I know that there are likely, and I'm not trying to paint every person of certain religions with a brush, but there might be less openness because we're not interested in having kids, but then again we're atheists and not wanting to have kids so I think that that's kind of, it's, it's kind of difficult to separate that out in some ways.

She adds that in this location religion and childbearing are intertwined to some people, further recognizing that pronatalism as a religious ethos in the community. Similarly, Madison recognizes the conservative influences in Southern Alberta, and the corresponding encouragement to marry and bear children at a young age:

…maybe it's imaginary, maybe it's just my perception of the outside world, but I just feel like Southern Alberta is much more conservative and there are a lot of girls who are married and/or divorced by now. Got married and had kids before they're 28. It seems like there a lot more here than [...] I guess other parts of the world […] Ya, like I feel like here a 30 year old is *old*, and I'll be 30, like 28, I feel like an old 28 year old whereas when if I go to, I'm trying to think of places I've been to, just anywhere else in the world I don't feel as old. I feel like 28 isn't that old.

Madison's narrative showcases her experiences negotiating pronatalism and the conservative pressure to bear children that she feels in regards to her age. In her experience, the public perceives 28 years old as *old*, and thus, she should mother now before her "biological clock" reaches its "expiry date." Her narrative also demonstrates the difficulty trying to "pass" or fit in to a culture where there is less tolerance for childlessness than in other areas.

Friendship, support, and feeling alone.

My conversations with the women focused first on making the decision, and then on going public with the decision. This latter portion of the interview included conversations about social interactions and relationships in light of the decision to remain childless. In particular, our discussions explored the ways in which being voluntarily childless both constructs and constrains social interactions due to the relative rarity of women who choose to be childless.

As outlined in Chapter Two, the participants consistently expressed gratitude at being invited to discuss the topic of voluntary childlessness. The women underscored how important it is to understand more fully the experiences of voluntarily childless women in our informal conversations both before and after the interviews and in email correspondence. Many women commented after the interview that it was the first time they had ever spoken at length about their reproductive decisions, and how good it felt to do so. Oakley (1981) recognizes that interviewing can have positive effects on participants, including leading them to reflect on their experiences, which in turn can help to reassure them that they are normal, while validating their experiences and feelings (p. 50).

Voluntary childlessness is relatively rare in Canada, comprising only about 7% of women between the ages of 20 and 34 (Stobert & Kemeny, 2003). As such, women who are childless by choice are somewhat of an anomaly, and this was a major theme in the interviews. It follows that many women experienced the feeling of being the only voluntarily childless woman they knew personally. When I asked the question "Have you connected with other voluntarily childless women?" the most common answer was "no."

Further, not one woman was a member of a support group either online or in-person. In fact, almost all of the women were not aware that such groups existed. However, five women expressed that they might consider joining a group in the future, while the remaining 16 women expressed no interest in joining a support group.

Several women agreed that voluntary childlessness is considered deviant, and voluntarily childless women require support. For example, Taryn notes that voluntary childlessness is "taboo":

> I think that it definitely goes against the norm […] Normally I am
> proud to go against the status quo and am public about that, but I find
> this topic a little taboo so do not flaunt it.

Taryn's reluctance to "flaunt" her voluntary childlessness demonstrates an underlying need for support of childbearing decisions in the wider community. Voluntary childlessness is considered too taboo to mention, effectively stigmatizing and ostracizing voluntarily childless women.

Goffman (1963) explains that stigmatization may promote a discrepancy between an individual's virtual and actual identity (p. 19). Consequently, voluntarily childless women like Sandra may be unfairly stigmatized and set apart for their childbearing choices, thereby spoiling their social identity for future interactions. Feeling abnormal or alone can be a result of stigmatization. Sandra's comments express how she feels as a voluntarily childless woman in the community:

> Sometimes I feel like I'm alone you know like I'm weird, not wanting
> and not having children because there's so many people out there that
> that's just what they do; that's what people do right? Since the
> beginning of time it's been you know procreate, and sometimes I
> think that people think it's weird that I don't, or I feel like I'm alone,
> there's nobody else like this, that it's not normal for me to feel this
> way.

Stigmatization combined with a lack of support can be a negative experience for women like Sandra, who feel as though they are alone.

Goffman (1963) argues that stigmatization can result in the categorization of individuals, who may then form groups and relationships with each other. In addition, Goffman explains that fellow "sufferers" of stigma can help each other to accept and "come to terms" with their stigmatization (pp. 36-40). For example, Shirley recognized the feeling of being abnormal or alone, and highlighted the need for social solidarity and support for voluntarily childless women in the community:

> Lethbridge would need it [formal support groups] just for the social support in the midst of a fairly kind of child-centered local community; you'd need extra support [laughs] in a small town like it. I mean you know I'm 42 and I'm just over the whole thing so it wouldn't matter where I lived, I wouldn't feel like I needed support around that one issue in my life, but I can see how if you're younger or if you're coming from a much more conservative background or whatever, you'd sure want to have someone else who would normalize that for you.

Shirley's quote explains the need for additional support within the cultural context. As such, five women recognized that participation in a more formal support group may be a positive experience for them.

However, not every woman expressed the feeling of being alone. In fact, Marcie explains that she feels that she is supported in her community:

> I wouldn't actively join a group but I feel like I'm kind of already in one, just because I'm friends with a lot of artists and musicians that are – a lot of musicians that like – it's kind of accepted in, not that I have a group, but I guess I'm part of this scene, you know? And I don't think it's unusual to be a mother and it's also not unusual to not.

In this case, Marcie noted that she is already friends with women who support her decision, and a support group would serve no purpose. She has effectively created her

own social networks where her voluntary childlessness is accepted and supported. By creating her own supportive social networks, Marcie is evading the dominant hegemonic culture, while at the same time reducing her discredited, stigmatized identity.

Although several women described experiencing feelings of being abnormal or alone, the majority of the women I spoke with cited their friends as supportive and understanding of their childbearing decisions. I speculate that the lack of the women's participation in formal support groups is due, at least in part, to their relatively supportive personal social networks.

Socialization.

Children help to socialize their parents in new ways, and those who do not parent do not benefit from these experiences and social interactions (Ambert, 2001, p. 40). As such, women who do not have children ultimately lose out on new social connections and interactions. This loss of social connections was cited by two women as a "con" to being voluntarily childless. In particular, Jody states that:

> I honestly think that it's going to be harder to make friends as like a 30-ish woman. […] Like I think it's because people tend to do a lot of things with other couples and their kids, and so I feel like it might be difficult because I wonder sometimes if people wouldn't want to be that close to me because they feel like it would be awkward to ask me to come to things because everybody else would have their kids there, but Dale and I wouldn't have our kids there. You know?

She furthers:

> I just feel like there's not that many young couples in a town the size of Lethbridge that aren't going to be wanting to have kids, so I don't think that it'll be like I'm a *pariah* or anything, but I think that it's not like, "Oh well, our kids can have a play-date" like I'm not going to have those avenues.

When I asked her if she felt like she may be losing out on social networking

opportunities, her response was "Mmhmm, ya definitely." Jody's comments align with

Ambert's (2001) argument that children help to socialize parents in new ways. This

socialization of parents can take the form of new social connections gained through play-

dates, as Jody mentioned. Therefore, it is fair to argue that for voluntarily childless

women, there are social repercussions to their childbearing decisions in the form of

reduced social opportunities.

Both Marcie and Jody cite the lack of social opportunities as a reflection of the

pronatalist, conservative climate in Lethbridge, specifically. This is a place where family-

friendly events abound, and undoubtedly incite childless women to feel like outsiders.

Marcie, 30, explains her limited choice of childless friends:

> …because it's Lethbridge and it's not that big of a city and people my
> age tend to either start a family or move away for jobs or whatnot,
> there aren't a lot of people in my situation that are my age, so I tend to
> make friends with younger people, younger women. And then, I've
> just noticed that as the years, as I get older they stay the same age, like
> in their mid-20s, like they're not *significantly* younger, but about 5
> years on average younger than me, so they're not thinking about
> babies either 'cause they're in the same stage of life where they're
> finishing university or just finished.

Marcie's insightful comments illustrate the reality that childless women are few and far

between, and networking among this demographic is difficult to do.

Not only do childless women miss out on opportunities to network with other

childless women, but they experience a shift in their friendships with women who do

have children. Twelve women mentioned that they had drifted apart from some friends

due to differences in childbearing choices. This was seen as a "natural" progression that

occurs once a woman has children and shifts her focus from friends to family. Wanda explains:

> I think childless by choice people seek each other out. But you get to a point where hanging out with someone and their five year old if you don't have your own five year old isn't as much fun as hanging out with someone without a five year old, right? So I think some of us, you tend to then just congregate together because you have similar abilities to just drop everything and just go, and you don't have to be back home at 7:30pm to put the kids to bed […] I would say that we've moved farther apart. Not, I don't want to say just because they had kids, but kind of, just because their life priority changes right? Like I can't call you up at 5:00pm on a Thursday and go see a movie. Well of course they can't, they have to stay home and be with their kids and arrange a sitter and so those kinds of things. It's harder to get together with someone with children, but I don't avoid them because of it.

The drifting apart that Wanda mentions was mentioned by 11 other women, and was explained as a change in priorities. It was widely understood as a natural and normal occurrence to be expected once friends started having children. However, Wanda and the other women with whom I spoke highlighted some advantages to voluntary childlessness, such as spontaneity and freedom, which harkens back to the discussion in Chapter Three about how women choose to remain childless. In addition, maintaining relationships with "like-minded" individuals can also be seen as reinforcing the women's choices, as well as a strategy to keep criticism and conflict at bay. By not spending time with mothers and families, the women are avoiding potential clashes, while spending time with other childless individuals positively reinforces their shared status.

Family: pressure and support.

According to Ambert (2001), not only do children increase avenues of socialization for parents, but children also help to increase the bonds between parents and their extended family and kin. There may be pressure from family to bear children in

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order to maintain these bonds. Despite this perceived strike against childlessness, many women argued that their family supported their childbearing decisions. In fact, four women described their families as completely supportive of their childbearing decisions. The remaining women described their families as either partially supportive, or unsupportive of their childbearing decisions. In effect, family members were explained as providing the core foundation of either encouragement or discouragement to mother, depending on the particular context.

Ella, the seventh child of nine children, experienced various levels of pressure and support regarding her childbearing decisions from her family members. She explains:

> [laughs] I did kind of mention it to my mom, but she's not happy
> about it. Because my dad was a twin and my grandma on my mom's
> side was a twin, I have a lot of twins [in the family] and I have an
> auntie who swears that I'm having twins, so in my mom's head, I
> don't know why she picked me, but she picked that I'm the one that's
> having twins, I don't know why. [laughs] But anyways, so for her it
> was like destroying her dream of being a grandma of twins! [laughs]

She goes on to explain that a few of her sisters are supportive of her decision to remain voluntarily childless, while other family members want her to have at least one child in order to experience motherhood. For Ella, the competing expectations and pressures from various family members are a source of frustration, but have not influenced her to change her mind and bear children.

Sabrina's family has been both supportive and unsupportive of her childbearing decisions, despite the fact that a pregnancy could kill her. She explains:

> I think my mom "gets" me more now, she pressured me a lot when I
> was younger, wanting me to meet the right guy. My Omi, my
> grandma, she's *insane*! Every time I call she's like, "So have you met
> a nice Christian boy yet?" and I'm like, "No, no" and I haven't told
> her I'm not having kids 'cause that would just destroy her probably,

but she's in her 80s so I'm sure she will either unfortunately pass
away before she finds out if I had them or not so that's okay.

Sandra also explains the pressure from her grandmother:

My grandmother was very critical right up until, well she just passed
away last year and she was always – I wouldn't say critical – but very
worried that I was in my 30s when I got married, I was a late bloomer,
and she thought I was going to be an old spinster. And then when I got
married and didn't get pregnant right away it was a constant worry for
her because I wasn't living what she thought was the way I was
supposed to because everybody, even my cousins and everybody, they
got married, they had their children and their family started and here I
was kind of stalled in my 30s, or what she perceived to be that way.

Both Sabrina and Sandra experienced heavy pressure to mother from their grandmothers,

and varying pressure and support from other members of their family. Both women

explained that older family members were more traditional, and held more conservative

values regarding childbearing than younger family members. Sabrina's experiences of

pressure are also complicated by a religious impetus to bear children, as her extended

family maintains a strong Christian faith.

Not only were the participants' families of origin and extended families vocal

about their childbearing decisions, but often the in-laws had something to add to the

conversation. Six women mentioned their in-laws as a source of pressure regarding their

childbearing decisions. For example, Maggie notes that "[m]y husband's family has a lot

to say about it too, they're a big Ukrainian breeding family." She experienced pressure to

mother from her husband's family, and although their opinions don't really matter to

Maggie, she noted:

It got a little wearing to just have it constantly and constantly – like
you felt like a rock being run over by the tide. It was just like,
"Enough! Lay off!" you know? And to get it from more than one
side… [trails off] because my mom was also very upset with the idea
of not having children.

Maggie's expression "like a rock being run over by the tide" stayed with me long after the interview ended. The imagery of a rock being repeatedly run over by the tide is a fitting description of the type of recurring pressure that many women face from family members (and others) on a daily basis. The women often engage in emotional labour, or emotion management, and control their reactions to the scrutiny they face. Upon further contemplation, I recognize that many of the women who experience these pressures are, in fact, like rocks insofar as they remain unyielding to the tide of criticism.

Voluntary childlessness in the workplace.

As discussed in Chapter Three, women carefully consider work and career options when negotiating their childbearing decisions. Badinter (2012) argues that children often negatively affect women's careers, and caring for children can take women out of the workforce altogether. In addition, women themselves view children as harmful to their careers (Park, 2005; Veevers, 1980). In fact, one woman went so far as to mention during job interviews that she did not want children in the hopes that this would impel the employer to hire her. From this viewpoint, being childless by choice can be perceived as an advantage in the efforts to gain a successful career.

On the other hand, several women perceived childlessness as a disadvantage in the workplace, and noted some unfairness in regards to parents getting preferential treatment and additional time off over those without children. This observation is in direct opposition to common conception of motherhood as a disadvantage in the workplace (Veevers, 1980). Nonetheless, the workplace functions much like other social venues, with both pressure and support from coworkers. Stephanie argues that being a mother is both a privilege and an excuse in her workplace:

> Say you're at a meeting with other people and you've all agreed to
> stay to a particular time in this meeting but then somebody, male or
> female, will get up and say, "Oh I'm sorry I have to leave early
> because I have to pick up my kids" and there is this kind of
> assumption that, "Well I have to pick up my kids and that's – you
> know – my role as a parent is the most important thing in the world
> and of course you'll all understand that" but I mean if I stood up and
> said, "Oh I'm sorry I have to go home and feed my cat" nobody
> would think that that was a valid reason, right? […] There is still this
> kind of cultural thing like children trump everything else; children are
> always the ultimate excuse for why you can't be there or whatever.

Further, Stephanie aptly notes that "people are always talking about work-life balance, but I think most of the time when they talk about work-life balance it's code for childcare, really." In effect, Stephanie believes that parents get more favourable treatment in her workplace than nonparents in regards to leaving early from work and getting time off from work. However, support from the workplace in the form of extra time off may be a crucial for parents, and particularly single parents.

Women who are childless by choice are often in the minority in social situations, including in the workplace. Consequently, many women reported feeling discounted or left out based on their childbearing decisions. For example, Shirley highlights her experiences being left out of workplace conversations with coworkers:

> It's like when everyone has seen the big summer blockbuster and you
> haven't; you can't talk about the movie. You know you might not
> even want to see the movie but if everyone gets talking about it you
> feel like you gotta chip in, have an opinion one way or another. So it's
> more like that, ya, not regret in terms of, "Oh god I wish I had one"
> but just in terms of, "Oh I wish I had something to say here" because
> otherwise you just stand there as they go on and on about their kids.

For Shirley, children are the common topic of conversation in her workplace, and not having this commonality with her coworkers has proved to be problematic. Not only are childless women at a disadvantage socially in the workplace, but one participant argued

that childless women are at a disadvantage when searching for a job. Sasha argued that

Lethbridge is a family-oriented city, and employers want employees who have families:

> I've had a really difficult time trying to find work in this city, and I think a lot of it too is because I don't have that sort of anchor keeping me here because I don't have kids and I don't have the roots some people have.

> Gillian: So employers ask you if you have a husband and children and then take that into consideration?

> Sasha: Ya I think I've been asked that on more than a few times if I had kids or… [trails off] and I think that's been a big part of it [her inability to find a job].

Along the same lines, Taryn, a photographer, agrees that being childless can be a threat

career-wise. She notes that she tends to keep her childbearing decisions to herself when

dealing with clients because her childbearing decisions could affect her career in a

negative way:

> Not knowing who they may be, who I may offend, I try to be a little more quiet about it. Like I said I don't want to annoy any potential clients if they really disagree with what I think. […] because I work with kids so much I think that can destroy a layer of trust that I'm working with the kids, if they [the parent/client] think that I'm not good with kids or that I don't want them then they might not want me to take photos of their kids.

Although childlessness is often viewed as an advantage career-wise, as childless women

spend more time in the workforce and do not take parental leave and time off to care for

children (Badinter, 2012; Park, 2005; Veevers, 1980), Stephanie, Shirley, Sasha, and

Taryn's narratives counter this assumption. Their narratives show that pronatalism can

present in the workplace, a space typically theorized as hostile to the private sphere of the

family.

Religion: pressure and support.

Religious overtones peppered several women's narratives. The women I spoke

with were mainly either Christian or atheist/agnostic/not religious. Taking the Southern

Albertan cultural context into account, it follows that the pressure and support

experienced by the women is within a largely Christian context. The participants did not

specifically ask about my religious beliefs during the interviews, and although I was

respectful and non-judgmental to participants of all religions, my personal beliefs came

across and impacted our conversations. The participants understood that I was not

religious, and for that reason I believe that I had a better rapport with the women who

expressed similar religious beliefs.

Religious influences can be closely tied to pronatalism and, correspondingly,

pronatalism and stigma are experienced through religious avenues for many of the

women in my study. Arielle, for instance, explained the influence of the Catholic church

in regards to her childbearing decisions:

> …when I was younger I liked the idea that ya, that's what you do, you
> have a family, but I think it wasn't until I started living independently
> that I realized that you don't *have* to have those things to be happy.
> And I think a lot of it was ya, my first year of university and just
> learning things that weren't taught in high school, you know what I
> mean? Because I went to a Catholic high school and not that they root
> the family into this kind of, "That's the only way," they definitely
> were never like that, but it's just kind of – the family is an important
> thing and usually like a family consists of two parents and children
> right? So I guess it wasn't until you kind of get out of that
> environment that you realize that ya, you don't really need that kind of
> stuff.

Since Arielle has left the church, she has maintained a more liberal social circle, and has

experienced less pressure to bear children. In addition, Shirley exposes the underlying

religious pronatalist expectations that Arielle alludes to in her narrative. Shirley explains

the church's role in her decision-making process:

> I joke with people that because I was raised Catholic it was as soon as
> I realized they [children] were optional, 'cause growing up Catholic
> you don't always realize that you don't *have* to [have children].

Shirley's joke implies that for church members, children are not optional, but mandatory.

For her, the church was a source of pressure to bear children, and only when she left the

church did she start to think that voluntary childlessness could be possible and accepted.

Maggie's experiences of pressure within a religious context are far more explicit.

She explains the "*heavy, heavy* pressure" in Bible college to have children:

> I'm certainly an oddity in the church community that I don't have kids
> and I've certainly faced like my share of pressure […] I went to
> college in Tennessee so we're talking Southern United States and
> women have a very specific role and it is to get married and have
> children and be a good pastor's wife. So you find a good pastor and
> you have big hair and you sit in the front row and you "Amen!"
> everything your husband says with your five children. So when I went
> and said I didn't want to have kids it was beyond shock, it was like I
> was a pariah. There were women who were so upset about it they
> wouldn't talk to me.

She expands on this heavy pressure, and explains the intense judgment that she received:

> It was so bizarre, it was so extreme and so when I was down there I
> stopped telling people that I didn't want to have kids because […] the
> messages from the pulpit were about a woman's role and there were
> women who came to Bible college specifically to meet guys to marry
> and have families with, you know? So I mean I was told that I would
> never find a husband if I wasn't willing to have children. I was told
> that I was going against God's will if I didn't have children.

Maggie's classmates at Bible college used religious arguments to pressure her and further

pronatalist expectations. Moreover, the pressure that Maggie experienced as a young

woman in Bible college has continued in her adult life within her current church, family,

and circle of friends. It is important to note that religious influence does not occur solely

within the confines of church, but rather extends out to family, friends, coworkers, and even strangers. Maggie continues to be a member of a local evangelical Christian church, and as such, her social circle continues to be comprised of religious individuals who express pronatalist sentiments. For some women, then, faith becomes a source of both specific and community-based stigmatization.

Medical professionals: pressure and support.

New assisted reproductive technologies (ARTs) are now available to women who cannot otherwise bear children. These ARTs include in-vitro fertilization, surrogacy, and pharmaceuticals, and help to promote childbearing for all women (Shanley & Asch, 2009). Haraway (1991) argues that women are subject to particular control strategies, such as medical interventions, that function to enable motherhood for any woman. In effect, women are no longer viewed as fertile or infertile, but as potential mothers, no matter their fertility status. As such, it was one of my goals to understand the ways in which medical technologies are suggested to and recommended to women, which helps to elucidate how pronatalism functions. In addition, how do these technologies affect women who are childless by choice?

Park (2002) notes that young women are often influenced by medical information, including the potential for risks when delaying or denying childbearing. Reflecting this, Jody's doctor had encouraged her not to wait too long to have kids:

> When I told her [my doctor] that I think that I didn't want to have kids, she was one of the people that was like, "Oh you'll probably change your mind." […] I like her because she is very, very open 'cause she asked me how old I was and I think I started seeing her when I was 26 or something and she said, "Well are you thinking of having kids?" and I was like, "Well you know, I don't think that we're going to have kids" and she's like, "Well I just want you to know that the risks do go up when you get older."

Similarly, Marcie mentioned her experiences with doctors after her treatment for

endometriosis:

> I did have an operation on my reproductive organs that hasn't
> prevented me from having children, though in the future it could
> complicate my attempts to have children. And the surgeon was trying
> to encourage me to have children [laughs] and then I said that I didn't
> want to at this time and I was encouraged to take birth control as a
> medicinal thing and I don't do it [laughs] because I don't want to be
> on birth control. So ya, he's the only doctor that I've talked about it
> with and only because he was like, "You know if you have a baby the
> problems will go away."

The medical advice Jody and Marcie received to have children sooner rather than later

can be explained as a medical imperative to mother (Izzard, 2001). Medical professionals

intervene in childbearing decision-making insofar as encouraging younger women to

mother, and discouraging women and their partners from permanent sterilization

techniques. In particular, Maggie comments:

> He [her husband Simon] tried to get a vasectomy at 21 and couldn't
> find a doctor, he couldn't find a doctor who would do it before 30 and
> our experience was the same because Simon was about 25, 26 we had
> looked at a vasectomy because we just didn't want to have to worry
> about it. We didn't want to have to go on birth control, it's just
> friggin' done you know? 'Cause otherwise I'm on birth control until I
> hit menopause. So [sigh] and we found the same thing, we couldn't
> find a doctor who would perform a vasectomy and it was really
> frustrating because it's like so I can choose to have a child which is a
> permanent decision at, basically when my body is perfectly capable of
> handling children so you have, you know, people that are pregnant in
> their teens and whatever, I guess teenage pregnancy is not the norm,
> but say even early 20s, so at 24 I've got a child, which is a permanent
> decision that's permanently altered my life, but I'm not allowed to
> make that decision in the other direction until I'm 30. Like why?!
> Why is it that I can't choose not to have children until I'm older but
> choosing to have children can be done at 14?

Maggie's narrative shows her frustration with the medical system, and affirms the notion

that medical professionals interfere with their patients' childbearing decision-making by

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refusing to perform elective procedures such as vasectomies. Further, she highlights the paternalistic qualities of the medical community, which underscores the pronatalist notion that all women should bear children.

Four women successfully obtained permanent birth control or surgical sterilization for either themselves or their partner, while another four women noted difficulties in obtaining permanent birth control or surgical sterilization for either themselves or their partner. The most common reason for delaying permanent birth control or surgical sterilization was cited as doctor refusal due to age – specifically, the women I spoke with commented that doctors would not sterilize young women.

In fact, young women are often encouraged in various ways to mother by medical professionals. For example, Norah's doctor prescribed her folic acid because her epilepsy medication is known to reduce folic acid levels, thereby increasing the risk of birth defects. She explains:

> Well one of my doctors – I have a neurologist – she put me on folic acid because the medication I'm on for my epilepsy, it takes away the folic acid and it can cause birth defects. And I was like, "Well I'm not sexually active at the moment and I really don't plan on having kids" and she was like, "We'll put it on just in case, accidents happen" which is legitimate, just in case anything happened, and she was like, "Stay on it even if you're not going to have kids just in case you ever, again if something happens or you change your mind."

Norah's narrative highlights how women, despite voicing their childbearing intentions, are treated as though they are in a continual state of pre-pregnancy, which Lupton (2012) argues is a result of the increasing importance of risk management in relation to the preborn. Lupton's argument echoes Badinter (1980), who posits that children are increasingly thought of as pure, innocent, and precious, and must therefore be protected even when they do not exist, and there is no intention for them to come into being.

Some women are actively discouraged from motherhood, and not all reproductive

procedures and technologies are available for all women (de Lacey, 1998; Roberts,

2003). For example, Sasha notes:

> I think my biggest thing too is I have a sister who's a nurse and she's
> constantly telling me things like this [not to get pregnant] so you
> know it's just things you sort of glean from having Crohn's disease –
> you know having watched other people get pregnant and stuff like
> that.

Sasha's sister is a woman embedded within medical systems and hence readily takes up

dominant medical discourse about who should and should not reproduce. To her, Sasha's

illness clearly disqualifies her from being "appropriate" mother material. Along the same

lines, Madison was discouraged from motherhood by her doctor:

> She said, "Make sure you're ready to be a mother" […] I remember
> clearly sitting getting pap tested [laughs] sitting there and thinking,
> "No, I don't [want to be a mother]!" […] And she, it was weird
> because it was almost as though, it went against kind of what
> everybody else says, but she just, it was almost as though she felt that
> I wasn't ready to be a mother.
>
> Gillian: So kind of discouraging you then?
>
> Madison: Ya, ya. […] That was really strange actually now that I
> think about it.
>
> Gillian: Wow, so why do you think she said that to you?
>
> Madison: Umm I was on antidepressants at the time so that's probably
> part of it. I think that might be part of it? […] And she knows that I
> kind of, it's very hard to stick with one guy, so you know I may have
> a relationship for two weeks with one guy and then three months so
> there could be twelve over the course of the year.

Along similar lines as Sasha's sister, Madison's doctor clearly evaluates her mental

health issues (and her sexual history) as an impediment to appropriate motherhood. For

these women, despite a strong pronatalist culture, both locally and in the broader modern

culture, their embodied attributes remove them from the field of normative, natural motherhood.

While Sasha and Madison were discouraged from motherhood due to health issues and embodied personal qualities, Arielle, 21, was encouraged to take birth control because she is young. She explains:

> I've never really had too much discussion with them [doctors], maybe it's just because I'm so young and I feel like doctors try to push birth control onto you anyway so they probably are cool with it [her voluntary childlessness]. [laughs]

In effect, medical professionals actively encourage and discourage women to mother in various ways. In this case, Arielle is discouraged to mother and is accepted as childless because of her young age, which can be construed as a form of "passing." Arielle, in effect, is passing as potentially pregnant, even though she knows that she does not want to mother, possibly to reduce stigmatization and conflict during social interactions. In addition, because ARTs are readily available for many women, childlessness has become less about being infertile, and more about the active or constructed choice, intensive motherhood, and citizenship, no matter your reproductive health status. Therefore, Arielle is expected to mother in the future, no matter her reproductive health status, but is "off the hook" for now due to her age.

Childless women as suspect.

Voluntarily childless women can be stigmatized, negatively portrayed, and viewed as suspect in social situations (Gillespie, 2000; Izzard, 2001; Letherby, 2002; Park, 2002; Riessman, 2000). The notion that voluntarily childless women are cold, uncaring, and "psychologically maladjusted" (Veevers, 1980, p. 7) serves to stigmatize voluntarily childless women as a potential threat to children. Three women I spoke with

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mentioned that they had experienced or thought about this form of stigma. For example,

Sasha explains the "pros" and "cons" of voluntary childlessness:

> I guess the pros are that you can basically do and think and act the way you want to without having to censor yourself every 10 minutes [laughs]. […] I think the cons would be not having enough hugs in your life because that's what kids like the most eh? If you hug somebody else's kids they get nervous! [laughs] "Oh my god what are you doing to my child!" Well I mean what after what happened with Karla Homolka women are just as much suspect as men are now these days for that type of thing so I mean you *really* have to watch yourself with other people's children because it's just, like I said, what's acceptable behaviour to them is not, and vice versa. So you really have to [draws line on table with her finger] step on that invisible line and not cross it.

Sasha's narrative explicates both the self-surveillance required in order for her to maintain a moral identity, as well as the public perception of childless women. She must monitor herself carefully so that she does not "cross the line" with other people's children, lest they suspect her of "that type of thing." That she aligns her situation with Karla Homolka, a known child rapist and murderer, indicates the level of stigmatization she feels. These women's narratives highlight a tacit understanding that because they are childless, they can be perceived as suspect around children, and it is up to them to screen behaviours that might be negatively perceived.

Resistance, stigma management, and trying to "pass."

Riessman (2000) criticizes Goffman's theory of stigma because it offers limited possibilities for resistance, and does not account for various intersectionalities that may affect the level and degree of stigmatization. For example, in some communities motherhood offers women a sense of power; likewise, middle-class women have the means to foster other facets of their identity to make up for their loss of power due to their childbearing decisions. For this reason, I set out to speak with women from various

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class backgrounds. However, the women I spoke with were mainly from middle-class backgrounds, and as such, the class distinctions that Riessman mentions are less evident.

Riessman (2000) highlights several strategies to resist stigma, which include reframing past situations, avoiding potentially problematic situations, avoidance, direct action, humour, and talking-back. For Riessman, childless women have a harder time "passing" because of the focus on motherhood that pervades everyday life. On the other hand, Park (2002) notes that childless women experience stigma, but can control when and where they disclose their childbearing decisions to others. In effect, voluntary childlessness can be concealed, to a degree, but this does not diminish or make "invisible" the associated stigma.

Park (2002) argues that voluntarily childless women continually negotiate and construct their identity with others who may not approve of their decisions. Specifically, justification, or reframing the situation, can help stigmatized women neutralize their negative status and rationalize their choice to both themselves and others. In particular, this type of discourse helps women accept themselves as moral and "normal." For example, Jody states:

> …most people can't say much to this: "I don't know if I want the responsibility so if I don't know if I want the responsibility I don't think that that's something to fuck around with!"And for the most part that pretty much – how do you respond to that? You don't. And I mean I do probably drop the "f-bomb" because then it's a little bit more forceful. […] So people can't really be like, "Oh well maybe you'll still change your mind" because then I feel like if they're like, "Oh well maybe you'll change your mind" then they're kind of saying, "Oh well, you know it's not that big of a responsibility," but in essence everybody should recognize that it is a huge responsibility too. They don't want to be lessening the responsibility that having a child is. […] It's, in my mind, a completely and utterly valid point. And so they know that it's a valid point and if they are like, "Oh it's

not that much responsibility" then that would be lessening the
experience of having kids.

Jody's justification is especially powerful, and functions to do what Park (2005) outlines

as "condemning the condemners," and shifting the focus from her to the questioner.

Riessman (2000) notes that humor is used by childless women as a strategy to

help resist stigma. Several women used humor throughout the interviews, and explained

that they used jokes when explaining their choice to others to help get their point across

in a non-threatening way. For example, Sandra jokes that you have to have sex to have

babies:

> I'll make a joke like, "Oh my husband and I have been married so
> long and apparently you have to have sex to have a baby and we
> haven't had sex for so long" you know and I'll joke about something
> like that, so they usually just let it go at that.

Sandra's joke effectively takes what is commonly believed to be a public matter

(childbearing/motherhood) and turns it into a private matter (sex within marriage). This

type of joking effectively ends the line of inquiry, and moves the questions concerning

childbearing to being rude in this modern social context.

Madison also uses humor to deflect comments about her childbearing decisions

from coworkers. She explains:

> I just say, "Well oh I've got 250 of them [children] right here at work
> so I'm okay!" I just kind of make a joke. I won't get into anything. I
> just say, "No" or, "Haven't met the right man!"

Madison's justifications rely on biological and cultural assumptions; she is caring for 250

children at her workplace (located in a school) and has fulfilled her "biological need" to

care for something. At the same time she is waiting to partner before considering

motherhood – what can be considered the "right" thing to do. While this form of

resistance works for Madison in the short run, this type of resistance does little to undermine dominant discourses of childbearing and motherhood.

Many other women use simple techniques to deflect questions about their childbearing intentions. Marcie, for instance, doesn't directly answer questions about motherhood. She explains "I tend to say 'Maybe not' or 'Probably not,' I don't say 'I won't'" when someone asks her about her childbearing intentions. Marcie is effectively posing as a postponer – someone who will likely have children in the future – instead of admitting to voluntary childlessness. Both Morell (1994) and Park (2002) recognize this as a common method of "passing" as at least potentially childbearing. Although I recognize the importance of "taking a stand" and going public with the decision to remain voluntarily childless, I identify with this technique of information management. I find myself saying things like "I'm not sure" when asked about my future childbearing plans, in an effort to avoid conflict and move on to the topic or task at hand. I recognize that I am using emotional labour in these situations by managing my reactions, in an effort to avoid giving the "wrong" answer.

Maggie also uses a relatively simple technique to explain her childlessness:

When I […] first got married I told people I was barren 'cause I just didn't want to deal with it [laughs] "Oh I'm barren" [laughs] if I was really in a good mood I'd put on a good cry and see if I could get them to feel really bad about asking. But I stopped doing that. Now I just say, "We've chosen not to have kids" and if they say, "Why?" again I just say, "It's private."

Maggie's excuse functions to resist the notion of the womb as a public space open to public criticism and instead reclaim it as a private space. Her narrative is similar to Madison's insofar as they hope that the questions about childbearing will then end because they can be considered rude.

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Maggie's use of infertility as a justification is a common form of identity

substitution as a way to avoid stigma (Gillespie, 2000; Kelly, 2009; Park, 2005). In fact,

Veevers (1980) and Ireland (1993) argue that it is the lack of the *desire* to have kids that

is the issue; involuntarily childless women still hope to achieve motherhood. Similarly,

by citing a lack of partner, Madison is implying that she will likely have children in the

future, possibly to construct herself as moral by implying a desire to have children.

Many women work hard to pass, yet some discrediting information may be

released without their consent, resulting in stigmatization. Goffman (1963) explains that

"passing" allows an individual to be recognized as "normal," and therefore avoid stigma.

Shirley and Sabrina, in particular, use experiences with nieces and nephews to deflect

criticism and questioning of their choice, and to pass as caring, nurturing women despite

not having borne and raised children. Shirley explains her strategy:

> …people with children take it bad when you start talking about your
> dog and your cats as if they're your children. […] If they kind of want
> to talk about kids, kids, kids, kids, then they might be really taken
> aback when I say, "Oh I don't have any" and I just slide promptly into
> talking about my nieces, and I've discovered that that's helped a lot as
> a kind of social lubricant, you know, because sometimes people with
> children seem to take it almost personally when you don't have them
> and don't appear to want to talk about them. So I think I developed
> this strategy a few years ago. It was such a relief when my niece
> showed up because I finally had like baby stories to share with people,
> like okay if we have to talk about kids what's the latest niece story I
> can tell?

Shirley's techniques of deflection play off of cultural expectations and biological

imperatives to mother – women must be seen as caring for something, but, more

importantly, *interested* in caring for something. Shirley's social manoeuvring, for

example, helps to control how and when her discrediting information is released to

others. Along the same lines, Taryn uses her family's health history as a tool to deflect criticism of her childbearing decisions, and to help her pass as a moral woman:

> …there are a lot of different medical problems in the family that I don't really think it's fair to pass along. Like a lot of problems with depression in my family and like everyone dies of cancer—and I mean everyone's going to die of something someday—but I just don't think it's fair to pass it on. And my dad's side too there is a lot of birth defects with cleft palate which pretty much all of my cousins have had kids with that so knowing—and that can go really bad sometimes—so just knowing that there's a chance to pass that on too makes me a little leery about the whole thing.

Taryn's justification of her voluntary childlessness helps her to pass; she explains that she is forgoing motherhood because to knowingly bear a child with disabilities would be widely considered as morally wrong.

Nevertheless, despite valiant efforts by many women to maintain their moral identities, some information may be released without their consent. In particular, Goffman (1963) explains that "outing" occurs when an individual's discrediting information becomes known. Six women admitted to being outed by someone at some point in their life, despite their carefully controlled efforts to manage their public identity to avoid this outcome.

Surveillance

Pronatalism is enabled and reinforced in a variety of ways, and although certain formal structures such as religion or state policies serve to do this, pronatalism is reinforced on a personal basis through surveillance (Henderson et al., 2010). Foucault's (1984b) theory of surveillance and the panopticon, detailed in Chapter One, can be applied to the surveillance that happens to women who are childless by choice. The fear of stigma and scrutiny from others effectively compels the women I spoke with to

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monitor their speech both in public and in private, much like the omnipresent guards in the panopticon prison compel prisoners to be on their best behaviour at all times. Along the same lines, Bartky (2003) elaborates on Foucault's notion of surveillance, and argues that women self-police and self-surveille in gendered ways. For Bartky, woman-to-woman surveillance keeps other women obedient to patriarchy and the status quo. In particular, 12 women mentioned that women were especially scrutinizing, in many cases more so than men, when it came to childbearing decisions. Taryn explains that it is mostly women who question her childbearing decisions:

> Everyone knows there [at work] that I don't want kids. I work with all guys though and I find it's a big difference whether it's women you're telling or men you're telling. Men are usually a little more nonchalant about it, but women get a little more offended by it.

Beverly also noted that women are most critical of her decision, and offers some resistance to that criticism, saying it comes from "women who are not happy with the decisions that they've made."

For Foucault (1984b), surveillance and discipline hold society together through shared rules and norms. Riessman (2000) further posits that surveillance is closely tied to stigmatization and discipline, within the family, neighborhood, and wider community. The possibility of stigmatization and discipline is enough to keep many women cognizant of when and where they expose their voluntary childlessness, if at all. In particular, Sandra spoke about the risks of telling others about her childbearing decisions:

> I think the risks of telling people and having it out there is I really worry that people will judge me. They'll look at me and go, "Oh there's so many people out there who can't have children and you are capable and you don't." I don't want people to judge me because I don't want children. I don't want people to think that I'm selfish. I think maybe I think that I am selfish to a degree but it's not just that, I just really, I don't think I'd be good at it and that's the one thing I

> *don't* tell people is that I don't think I would be a good mom. I
> wouldn't want anyone to think that I wouldn't be good at something,
> but you know I wouldn't be a fine artist either and that's no secret
> [laughs] but I wouldn't want people to think that I wouldn't be a good
> mom. So I don't tell people that.

Sandra is cognizant of the judgments she will face if others find out about her voluntary childlessness and also about her non-maternal qualities. Therefore, she tries to keep this particular information private, which functions as a technology of the self so that she can maintain her moral identity, and avoid being labeled as selfish or monstrous.

Similarly, Shirley knows what is and is not acceptable to others. She elaborates on this during her discussion of breastfeeding "...there's a parasitical relationship and you're not supposed to ever say that in polite company, but that's kind of what it is you know." Most of the women I spoke with were aware of the kind of language that is acceptable to use in front of others. The women then censor their own speech in accordance to who might be listening, and consequently, the types of sanctions or discipline they might face due to their language choices.

For Bartky, self-surveillance is visible in the ways women explain and justify their childlessness to others, often through moral language (i.e. "I would be a bad mother"). In particular, Ella explains her reply to inquiries about her voluntary childlessness:

> I'd probably make up a reason, say how I'm not able to look after a
> kid and how irresponsible I am and all that, which is definitely the
> opposite but [laughs] I don't have to tell.

Even though Ella knows that she is responsible, she recognizes that she needs a good excuse to provide in response to inquiries about her voluntary childlessness. In this situation Ella is effectively self-surveilling in order to avoid potential discipline and

stigma from others. She is giving a socially acceptable response (her "irresponsibility") to inquiries when she knows she is responsible.

Structural imperatives to mother.

Structural imperatives to mother can include policies, regulations, and taxation that reward mothers. For Veevers (1980), pronatalism can be divided into three components: cognitive, evaluative, and behavioural (p. 164). The behavioural component aligns with structural imperatives to mother, and includes the translation of beliefs and attitudes into actions that favour parents and children. These actions can take the form of child tax benefits, and policies that favour parents. In particular, government regulations actively encourage parenting, by providing benefits and inadvertently highlighting financial consequences for women who do not have children.

Both Veronica and Sasha highlighted taxation as unjust to childless women. In particular, Sasha notes the structural imperatives to mother that she has experienced since living in Lethbridge:

> … the biggest thing too is living in a town like Lethbridge because it is like this *extremely family-oriented* city. It's all about the kids and the families. I think what pissed me, what made me angrier most of all was the politicians in that last election; it's all about the families and all about the income taxing, what they go through as a family, and you're kind of sitting there and, "Well I don't have kids, I don't have a husband, do I even exist to you people?" You know? You feel a sort of invisibility to everyone else around you […] It's just, you just, I think that's the biggest thing the most is I feel really, really invisible right now. And I feel like you know I made a good choice for myself and not many people do that in their lives, and they're sort of punishing me for doing that. You don't treat people like that, you don't sit there and say, "Well you're not important because you don't have this, that, and the other thing" and it's just, I think that's what hurts the most is being made to feel like you're not important and that you're not a part of something bigger.

Sasha's narrative exemplifies the very real consequences for voluntarily childless women in regards to structural pronatalism. However, not all structural imperatives are formally regulated by government bodies. For example, Veronica highlights her struggle to find a home to suit her needs after looking at over 20 houses:

> We couldn't find anything that was smaller than our current home that still had the quality of construction that we wanted (and currently enjoy). Building a custom home just to downsize didn't make financial sense so we are going to stay in our current home. It seems that builders and architects expect people without children to live in condos as the vast majority of homes are built for families with children. Finding a smaller home that has the bells and whistles of a larger home is, based on my research, impossible.

This indicates that voluntarily childless women – and couples – in Lethbridge are not included in architectural and building plans to the same degree as families with children.

Further, although I did not explicitly ask about the influences of media and culture, a few women noted a discrepancy in the representation of voluntarily childless women in the media. Both Jody and Sasha spoke about the lack of voluntarily childless role models in movies, television shows, and popular cultural more generally. For example, Sasha explained the lack of representation of voluntarily childless women in the media:

> The one thing that really made me mad the last few times is when I watch people on television, you know Halle Berry went on Oprah and, "Oh being a mother is the only thing that matters" and it sort of diminishes…[trails off] I felt diminished then. And there was another lady on television a couple weeks ago, "Well if you don't have kids you don't know how to love" and I really get mad at people like that and I guess I'm resentful of their attitude. Like I know, I understand what they were trying, like Halle Berry and Oprah's trying to say you know, "This is a really important job" and you're sort of providing the future type of thing, but do I not matter because I don't have kids? [pause] And it just sort of makes me wonder what my role in life is going to be because I don't have kids.

Sasha's complaints highlight the need for positive representations of voluntarily childless women in the media in order to foster a more accepting society and they also illuminate a cultural tendency to minimize women's non-childrearing accomplishments. Meyers (2001) argues that there is a need for "feminist images of mature women disassociated from motherhood – the woman who writes, the woman who leads, the postmenopausal woman doing anything(!) – are indispensable to the subversion of matriogyno-idolatry" (p. 768). Therefore, in order to help reduce stigma towards voluntarily childless women, structural issues need to be re-thought, and, in particular, media representation of women needs to be more true to life.

The Costs of Childlessness

Although each woman I spoke with underscored seemingly endless "pros" of voluntary childlessness, I also asked about any potential "cons" or costs of this particular childbearing decision. Several women could not think of a con, and some women responded with a few drawbacks. As noted above, many women noted that they would be losing out on relationships and experiences only available to parents, such as experiencing the pride and joy of watching a child grow up, and making social connections through children. The most common con was that there would be nobody to perform elderly care in later years. Gillespie (2001) highlights this issue and discusses the need to improve public care of the elderly. However, Wenger (2009) argues that most voluntarily childless women continue to fare well in their old age. She explains that:

> those without children adapt their lives to the absence of children. They have closer relationships with collateral kin and, particularly for women, friendships are important. Even amongst those who live to a great old age, most continue to place a high value on independence, but at the end-of-life most have to turn to formal residential care. (p. 1257)

Wenger goes on to argue that childless individuals have more resources in their later years, which allows them to live comfortably in residential care.

For seven women, the most prominent cost of being childless involved their own elderly care: who will take care of them in their later years? Natasha highlighted what many women were saying:

> I guess there's something to be said for the fact that when I'm 85 sitting in the old folks home I'm not going to have kids coming to visit me, but I don't know, I guess there are a lot of plusses that go with parenthood but by not being a parent I'll never know what those are necessarily first-hand. So it's a trade-off.

Natasha's experience underscores the understanding that by choosing to remain childless, women are making a careful choice, and they recognize the nature of their "trade-off." This is not something I actively think about, and although I had read some discussions about this issue, I was not expecting to hear about it in such numbers. Contrary to my initial assumption, the women who mentioned this drawback were not all middle-aged. I initially suspected that the issue of elderly care is generational; those women who have cared for their ageing parents and older relatives are faced with the prospect of their own potential needs for care in their later years. Rather, the issue of elderly care was noted by women of all ages, regardless of their experience caring for older relatives.

Conclusion

This chapter has explored the everyday experiences of voluntary childlessness within the conservative cultural context of Southern Alberta. I have explored both overt and underlying pressure and support inherent in interactions with family, friends, colleagues, religious groups, and medical professionals. Voluntarily childless women experience varying degrees of pressure and support from various sources, which,

especially in the case of religion, often overlap into other areas of their lives. This pressure and support can take the form of encouragement or discouragement to mother, and is linked with the perceived impact of the women's health issues and personal qualities on potential motherhood. Nonetheless, the women I spoke with cope and manage these negative portrayals and stigmatization with techniques such as reframing past situations, avoiding potentially problematic situations, avoidance, direct action, humour, and talking-back, condemning the condemners, and re-framing a seemingly public issue to a private matter (Park, 2002; Riessman, 2000).

Voluntarily childless women experience a variety of stigma and surveillance as a result of their childbearing decisions. Most notable, however, is the prevalence of self-surveillance by the women in order to maintain moral identities. The women are especially careful of their presentation of self in a culture that is less tolerant of voluntary childlessness. The costs of discrediting information are high, but the most commonly cited "con" of voluntarily childlessness is the potential for a lack of elderly care in coming years, which further elucidates the structural issues that childless women face. In any case, structural pronatalism further stigmatizes and punishes voluntarily childless women for their atypical childbearing decisions.

Chapter 6: Conclusions

In the previous chapters I discussed the motivations for and ways in which women come to identify as childless by choice. Using a Foucauldian feminist framework, I investigated and speculated on the narratives of the voluntarily childless women I interviewed. In doing so, I explored issues of choice, pronatalism, resistance, identity, stigma, and what it means to be a woman in modern capitalist societies. In addition, I discussed the perceived costs and benefits of voluntary childlessness in relation to relationships, health, career, identity, and stigmatization.

In this final chapter I consider the main findings from the previous chapters. I revisit the residual tensions from previous chapters, and summarize what these findings mean for the women I spoke with, and for voluntarily childless women more generally. I address the ways in which women both take up and resist various forms of pronatalist influences, and how they make sense of their childbearing decision within this context. In particular, I discuss the moral implications of pronatalist influences and imperatives to mother on the women's subjectivity and identity. Finally, I conclude by reflecting upon my impact on the research, exploring the limitations of this study, and offering suggestions for future research.

Pronatalism & Women's Childbearing Decisions

As discussed in Chapter Three, women's childbearing decisions are shaped by a myriad of factors and influences (Hays, 1996; Ireland, 1993; Kelly, 2009; Letherby & Williams, 1999; Morell, 1994; Park, 2005; Rich et al., 2011). Their decisions involve competing influences, including the desire to avoid motherhood and the desire for personal freedom (Gillespie, 2003). Most women's decisions were shaped through

pronatalist influences from childhood, as young girls are socialized into motherhood from a young age; Meyers (2001) argues that pronatalist influences saturate women's consciousness (p. 764). The women's expectations for motherhood were often formed early on, as children or teenagers. Many women used their experiences babysitting and tending to nieces, nephews, and the children of friends as a "test run" for motherhood. In fact, 15 women explained that it was these experiences with children that ultimately shaped their childbearing decision-making.

The women's childbearing decisions were shaped by negative experiences in childhood, as well as negative world views, which are both listed in the literature regarding childbearing decision-making (Kelly, 2009). In particular, negative childhood experiences were influential in four women's childbearing decision-making processes. These negative childhood experiences included abuse, bullying, negative experiences in foster care, and negative experiences of parenting. Four women cited negative world views as main factors in their childbearing decision-making. The women expressed these negative views through the use of moral language, and they argue that it is not a good idea to bring a child into this (problematic) world. A further two women justified their decision through overpopulation and environmental narratives, which can be a common concern for voluntarily childless women (Kelly, 2009; Park, 2005). These arguments are contextual (May, 2005), and can be linked with discussions of selfishness and selflessness on a global scale.

Hays's (1996) concept of intensive motherhood is especially useful in understanding the ways in which the women viewed motherhood as all-encompassing and overwhelming. Almost all the women I spoke with both took up and resisted the

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ideology of intensive motherhood insofar as they recognized that expectations for mothers are too high and virtually unattainable, yet they also used facets of intensive motherhood to suit their purposes when justifying their childbearing decisions. I am reminded of Marcie's quote: "I could be a father, but I could never be a mother," which aptly elucidates the difference in expectations for mothers and for fathers. Under this view, mothers do the majority of childrearing and domestic labour in an effort to fulfil the tenets of intensive motherhood, while fathers take on considerably less domestic labour.

The imperative of intensive motherhood meant that several women do not want to mother based in part on a fear that they would not meet these high standards, while other women explained that these high standards are ridiculous, and rejected the ideology outright. The unattainable reality of the ideology of intensive motherhood prompted many women to re-evaluate their childbearing intentions, and instead focus on other goals. All 21 of the women listed freedom, individuality, or self-improvement goals as more important than motherhood. Foucault (1987, 1988) argues that these goals are the product of an individual-based society. As such, these goals are culturally constructed and can be considered products of modern capitalist societies. The discourses of freedom, individuality, and self-improvement can be utilized as technologies of the self, through which individuals can manage their thoughts, conduct, and ways of being in order to construct their identities as good and moral.

The women frequently explained their decision to themselves and others through these methods of self-management and moral justifications. In particular, four women held negative world views as a factor in their childbearing decision-making, and used these reasons to justify their decision. A further 11 women discussed selfishness in

regards to personal educational, career, financial, self-improvement, travel, and physical goals. Many of the women call themselves selfish, but they also accept this label and use it to strategically reject motherhood. I speculate that these women do not actually believe they are selfish, but instead see themselves as having made the right and hence, moral decision for their lives because all the women seemed to be very happy with their childbearing choices. These women recognize that voluntary childlessness is commonly understood as selfish, but they deflect this notion by explaining themselves as women who are making an unselfish choice because they did not have enough money, were too career oriented, or were just not dedicated enough to engage in intensive motherhood and "do it right." In this way, these women use their narratives as technologies of the self, and thus maintain their moral identities. An overwhelming 20 of 21 women mentioned financial reasons for choosing childlessness, while 10 women commented that career and educational goals took precedence over and above the desire to mother.

Of the 21 women I spoke with, 17 women cited the physical aspects of childbearing and childrearing including pregnancy, childbirth, and breastfeeding, as factors in their childbearing decision-making. As I alluded to earlier, this finding was the most surprising for me personally; I did not anticipate the disgust felt towards these physical aspects. Although I had read about this influence in the literature, it did not register with me as an issue until I began interviewing and spoke with Erika, who was the first woman to discuss these physical aspects as "turn-offs." This type of rejection of motherhood is both a refusal to be physically marked by motherhood, and at the same time an attempt to accomplish an unattainable and fleeting ideal feminine body through time and effort spent on the self. Both are strong moral imperatives concerning

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hegemonic femininity, and they compete with the demands of women to also be mothers. In this way, the women both rely on and reject normative discursive influences.

However, this rejection of childbearing is more than just not wanting to get "fat." The notion of the "alien" inside the pregnant body, cited by five women, as well as the aversions towards the pregnant body, childbirth, and breastfeeding, mentioned by 17 women, were especially interesting. These beliefs can be linked to contemporary capitalist notions of the individual, whereby individuality and the self are highly valued over and above the needs of others (Hays, 1996). The repulsion felt towards the physical aspects of pregnancy, childbirth, and breastfeeding can also be explained as disgust in regards to matter out of place (Douglas, 2003). Douglas argues that these repulsions may be a prudish response to obvious evidence of sexual interactions. In any case, these strong reactions are particularly interesting and could provide the basis for future study and inquiry.

Partner influences also complicate the decision-making process, and the partner with the strongest desire typically wins-out (McAllister & Clarke, 1998). This was true for six women, who explained that their partner was equally, if not more firm in the decision to remain childless. However, five women explained that they solidified their decision to remain childless alongside their partner, and eight women explained that the decision had been made before they got together with their partner. Despite the common utterance "you'll change your mind when you meet someone," many of the single women cited that they would choose a partner based, in part, on his or her childbearing intentions, effectively nullifying this statement, and rejecting the notion that single women will undoubtedly have children when they meet "Mr. Right."

This first section serves to delineate the ways in which women come to identify as childless by choice. Each woman's decision-making process is unique and complicated by numerous factors including pronatalist influences and the ideology of intensive mothering. Thus, childbearing decision-making can be thought of as complex, evolving, and contextual.

Responsibility, Identity, & Resistance

Women are both encouraged and expected to mother, as childbearing and childrearing is considered women's responsibility (Badinter, 1980, 2012; Doucet, 2000, 2001; Gerstel & Gallagher, 2001; Veevers, 1980). Comments such as "you would be a great mother" serve to reinforce the expectation to mother and reinforce motherhood as a noble goal for all women. The women I spoke with were aware of that others perceived motherhood as a "natural" responsibility for them to undertake, but their expectation of mothering as an overwhelming work load featured in their childbearing decision-making despite this imperative. Five women listed fears of divorce or separation and the resulting struggles of single motherhood as deterrents to mother. These fears were closely linked to their worries about being a complete failure as a mother altogether, highlighting the intense pressure not only to mother, but to mother well.

Childbearing decisions are seen to be women's decisions, and as such any blame or stigma for this decision falls to the women. A few women discussed this, and relayed how unfair and unwarranted this blame is: childbearing decisions are very often negotiated as a couple, and as such, both partners should be held equally accountable. Despite changes in recent years to split domestic labour and responsibility equally, women are still largely perceived as responsible for domestic life, including childbearing

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choices (Doucet, 2000, 2001). At the same time, however, many women describe their decision to remain childless as an intensely personal decision, rather than a joint decision.

Of the 21 women I spoke with, 11 women took up the ideology of biological instinct to mother as explanatory frameworks concerning their childbearing decisions. In many cases, the women explained to me that they did not possess a maternal instinct, which was explained as a "baby ache," "drive," and a function of the "biological clock." These biological arguments function as natural and therefore acceptable explanations and justifications for voluntary childlessness; it would be immoral and against the tenets of intensive motherhood to have children if you do not possess a maternal instinct and a deep drive or desire to mother.

Biological arguments can function as technologies of the self because they serve to construct voluntarily childless women as natural and moral, while at the same time reinforcing the status quo. These arguments serve to underpin the notion that women need to care for something, children or otherwise. Gillespie (2000) and Ireland (1993) argue that childless women are often portrayed as substituting caring "outlets" for children. Many of the women I spoke with cited their pets, work, or relationships with others as "child substitutes" as recipients of their time, energy, and affection. This narrative highlights the normative power of biological discourse, which stipulates that women cannot reject motherhood without first acknowledging themselves as deficient unnatural women. This type of biological narrative helps voluntarily childless women to explain their reproductive decisions as natural, and therefore as legitimate which, in turn, reduces the pressure to bear children.

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Of course, ambivalence regarding childbearing decisions is quite common (Brown, 2007; Gillespie, 2000; Letherby & Williams, 1999; Letherby, 2002; Morell, 2000), and 16 women expressed experiencing ambivalence at some point. Childbearing decision-making can be closely linked with identity construction and maintenance. In addition, the norms, expectations, and negative stereotypes that bombard childless women may serve to prompt women to re-evaluate their identity as childless women. However, 15 women stated that they would not list their voluntary childlessness if they were asked to describe themselves. Instead, they would list their personal qualities, career, hobbies, and interests, which demonstrates that these women lead full lives where voluntary childlessness is not a core attribute to their identity, and that they reject normative ascriptions about childless women.

Butler (1993) and Foucault (1984b) argue that identities are formed through boundary-making, exclusion, and categorization. In particular, Foucault posits that the "normal" serves to categorize and discipline individuals, which serves to maintain the status quo. In this regard, voluntarily childless women are stigmatized as abnormal when compared with mothers and those who want to mother. Nevertheless, some women are exceptionally proud of their voluntary childlessness and the fact that they are resisting the status quo and going against the norm. This phenomenon of disidentification, or the rejection of subjectification (Butler, 1993), was discussed by many women alongside discussions of feminism and the importance of voluntary childless role models for young women. Despite these notions of resistance on a wider scale, the overwhelming majority of the women explained their decision as intensely personal and in no way as a political statement.

Morell's (2000) concept of "new pronatalism" can be explained as an increasing pressure to mother, but only for the "right" women (pp. 315-316). In effect, some women experience antinatalism and have been actively discouraged from motherhood altogether. Antinatalism is especially common for young women, older women, unmarried women, and women with disabilities (Chance, 2002; Dotson et al., 2003; Hadfield et al., 2007; Malacrida, 2009; Mosoff, 1993; O'Toole, 2002; Park, 2002). Women discouraged from mothering are constructed as potential bad mothers, who may not be able to execute the tenets of intensive motherhood due to a lack of patience, general irritability, or a potentially disabling health condition. Two women were actively discouraged to mother by family members. For example, Sasha was discouraged to mother by family members because she has Crohn's disease, which has the potential to be disabling, and because she has a temper. Sandra's family discouraged her to mother because she is inexperienced and unskilled with children.

Age is an especially important factor for women who are contemplating their childbearing decisions, as very young women are discouraged to mother in much the same ways as older women. In fact, both younger and older mothers are effectively categorized and stigmatized as "bad" or immoral mothers. The women took up this stigma, and used the normative discourse of age and intensive motherhood in their narratives. Four women discussed their aversion to teenage motherhood, while eight women cited advanced age as a limiting factor for childbearing. Specifically, the "expiry date" for motherhood was consistently described by most women as somewhere in between 30 to 35 years of age. This "biological clock" discourse was used by the women both to limit their childbearing choices and to offer some relief from social stigmatization

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– once the "best before" date had passed, the women experienced a bit of a break from social pressures. Douglas's (2003) notion of "matter out of place" can be applied to the disgust some women felt towards the physical results of sexual interactions, as well as to teenage mothers, who are "out of place" insofar as they can be considered both children and mothers at the same time.

Health and disability issues complicated 11 women's childbearing decision-making. The women carefully considered the possibility of having a child with a disorder or disability alongside other factors and influences. Of these eleven women, six women cited various health issues, including depression, anxiety, tinnitus, epilepsy, Crohn's disease, and an autoimmune blood disorder. These health issues complicated childbearing decision-making, and impelled these women to consider potential negative health consequences for both themselves and their children, should they choose to mother. Down's syndrome, specifically, was cited by six women as a potential risk of motherhood, and was discussed in conjunction with age. Many women perceived the potential for bearing a child with Down's syndrome as an inevitable consequence of bearing children past your "best before" date, commonly understood as between the ages of 30 and 35 years. The women also inevitably framed a disabled child as a natural deterrent to mothering, reflecting commonly-held ideas about disability as a burden or deficit.

Children are thought of not only as a risk to mental and physical health, but also to personal relationships. Gillespie (2003), Park (2005), and Carmichael and Whittaker, (2007) argue that many women choose childlessness due to the potential negative impact on their marriage or relationship. In particular, Kelly (2009) notes that the time

commitments involved in childrearing are perceived as taking away from time with a partner. In effect, the decision to remain childless by choice was constructed by all of the women as a choice between having children, and having a career, education, financial stability, health, relationships, and freedom more generally. For example, Erika's narrative highlighted the tensions between focusing on children and focusing on her relationship. In her case, Erika chose to focus her time and energy on her relationship with her husband, a recovering alcoholic, instead of splitting her time between him and children. Additionally, Shirley notes that if she were to have children, her mental health would suffer tremendously, furthering the notion that you can have children or health.

The women I spoke with overwhelmingly took up the tenets of intensive motherhood, and used them to justify and explain their childbearing decisions, both to themselves and others. The pressure not only to mother, but to mother well and "do it right" was evidenced by the ways in which women excused themselves from motherhood. In particular, many women use the discourses of age, health, and biological instincts to construct identities that are responsible, moral, and normal. In many cases, the women explained their childbearing choices as a careful and intensely personal decision. For these women, the choice is simple: either bear children, or have freedom, fun, adventure, money, health, a good relationship, and career.

Pressure, Support, & Stigma

The voluntarily childless women I spoke with experienced pressure, support, and stigma from a wide variety of sources. These sources of pressure and support share a common cultural context, which is especially important to take into consideration as ten out of 21 women commented on the religious and conservative leanings of Southern

Alberta, particularly regarding childbearing and childrearing. As such, conservative and religious influences pervade social interactions within the women's social circles in the workplace, with friends, within families, and with medical professionals.

Childless women experience stigma and negative portrayals in various forms (Gillespie, 2000; Izzard, 2001; Letherby, 2002; Park, 2002; Riessman, 2000; Veevers, 1980). According to Goffman's (1963) theory of stigmatization, voluntarily childless women are discredited due to their seemingly immoral childbearing choice, and subsequently they are seen to suffer from blemishes of individual character. Goffman furthers that support for the discredited individuals is crucial, and fellow "sufferers" of stigma can support each other.

Several women commented on how they felt alone, abnormal, or deviant because of their decision to remain childless. Many of the women who said that they did not need additional support have created their own supportive social networks. These informal supportive social networks assist the women in reducing their discredited stigmatized status, and resist dominant cultural expectations for women. Although many women mentioned informal support through friends, family, and other social circles, I wondered if any of the women took part in formal support groups. Despite the pronatalist context and the seeming lack of support on a cultural level, none of the women participated in formal support groups, and only five women said they would consider joining a support group, while 16 women would not. A few women explained that their own group of friends and/or family was particularly supportive and as a result they felt no need to join a support group. Other women explained that they were independent and strong in their decision, and a support group would be redundant.

Voluntarily childless women do not benefit from the socialization that children can facilitate in their extended families and communities (Ambert, 2001, p. 40). Many women explained that the inability to meet new friends through their children was a "con" to their voluntary childlessness. Eleven women explained that childlessness also impacts existing friendships; these women explained that when their friends had children, the friendship suffered due to a seemingly natural "drifting apart." This drifting apart was not entirely negative for the women, who then spend time growing other friendships with childless women. As a result, these women gain social support and resist dominant cultural imperatives.

Not only do children help socialize parents in new ways, but they also are perceived as helping to strengthen bonds between kin (Ambert, 2001). We can speculate that there is pressure from family members to bear children in order to maintain these kinship bonds. However, family was explained as both a source of support and sanction, with four women stating that their families are completely supportive and the remaining women experiencing both pressure and support from their families. A further six women cited the pressure and influence of in-laws regarding childbearing decisions, including Maggie, who likened this constant pressure to a rock being run over by the tide.

Many women perceive children as negatively affecting their careers (Park, 2005; Veevers, 1980). Badinter (2012) argues that children negatively affect women's careers, where breastfeeding and childrearing remove women from the workforce for extended periods of time. Although one woman used her voluntary childlessness to her advantage in the workplace by mentioning it in an interview in the hopes that she would be hired, a handful of women explained that their childlessness was a problem career-wise. These

women argue that being childless is detrimental in the workplace; childless women do not receive the same special treatment and social avenues that mothers receive. In particular, Sasha attributes her difficulty finding a permanent job in Lethbridge to her voluntary childlessness and her lack of "roots" or family keeping her in the city. Other women spoke about feeling like an outsider in the workplace when coworkers brought in their new baby, or when other women shared stories about their children, leaving them with nothing to say.

Medical professionals are also a source of influence within the lives of voluntarily childless women. Medical professionals can sway women with medical information, such as the reported risks for delaying childbearing or denying childbearing altogether (Park, 2002). For example, Sasha was discouraged to mother by her sister, a nurse, due to the potential complications of pregnancy, childbirth, and mothering with a potentially disabling condition. Conversely, Jody, 30, was encouraged to mother by her doctor earlier rather than later due to potential risks of late motherhood. With the growing availability of ARTs, women are increasingly viewed as potentially pregnant, no matter their reproductive health status or desires (de Lacey, 1998; Lupton, 2012; Roberts, 2003). As such, medical professionals function as gatekeepers for these technologies.

Medical professionals were explained as a source of either encouragement or discouragement to mother, and in many cases intervened in decision-making by discouraging the women and their partners from permanent sterilization techniques. Further, medical professionals treat young women, especially, as in a state of pre-pregnancy and often encourage them to take birth control, to prevent pregnancy in women who are "too young," and to take supplements, lest these young women get

pregnant (Lupton, 2012). For example, Norah was encouraged to take folic acid supplements by her doctor "just in case," despite voicing her childbearing intentions. Similarly, Madison was discouraged to mother by her doctor because of her sexual history and because she was taking anti-depressants.

Applying Goffman's (1963) theory of stigma, childless women experience stigma because they can be perceived as having a blemish of character. Childless women are scrutinized and are subject to negative portrayals due to this blemish of character (Gillespie, 2000; Izzard, 2001; Letherby, 2002; Park, 2002; Riessman, 2000; Veevers, 1980). Many of the women I spoke with elaborated on the types of stigma they receive on a daily basis, including pity. Foucault (1984b) argues that stigma functions to discipline individuals who do not conform to the status quo. Similarly, Morell (1994) argues that stigmatizing childless women helps to deviantize childlessness and normalize motherhood. Nonetheless, the women resisted negative portrayals, and used various techniques to "pass" and avoid stigma. These techniques included reframing past situations, avoiding potentially problematic situations, avoidance, direct action, humour, and talking-back, condemning the condemners, and re-framing a seemingly public issue to a private matter (Park, 2002; Riessman, 2000).

Information control, then, was especially important for the women in avoiding stigma. Six women reported "outing" – having their voluntary childless status revealed without their consent. The fear of stigma effectively compelled the women I spoke with to monitor their speech both in public and in private. Henderson et al. (2010) note that pronatalism is reinforced through this kind of personal, woman-to-woman surveillance. Further, Bartky (2003) explains that women self-police and self-surveille, and are

coerced in this way to maintain the gendered status quo. This stigma, as well as the loss of social avenues only available to parents, and the joys of watching a child grow up were cited by many women as cons to voluntary childlessness (although at least half of the women could not think of a con).

The most commonly cited con was a concern about who would care for them in their later years. This topic incited strong reactions from many participants, including Wanda, who was moved to tears by the thought of growing old alone. Although I had not thought about this consequence of childlessness, this fear is reportedly quite common (Gillespie, 2001; Kelly, 2009; Wenger, 2009). However, Wenger (2009) notes that the majority of voluntarily childless women fare well in their old age; they have adequate social support, finances, and independence to set themselves up for their later years.

Voluntarily childless women experience stigma, surveillance, pressure, and support for their childbearing decisions. The women are conscious of these demands, and self-surveille or make adjustments in their behaviour and speech to suit the situation and audience. Not only do the women face these injustices and inconveniences on a personal level, but they also face scrutiny by way of the media and structural imperatives to mother. In effect, voluntarily childless women are an anomaly in a society and culture that caters to mothers and families. Nonetheless, the women strive to maintain moral identities and are careful in their presentation of self.

Conclusions & Implications

Although I have been faithful to both the literature surveyed and the participants themselves within this study, the sample was not representative and I can make no claims to generalizability or replication. While it was my intention to include women of all

races, ethnicities, ages, sexualities, cultural backgrounds, disability, and marital statuses, the reality of my research does not reflect this intention. This study is limited by many factors, and this account of voluntary childlessness is only partial. Due to both time and monetary restraints, I sampled participants only from Lethbridge and surrounding area. I recognize that the experience of voluntary childlessness is culturally-specific and contextual, and consequently the experiences of women outside of this geographical region are not included.

Second, the women I spoke with came from largely Caucasian Canadian and Christian or atheist backgrounds. One woman was a member of a visible minority, while two women were immigrants to Canada. Certainly there are voluntarily childless women of other ethnic, racial, religious, and cultural backgrounds living in Lethbridge and area, and future research might focus on the experiences of voluntary childlessness within these minority groups. Further, one noticeable silence in my research is the lack of First Nations, Métis, and Inuit (FNMI) women's perspectives. In 2001 the birth rate for FNMI women averaged 2.6 children per woman, versus 1.51 children per woman for all Canadian women (Statistics Canada, 2006). Visible minorities also have higher birth rates than Caucasian Canadian women, with visible minority women averaging 1.7 children per woman during this same time period (ibid). Consequently, it would be particularly interesting to include FNMI women and visible minorities in the discussion of voluntarily childlessness because these women bear more children on the whole, and their cultural experiences would provide a richer analysis. Other cultures undoubtedly have different meanings of motherhood, and it is especially important to understand these meanings in order to gather a fuller account of voluntary childlessness.

Third, although four women identified as bisexual, I did not interview any women who identified as lesbians. Lesbian women aren't typically included in studies of voluntary childlessness (Kelly, 2009), and their perspectives might lead to more in-depth discussions about expectations for motherhood and what it means to be a woman. Future studies might examine the experiences of voluntarily childless lesbian women – both in terms of pressure to mother, and antinatalism.

Finally, I have striven to be honest in my account of this study, and I recognize that my own position as a voluntarily childless woman has influenced my views, thoughts, and ultimately, the findings within this study. My personal views towards voluntary childlessness have changed throughout the research process. I have become more confident in my own childbearing decisions, in part because I now know that there are many women "out there" who have similar experiences, motivations, and goals. More importantly, I have become more at ease with the decision-making process, which I have come to recognize as fluid and continuous; I no longer feel the pressure to be firm in my decision at all times. Instead, I recognize that ambivalence, and moments of renegotiation are a part of the decision-making process for many women, myself included.

I was somewhat surprised that I shared both personal qualities, as well as experiences with the women I spoke with. These similarities undoubtedly increased our connections and rapport during the interview, which likely contributed to the women's candour, and the overall richness of the interview data. My position has allowed me to participate in conversations as a fellow voluntarily childless woman, and therefore gain both trust and solidarity. I recognize that the women I spoke with likely interpreted my appearance in a non-threatening way: as a young, Caucasian, educated, unmarried (an

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absence of a wedding ring) woman who is likely to be childless, and as a result, likely accepting of their narrative. If I was a male, a mother, or professed a desire to have children, I may not have garnered the same candid information from the women. Further, my position as a stranger may also have been beneficial; Dickson-Swift et al. (2007) argue that a researcher's status as a stranger may encourage some participants to disclose more information (pp. 338-339).

The research process has been both enlightening and transformative for me. Before I began this project, I assumed that stigma would be the main focus in the interviews. In reality, the decision-making process and the negotiations involved in identity construction played a larger role in the women's narratives than I had previous thought. Regardless of my initial assumptions, I have examined the women's narratives carefully and honestly, and have re-framed my thinking along the way to reflect what the women have told me.

I have been responsible for what is included and what has been left out, and as such, this account is, as a member of my thesis committee explained, "responsibly incomplete." I trust that the small pieces of the women's narratives that I have selected are representative and contextually sincere. Regardless, this account of voluntary childlessness will contribute to the larger body of knowledge on voluntary childlessness, and I recognize that ideology is active and practical and that my choices have effectively produced the women as discursive subjects, for better or worse.

Academic research eventually affects epistemology, or the production of knowledge in greater discourse. My research project is intended to help legitimate voluntary childlessness as a viable and acceptable option for women. By taking a stance

on my research as a woman speaking for all women, I risk homogenizing women's experiences and I miss out on diversity and intersectionalities. Consequently, I have not approached this project with the goal of speaking for all women, but rather with the goal of highlighting some key issues for further critical discussion. I expect that by highlighting the experiences and narratives of women who are childless by choice, my research in greater discourse can help to foster more inclusive and understanding communities. As such, I wholeheartedly believe that this study will facilitate the empowerment of women who are childless by choice.

Future Research

For Foucault (2003), the goal of research should not be to produce recommendations for new regimes, but to awaken critical thought around the topic (p. 255). Therefore, I do not have an inventory of recommendations, but instead strive to promote critical discussion, and suggestions for future research and exploration.

Hird and Abshoff (2000) argue that "as women have challenged their supposed physical, intellectual, spiritual, economic and social inferiority, sexual reproduction has become an increasingly important signifier by which women are differentiated from men" (p. 347). This increasing focus on women's reproduction will continue to stigmatize women who choose to remain childless as unfeminine, unnatural, and immoral. Therefore, I suggest that research continue to be done on the importance of reproductive freedom, to ensure that the ensuing discussion can challenge cultural assumptions. For example, Morell (2000) argues that reproductive diversity should be a political goal. As such, future research should further explore the role of feminist ideology and resistance in regards to women's voluntary childlessness. Glenn (1994)

argues that for a feminist analysis of motherhood, we "must also contend with the ideologies that have shaped our culture's thinking about motherhood" (p. 9). Future research should therefore both question and contest cultural understandings about motherhood in order to challenge current cultural expectations for women's reproduction.

My ultimate goal on a more personal and concrete level is to push "the reader to analyze, question, and re-question her/his own knowledges and assumptions brought to the reading" (Pillow, 2003, p. 189). I have pursued these goals through a feminist, critical, and constructivist approach to my qualitative interview-based research project. This research brings attention to voluntary childlessness as a legitimate reproductive decision for all women, and to contribute to our understandings of the importance of reproductive choice more generally. I hope that with this attention comes acceptance, understanding, and recognition of voluntarily childless women as deserving of support and respect.

References

Alcoff, L. (1995). The Problem of Speaking for Others. In J. Roof & R. Wiegman (Eds.), *Who Can Speak? Authority and Critical Identity* (pp. 97-119). Urbana and Chicago: University of Illinois Press.

Ambert, A.-M. (2001). *The Effect of Children on Parents*. Binghampton, NY: The Haworth Press.

Anderson, K., & Jack, D. C. (1991). Learning to Listen: Interview Techniques and Analysis. In S. Gluck & D. Patai (Eds.), *The Feminist Practice of Oral History* (pp. 11-26). New York: Routledge.

Ariès, P. (1962). *Centuries of Childhood: A Social History of Family Life* (R. Baldick, Trans.). New York: Alfred A. Knopf Inc.

Adsera, A. (2006). Religion and Changes in Family-Size Norms in Developed Countries. *Review of Religious Research, 47*(3), 271-286.

Badinter, E. (1980). *The Myth of Motherhood: An Historical View of the Maternal Instinct.* London, ON: Souvenir Press Ltd.

Badinter, E. (2012). *The Conflict: How Modern Motherhood Undermines the Status of Women* (A. Hunter, Trans. First ed.). New York: Metropolitan Books.

Bartky, S. (2003). Foucault, Femininity, and the Modernization of Patriarchal Power. In R. Weitz (Ed.), *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior* (pp. 25-45). New York: Oxford University Press.

Bird, C. M. (2005). How I Stopped Dreading and Learned to Love Transcription. *Qualitative Inquiry, 11*(2), 226-248.

Borland, K. (2004). "That's Not What I Said": Interpretative Conflict in Oral Narrative Research. In S. N. Hesse-Bibier & P. Leavy (Eds.), *Approaches to Qualitative Research: A Reader on Theory and Practice* (pp. 522-534). New York: Oxford University Press.

Brown, I. (2007). Ambivalence of the Motherhood Experience: Maternal Narratives in Popular Culture. *Conference Papers -- American Sociological Association*.

Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.

Butler, J. (1993). Introduction. *Bodies that matter: On the discursive limits of "sex"* (pp. 1-26). New York: Routledge.

Butler, J. (1997). Performative Acts and Gender Construction: An Essay in Phenomenology and Feminist Theory. In K. Conboy, N. Medina & S. Stanbury (Eds.), *Writing on the Body: Female Embodiment and Feminist Theory* (pp. 401-415). New York: Columbia University Press.

Callan, V. J. (1984). Voluntary childlessness: early articulator and postponing couples. *Journal of Biosocial Science, 16*(4), 501-509.

Carmichael, G., & Whittaker, A. (2007). Choice and circumstance: Qualitative insights into contemporary childlessness in Australia. *European Journal of Population, 23*(2), 111-143. doi: 10.1007/s10680-006-9112-4

Chance, R. S. (2002). To Love and be Loved: Sexuality and People with Physical Disabilitie.s *Journal of Psychology & Theology, 30*(3), 195.

Choi, P., Henshaw, C., & Tree, S. B. J. (2005). Supermum, superwife, supereverything: performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology, 23*(2), 167-180.

deLacey, S. (1998). Assisted reproduction: who qualifies? *Collegian: Journal of the Royal College of Nursing Australia, 5*(4), 28-36. doi: 10.1016/s1322-7696(08)60594-6

del Busso, L. (2007). Embodying Feminist Politics in the Research Interview: Material Bodies and Reflexivity. *Feminism & Psychology, 17*(3), 309-315.

DeLyser, G. (2012). At Midlife, Intentionally Childfree Women and Their Experiences of Regret. *Clinical Social Work Journal, 40*(1), 66-74. doi: 10.1007/s10615-011-0337-2

Denzin, N. K., Lincoln, Y. S., & Giardina, M. D. (2006). Disciplining qualitative research. *International Journal of Qualitative Studies in Education, 19*(6), 769-782.

Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: what challenges do qualitative researchers face? *Qualitative Research, 7*(3), 327-353.

Diamond, I., & Quimby, L. (Eds.). (1988). *Feminism & Foucault: Reflections on Resistance*. Boston, MA: Northeastern University Press.

diPalma, C., & Ferguson, K. E. (2006). Clearing Ground and Making Connections: Modernism, Postmodernism, Feminism. In K. Davis, M. Evans & J. Lorber (Eds.), *Handbook of Gender and Women's Studies* (pp. 127-145). Thousand Oaks, CA: SAGE Publications.

Dotson, L. A., Stinson, J., & Christian, L. (2003). 'People Tell Me I Can't Have Sex': Women with Disabilities Share Their Personal Perspectives on Health Care, Sexuality, and Reproductive Rights. *Women & Therapy, 26*(3/4), 195.

Doucet, A. (2000). 'There's a huge gulf between me as a male carer and women': gender, domestic responsibility, and the community as an instructional arena. *Community, Work & Family, 3*(2), 163-184.

Doucet, A. (2001). "You See the Need Perhaps More Clearly Than I Have": Exploring Gendered Processes of Domestic Responsibility. *Journal of Family Issues, 22*(3), 328-357.

Doucet, A., & Mauthner, N. (2002). Knowing Responsibly: Linking Ethics, Research Practice and Epistemology. In M. Mauthner, M. Birch, J. Jessop & T. Miller (Eds.), *Ethics in Qualitative Research* (pp. 123-145). Thousand Oaks, CA: Sage Publications.

Douglas, M. (2003). *Purity and Danger: An Analysis of Concept of Pollution and Taboo*. London and New York: Routledge.

Ellis, C. (1997). Evocative Autoethnography: writing emotionally about our lives. In W. Tierney & Y. Lincoln (Eds.), *Representation and the Text: Re-framing the Narrative Voice* (pp. 115-139). Albany: State University of New York.

Esterberg, K. (2002). *Qualitative Methods in Social Research*. New York: McGraw-Hill.

Fine, M. (1992). Passions, Politics, and Power: Feminist Research Possibilities. In M. Fine (Ed.), *Disruptive Voices: The Possibilities of Feminist Research* (pp. 205-231). Ann Arbour, MI: University of Michigan Press.

Fontana, A., & Frey, J. H. (2005). The Interview: From Neutral Stance to Political Involvement. In N. Denzin & Y. Lincoln (Eds.), *Handbook of Qualitative Research* (3rd ed., pp. 695-728). Thousand Oaks, CA: Sage Publications.

Foucault, M. (1984a). Docile Bodies. In P. Rabinow (Ed.), *The Foucault Reader* (pp. 179-187). Toronto, Canada: Random House.

Foucault, M. (1984b). The Means of Correct Training. In P. Rabinow (Ed.), *The Foucault Reader* (pp. 188-205). Toronto, Canada: Random House.

Foucault, M. (1987). The ethic of care of the self as a practice of freedom: An interview translated by J. D. Gauthier. In J. W. Bernauer & D. Rasmussen (Eds.), *The final Foucault*. Cambridge, Massachusetts and London, England: MIT Press.

Foucault, M. (1988). Technologies of the Self. In L. H. Martin, H. Gutman & P. Hutton (Eds.), *Technologies of the Self: A Seminar with Michel Foucault*. Amherst, MA: University of Massachusetts Press.

Foucault, M. (2003). In P. Rabinow & N. Rose (Eds.), *The Essential Foucault: Selections from The Essential Works of Foucault, 1954-1984*. New York: The New Press.

Gerstel, N., & Gallagher, S. K. (2001). Men's Caregiving: Gender and the Contingent Character of Care. *Gender & Society, 15*(2), 197-217.

Gillespie, R. (1999). Voluntary childlessness in the United Kingdom. *Reproductive Health Matters, 7*(13), 43-53. doi: Doi: 10.1016/s0968-8080(99)90111-8

Gillespie, R. (2000). When No Means No: Disbelief, Disregard and Deviance as Discourses of Voluntary Childlessness. *Women's Studies International Forum, 23*(2), 223-234.

Gillespie, R. (2003). Childfree and Feminine: Understanding the Gender Identity of Voluntarily Childless Women. *Gender & Society, 17*(1), 122-136.

Glenn, E. N. (1994). Social Constructions of Mothering: A Thematic Overview. In E. N. Glenn, G. Chang & L. R. Forcey (Eds.), *Mothering: Ideology, Experience, and Agency* (pp. 1-29). New York: Routledge.

Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice-Hall.

Goode, E. (1999). Sex with informants as deviant behavior: An account and commentary. *Deviant Behavior: An Interdisciplinary Journal, 20*(4), 301-324.

Graham, E., & Low, J. (2008). Bodies Out of Time: Women's Reproductive Firsts. In C. Malacrida & J. Low (Eds.), *Sociology of the Body: A Reader* (pp. 189-194). Don Mills, Ontario: Oxford University Press.

Guba, E. G., & Lincoln, Y. S. (1998). Competing Paradigms in Qualitative Research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Landscape of Qualitative Research: Theories and Issues* (pp. 195-220). Thousand Oaks, CA: Sage Publications.

Guillemin, M., & Gillam, L. (2004). Ethics, Reflexivity, and "Ethically Important Moments" in Research. *Qualitative Inquiry, 10*(2), 261-280.

Hadfield, L., Rudoe, N., & Sanderson-Mann, J. (2007). Motherhood, choice and the British media: a time to reflect. *Gender & Education, 19*(2), 255-263. doi: 10.1080/09540250601166100

Hakim, C. (2000). *Work-lifestyle choices in the 21st century: Preference theory*. Oxford, UK: Oxford University Press.

Haraway, D. (1991). A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century *Simians, Cyborgs and Women: The Reinvention of Nature* (pp. 149-181). New York: Routledge.

Hartsock, N. (2004). The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism. In S. Harding (Ed.), *The Feminist Standpoint Theory Reader: Intellectual and Political Controversies* (pp. 35-54). New York: Routledge.

Hays, S. (1996). *The Cultural Contradictions of Motherhood.* New Haven, CT: Yale University Press.

Heitlinger, A. (1991). Pronatalism and Women's Equality Policies. *European Journal of Population 7*(4), 343-375.

Henderson, A. C., Harmon, S. M., & Houser, J. (2010). A New State of Surveillance? Applying Michel Foucault to Modern Motherhood. *Surveillance & Society, 7*(3), 231-247.

Hird, M. J. (2003). Vacant Wombs: Feminist Challenges to Psychoanalytic Theories of Childless Women. *Feminist Review*(75), 5-19.

Hird, M. J., & Abshoff, K. (2000). Women without Children: A Contradiction in Terms? *Journal of Comparative Family Studies, 31*(3), 347-366.

Hoffmann, E. A. (2007). Open-Ended Interviews, Power, and Emotional Labor. *Journal of Contemporary Ethnography* (Vol. 36, pp. 318-346).

Hochschild, A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley, CA: University of California Press.

Ireland, M. S. (1993). *Reconcieving Women: Separating Motherhood from Female Identity*. New York: The Guilford Press.

Izzard, S. (2001). Creating space: women without children. In S. Izzard & N. Barden (Eds.), *Rethinking Gender and Therapy: Inner World, Outer World, and the Developing Identity of Women* (pp. 162-180). Milton Keynes: Open University Press.

Kelly, M. (2009). Women's Voluntary Childlessness: A Radical Rejection of Motherhood? *Women's Studies Quarterly, 37*(3/4), 157-172.

Kenkel, W. F. (1985). The Desire for Voluntary Childlessness Among Low-income Youth. *Journal of Marriage & Family, 47*(2), 509.

Kitzinger, C., & Wilkinson, S. (1996). Theorizing Representing the Other. In S. Wilkinson & C. Kitzinger (Eds.), *Representing the Other* (pp. 1-32). Thousand Oaks, CA: Sage Publications.

Klein, R. (2008). From test-tube women to bodies without women. *Women's Studies International Forum, 31*(3), 157-175.

Kvale, S. (1996). *InterViews*. Thousand Oaks, CA: Sage Publications.

Letherby, G. (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to `infertility' and `involuntary childlessness'. *Women's Studies International Forum, 22*(3), 359-372. doi: 10.1016/s0277-5395(99)00028-x

Letherby, G. (2002). Childless and Bereft?: Stereotypes and Realities in Relation to 'Voluntary' and 'Involuntary' Childlessness and Womanhood. *Sociological Inquiry, 72*(1), 7-20.

Letherby, G., & Williams, C. (1999). Non-motherhood: Ambivalent autobiographies. *Feminist Studies, 25*(3), 719.

Lorber, J. (1994). *Paradoxes of Gender*. New Haven Yale University Press.

Luong, M. (2010). *The financial impacts of student loans*. (Catalogue no. 75-001-X). Retrieved from http://www.statcan.gc.ca/pub/75-001-x/2010101/pdf/11073-eng.pdf.

Malacrida, C., & Boulton, T. (2012). Women's Perceptions of Childbirth "Choices": Competing Discourses of Motherhood, Sexuality, and Selflessness. Forthcoming in *Gender & Society, 26*(5).

Lupton, D. (2012). Configuring Maternal, Preborn and Infant Embodiment. *Sydney Health & Society Group Working Papers, Working Paper No. 2*. Retrieved from http://usyd.academia.edu/DeborahLupton/Papers/1632855/Configuring_maternal_preborn_and_infant_embodiment

Martin, K. A. (2003). Becoming a Gendered Body: Practices of Preschools. In R. Weitz (Ed.), *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior* (pp. 219-239). New York: Oxford University Press.

May, E. T. (1995). *Barren in the Promised Land: Childless Americans and the Pursuit of Happiness*. Cambridge, MA: Harvard University Press.

McAllister, F., & Clarke, L. (1998). Choosing childlessness: a study of childlessness in Britain *Family and parenthood, policy and practice* (pp. 72). London: Family Policy Studies Centre.

McMahon, M. (1995). *Engendering Motherhood: Identity and Self-Transformation in Women's Lives*. New York: The Guilford Press.

McQuillan, K. (2004). When Does Religion Influence Fertility? *Population and Development Review, 30*(1), 25-56.

McQuillan, J., & Greil, A. L. (2005, August 13, 2005). *Thinking about Motherhood.* Paper presented at the American Sociological Association Annual Meeting, Philadelphia, PA .

Meyers, D. T. (2001). The Rush to Motherhood: Pronatalist Discourse and Women's Autonomy. Signs, 26(3), 735-773.

Morell, C. (1994). *Unwomanly Conduct: The Challenges of Intentional Childlessness*. New York & London: Routledge.

Morell, C. (2000). Saying No: Women's Experiences with Reproductive Refusal. *Feminism & Psychology, 10*(3), 313-322. doi: 10.1177/0959353500010003002

Mosoff, J. (1993). Reproductive technology and disability: searching for the 'rights' and 'wrongs' in explanation. *Dalhousie Law Journal, 16*, 98-124.

Nairn, K., Munro, J., & Smith, A. B. (2005). A Counter-Narrative of a 'Failed' Interview. Qualitative Research, 5(2), 221-244.

Oakley, A. (1981). Interviewing women: a contradiction in terms. In H. Roberts (Ed.), *Doing Feminist Research* (pp. 30-61). Boston, MA: Routledge & Kegan Paul Ltd.

Organisation for Economic Co-operation and Development (OECD). (2011). *Society at a Glance 2011: OECD Social Indicators* (978-92-64-09853-4). OECD Publishing. Retrieved from www.oecd.org/els/social/indicators/SAG & http://dx.doi.org/10.1787/soc_glance-2011-en

O'Toole, C. J. (2002). Sex, Disability And Motherhood: Access To Sexuality For Disabled Mothers. *Disability Studies Quarterly, 22*(4), 81-101.

Park, K. (2002). Stigma Management among the Voluntarily Childless. *Sociological Perspectives, 45*(1), 21-45.

Park, K. (2005). Choosing Childlessness: Weber's Typology of Action and Motives of the Voluntarily Childless. *Sociological Inquiry, 75*(3), 372-402. doi: 10.1111/j.1475-682X.2005.00127.x

Parsons, G., & McMullen, K. (2009). *Trends in University Graduation, 1992 to 2007*. (81-004-X). Retrieved from http://www.statcan.gc.ca/pub/81-004-x/2009005/article/11050-eng.htm#a.

Pillow, W. (2003). Confession, Catharsis, or Cure? Rethinking the Uses of Reflexivity as Methodological Power in Qualitative Research. *Qualitative Studies in Education, 16*(2), 175-196.

Rich, S., Taket, A., Graham, M., & Shelley, J. (2011). 'Unnatural', 'Unwomanly', 'Uncreditable' and 'Undervalued': The Significance of Being a Childless Woman in Australian Society. *Gender Issues, 28*(4), 226-247. doi: 10.1007/s12147-011-9108-1

Riessman, C. K. (1993). Narrative Analysis. Thousand Oaks, CA: Sage Publications.

Riessman, C. K. (2000). Stigma and Everyday Resistance Practices: Childless Women in South India. *Gender & Society, 14*(1), 111-135.

Roberts, D. E. (2003). The Future of Reproductive Choice for Poor Women and Women of Color. In R. Weitz (Ed.), *The Politics of Women's Bodies: Sexuality, Appearance, and Behavior* (pp. 282-289). New York: Oxford University Press.

Rothman, B. K. (1994). Beyond Mothers and Fathers: Ideology in a Patriarchal Society. In E. N. Glenn, G. Chang & L. R. Forcey (Eds.), *Mothering: Ideology, Experience, and Agency* (pp. 139-157). New York: Routledge.

Rowland, D. T. (2007). Historical Trends in Childlessness. *Journal of Family Issues, 28*(10), 1311-1337. doi: 10.1177/0192513x07303823

Shanley, M. L., & Asch, A. (2009). Involuntary Childlessness, Reproductive Technology, and Social Justice: The Medical Mask on Social Illness. *Signs, 34*(4), 851-874.

Shaw, R. L. (2011). Women's experiential journey toward voluntary childlessness: An interpretative phenomenological analysis. *Journal of Community & Applied Social Psychology, 21*(2), 151-163. doi: 10.1002/casp.1072

Smith, D. (2007). The Everyday World as Problematic (1987). In S. Appelrouth & L. D. Edles (Eds.), *Sociological Theory in the Contemporary Era* (pp. 338-341). Thousand Oaks, CA: Pine Forge Press.

Snitow, A. (1992). Feminism and Motherhood: An American Reading. *Feminist Review,* (40), 32-51.

Statistics Canada. (2002). *2001 Community Profiles*. (no. 93F0053XIE). Ottawa, Ontario: Statistics Canada Retrieved from http://www12.statcan.ca/english/Profil01/CP01/Details/Page.cfm?Lang=E&Geo1=CSD&Code1=4802012&Geo2=PR&Code2=48&Data=Count&SearchText=lethbridge&SearchType=Begins&SearchPR=01&B1=All&Custom=.

Statistics Canada. (2006). *Study: Fertility among visible minority women*. Ottawa, Ontario: Statistics Canada. Retrieved from http://www.statcan.gc.ca/daily-quotidien/060630/dq060630b-eng.htm.

Statistics Canada. (2008). *Report on the Demographic Situation in Canada: 2005 and 2006*. Ottawa, Ontario: Minister of Industry. Retrieved from http://www.statcan.gc.ca/pub/91-209-x/91-209-x2004000-eng.pdf.

Statistics Canada. (2011). *Births 2008*. Ottawa, Ontario: Minister of Industry. Retrieved from http://www.statcan.gc.ca/pub/84f0210x/84f0210x2008000-eng.pdf.

Statistics Canada. (2012). Lethbridge, Alberta (Code 810) and Alberta (Code 48) (table) *Census 2011* (Vol. Released May 29, 2012). Ottawa, Ontario: Statistics Canada.

Stobert, S., & Kemeny, A. (2003). *Childfree by Choice*. (Catalogue No. 11-008). Retrieved from http://www.statcan.gc.ca/kits-trousses/pdf/social/edu04_0030a-eng.pdf.

Thorne, B. (2004). "You still takin' notes?" Fieldwork and problems of informed consent. In S. N. Hess-Beiber & P. Leavy (Eds.), *Approaches to Qualitative Research: A Reader on Theory and Practice* (pp. 159-173). New York: Oxford University Press.

Tinker, C., & Armstrong, N. (2008). From the Outside Looking In: How an Awareness of Difference can Benefit the Qualitative Research Process. *Qualitative Report, 13*(1), 3-60.

Veevers, J. E. (1980). *Childless by Choice*. Toronto: Butterworth & Co.

Wall, G. (2000). *The Persistence of Natural Motherhood in Parenting Discourse*. Paper presented at the Canadian Sociology and Anthropology Association Annual Meeting, Edmonton, Alberta.

Wall, G. (2001). Moral constructions of motherhood in breastfeeding discourse. *Gender & Society, 15*(4), 592-610.

Wenger, G. C. (2009). Childlessness at the end of life: evidence from rural Wales. *Ageing & Society, 29*(8), 1243-1259.

Williams, J. (2006). The Pedagogy of Debt. *College Literature, 33*(4), 155-169.

Childlessness by Choice Research Project
Consent Form

Gillian Ayers
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This consent form, a copy of which has been given to you, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Please take the time to read this form carefully and understand any accompanying information.

By receiving this consent form you have been offered an invitation to participate in my thesis research project. You will not incur any financial costs nor receive any financial reward for participating.

Although no formal compensation is offered, you may gain some informal benefits. It is my hope that each participant will discover new insights through participation in the research process. This research project offers the benefit of participation by having your story heard by both myself and potentially a wider audience, and contributing to research and formal knowledge on the topic. However, there is the potential that some questions in the interview may upset you, and if this occurs the interview will be stopped. I have attached a list of local accessible counseling services, should you feel any need to discuss your feelings, concerns, and/or experiences of voluntary childlessness. Participation also risks discomforts surrounding your time and your anonymity. **Your participation is completely voluntary and you may withdraw at any time without any negative outcome.**

The purpose of this project is to explore several issues related to voluntary childlessness. As such, issues of gender, choice, and responsibility will be explored, as well as any other aspects of voluntary childlessness that are important to you. The interview (usually one hour in duration) will take place at a location that is convenient and comfortable for you. During the interview, you will be asked questions about personal experiences of voluntary childlessness. **You may refuse to answer any question or withdraw from the study at any time without any negative outcome.**

Following this interview, a short informal follow-up conversation may be arranged at your convenience if additional clarification is required. During this follow-up

conversation, you will be encouraged to give feedback on my interpretations of the issues which arose during the course of the research. Full results of the study should be available in September2012. If you wish to obtain a copy of these results, or to review materials being submitted for publication, you may contact me **any time after September of 2012, either by email, by phone, or by mail, at the contact information provided at the top of this page.**

With your permission, the interview will be taped and later transcribed by me into text form. These texts will be used as data for my thesis project and may be used in subsequent published articles and presentations. Your name, as well as other potentially identifying information will remain confidential and any subsequent reference to you will be done through the use of pseudonyms. Any publications stemming from the research may include information gathered from the interviews. You or the interviewer may stop the taping at any time during the interview. The tapes will be stored securely, and will be kept separate from the master list of participants' names. The tapes and the list will be accessible only to the researcher and the supervisor (Dr. Claudia Malacrida). Despite every attempt to protect your anonymity, some readers may be able to deduce your identity from the experiences or opinions that you describe. **Complete anonymity cannot be guaranteed.**

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. If you choose to withdraw, I will offer to destroy data collected up to that point about you. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation. Questions regarding your rights as a participant in this research may be addressed to my supervisor Dr. Claudia Malacrida (Phone: 403- 329-2738, Email: claudia.malacrida@uleth.ca) or the Office of Research Services, University of Lethbridge (Phone: 403-329-2747, Email: research.services@uleth.ca).

_____   _____
Participant   Date

_____   _____
Participant's Email Address   Participant's Phone Number

_____   _____
Investigator   Date

A copy of this consent form has been given to you to keep for your records and reference.

Childlessness by Choice Research Project
Interview Guide*
* revised in light of data gathered via initial interviews

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Making the Decision

- Please tell me about how you first started to think about remaining childless.
- What prompted or influenced you to first consider childlessness?
- When did you solidify this decision, and how did that unfold?
- Were there any positive/negative influences that contributed to your decision-making? Please tell me about them.
- Is your decision final, do you think? Why/why not?
- Can you recall any specific factors that helped you to finalize your decision?
- Can you recall a 'turning point' in your life or was this decision more gradual?
- Was your decision to remain childless made jointly with someone else? i.e. your partner? Please tell me about that. Do you imagine a different decision with another partner? Why/why not?

Going Public with the Decision

- Have you explicitly told others about your decision? Why/why not?
- How have potential partners received this decision?
    - At what point did you disclose this information? How did you manage that disclosure?
    - What do you think about their reaction?
- How have family/friends/strangers/workplace/other women/other men received this decision? What do you think about their reaction? (Why do you think they reacted the way they did? How much does their reaction matter to you in terms of your decision?)
- If you have not explicitly told others about your decision to remain childless, why not?
    - From whom, specifically, have you kept this information private?
    - How have you managed to keep this information private?
    - Has anyone helped you to keep this information private?
    - Do you have any special tricks or techniques that you use to keep this information private?

      o   Has anyone or anything 'outed' you as voluntarily childless when you wished to keep this information private?

      o   Do you ever lie about your decision?

- In your opinion, what are the risks of keeping this identity hidden? Of disclosing it? Does this differ amongst the various groups I've outlined above – are there some groups to whom disclosure is desirable, while others from whom you keep this hidden? Why is that?

Social Support or Lack Thereof

- How have previous partners and your current partner reacted to your decision? Have you ended any relationships or experienced strain in any relationships as a result of your decision?
- Have you ended any friendships as a result of your decision?
- Do your friends have children? How does that work in regards to your decision? What about with those who are having trouble conceiving?
- Are you a member of a group that encourages childbearing? What group? If so, how have you dealt with them? How have they received you?
- How do you respond to the question "Do you have children?" and/or "Do you want children?"
- Do you have a 'go-to' list of reasons why when you are continually questioned? What is on your list?
- What kinds of experiences have you had with doctors, nurses, and other medical professionals regarding your voluntary childlessness?
- Have you taken any permanent birth control measures? If so, how were these obtained?
- When describing yourself, would you immediately identify as childless by choice? Why/why not?
- Have you connected with other voluntarily childless individuals? How? Has this been a positive or negative experience for you?
- How do you view the physical experiences of pregnancy, childbirth, and breastfeeding?
- What are the pros and cons of being childless by choice, in your opinion?
- What, if anything, has made you re-evaluate your decision?
- What, if anything, has reaffirmed your decision?
- Is there anything else you would like to tell me?
- Do you have any questions for me?