

## Practitioner Perspective

# Decision Making Regarding Motherhood in Ireland:

## Making a Space for Women's Voices in Counselling.

By Margaret O'Connor



### Introduction

Motherhood is a powerful concept which affects women throughout their lives, both by its presence and absence. Motherhood can now be a conscious choice, theoretically at least, to be actively pursued or avoided with medical technology. There is increasing accessibility to reproductive technologies for people with fertility issues. Meanwhile, there is a growing proportion of women, and couples, who actively choose not to become mothers. This choice is a relatively new experience.

While it is deeply personal, motherhood is influenced by external factors including political, social and cultural contexts. Academic literature mainly focuses on decisions from the point of

motherhood onwards, with little attention to the decision itself, unless there are other factors such as medical conditions present which may complicate a pregnancy. I could not find any research in an Irish context and I wanted to address this.

### Methodology

I conducted a qualitative research study where I interviewed fifteen women living in Ireland, aged between 25 and 40 years old who were not mothers. I used semi-structured interviews in person and via Skype. This is an issue that affects men and couples also but I focused on the experience of women due to the limited time and resources available for my research. The nature of the study is deeply

personal and potentially sensitive. Therefore I felt the best sampling strategy was volunteer convenience sampling. This is a “non-random sampling where members of the target population that meet certain practical criteria such as... availability at a given time or the willingness to participate are included” (Etikan et al., 2016, p. 2). Convenience sampling is frequently used with sensitive topics where it is more ethically appropriate for participants to self-select. Convenience sampling does have limitations; it is difficult to generalise findings from the sample group to the wider population. It is also difficult to know if the group actually represents the population under study due to the nature of self-selection (Etikan et al., 2016). However, I am not attempting to create generalisable results due to the postmodern approach of the research. Postmodernism does not tolerate grand narratives; “privileged discourse(s) capable of situating, characterising and evaluating all other discourses” while being beyond examination themselves (Fraser & Nicholson, 2008, p. 354). I regard motherhood as being one of these grand narratives and I want to expose it to examination. The category of mother is not fixed and does change over time. I am curious to know how women regard the current categories of motherhood and how they choose to locate themselves in relation to them – do

they embrace them, reject them or find some way of negotiating them. I want to acknowledge that every woman inhabits “multiple locations within structures that are not rigid but always shifting” (Jaggar, 2008, p. 345). I am not planning to uncover the entire story but “only a story acknowledged to be partial and perspectival” (Ibid.).

**Decision Making Processes**

My research shows that there are several types of decision making processes present for women. Participants described it as a very personal and internal process. See Table 1. This reflects the finding of Maher and Saugeres (2007) for women who chose not to have children. I found this also applies to those choosing to become mothers. Uncertainty is often present regarding several areas including whether motherhood is something you really want. There is a fear of regretting whichever decision you make and also of losing your identity as a person to the role of mother, where this overrides your other roles and interests. This strongly reflects O’Reilly’s idea of sacrificial motherhood which “requires and results in the repression or denial of the mothers own selfhood” (2004, p. 15). There is uncertainty about ability to cope with the physical and

*This shows the importance of maternal desire; for those who feel it strongly enough, other factors can be worked through whereas if this is not present or strong enough, there is not enough motivation to pursue it.*

emotional changes of motherhood, for your relationship to cope and anxiety around possible health complications for mother/child. There is also practical uncertainty about when is the right/best time to have a child; work/career and finances are very influential here.

While some women are simply sure that they do or do not want to be mothers from an early age, for others it is a much more complicated experience with frequent changes of position. Some women can be forced to make a decision sooner than they expect due to health conditions which affect fertility. Women who had not yet made a decision reported it as being present in the background e.g. a woman may have no intention of becoming a mother in the near future but still includes maternity cover in her health insurance policy.

**Factors Affecting the Motherhood Decision**

As we can see in Table 2, there are a wide range of factors which influence the decision to become

a mother or not and factors appear to be either practical or philosophical issues e.g. finances and relationship status versus view of self as a mother and family context.

The theory of planned behaviour is regarded as a very useful way to examine fertility decisions and allows us to “explain how macro level conditions influence the evaluation system, intention and behaviour” of individuals (Philipov et al., 2009, p. 35). It was developed by Icek Azjen and comprehensively captures the wide range of factors involved and the interaction between them to trace how individual decisions are made (influenced by personality traits and values, age, gender, cultural background, education, income, religion, past experience, knowledge and media exposure) and how societal factors can influence these (e.g. the persons’ perception of external social pressures to have children and that they are able to perform this behaviour) (Azjen, 1991).

Friends/family providing opportunities for interactions with the children and observation of family life is strongly influential. This can be for or against motherhood as people may either feel this is not what they want when they see the reality or it can provide positive experiences which may override other concerns. This shows the importance of maternal desire; for those who feel it strongly enough, other factors can be worked through whereas if this is not present or strong enough, there is not enough motivation to pursue it.

Lack of process	Is imply sure either for or against motherhood, no need for conscious decision process
Over and back process	Change of mind between positions
Forced process	Need to make a decision due to health or age factors
If becomes when	If you decide to become a mother, a series of other decisions follow
Conscious and unconscious elements	They can be a background factor but they can change to become a very definite issue
Questioning of decision due to social pressure	This can add an extra step if you make a decision but feel under pressure that it is not a socially acceptable decision.

**Table 2****Influential factors on the motherhood decision**

Health	Physical and mental health
Relationship Status	The need to be in a relationship, for it to be the right time in that relationship, to be in agreement and have a supportive partner
Finances	Need for financial stability and secure accommodation
Maternal/ Biological Desire	The desire to be a mother needs to be present and strong enough
Family Context	Family background can provide positive or negative experiences of family life. It can also provide a broad or narrow view of what constitutes a family e.g. fostering, adoption
Support Networks	Availability and proximity of family and friends who can provide emotional and practical support
Personal Development	View of self as a mother Life experience, developing values and goals
Work	Conflicting ambitions between work and motherhood Precarious employment conditions and inability to plan ahead Ability to achieve work/life balance Opportunities to work with children
Irish Health System	Concerns over safety of the health system
Lifestyle	Concerns re: change of lifestyle required
Social Expectation	Assumptions and questioning by others regarding life choices

**Social Pressure**

Social pressure is a strong influencing factor and impacts the decision making process itself. It also affects the experience of decision making which the majority of participants described as negative, no matter what decision they made. It adds an extra layer of questioning and uncertainty – women ask themselves if they ‘should’ want children on top of whether they actually want them. This pressure is on going, pervasive and has a very negative impact.

**Liminality – Motherhood as a Rite of Passage**

Liminality “refers to the

transitional space in between well defined structures” and is a process people pass through to achieve a new status (Boland & Griffin, 2015, p. 39). Victor Turner describes how “liminal entities are neither here nor there; they are betwixt and between” (1969, p. 359). This is in contrast to someone who has completed their transition, who “is in a relatively stable state once more, and... has rights and obligations...of a clearly defined and ‘structural’ type” (ibid). This caused me to think about women as, traditionally, childbirth has been regarded as the full achievement of womanhood (Russo, 1979), and is still acknowledged as a

*There is a sense that women who do not have children are missing something from their lives and whatever else they achieve is only acting as compensation for this.*

key life event. While this growth is available to women who become mothers, what happens to women who, by choice or circumstances, do not do so? Is it possible to have other liminal experiences or are they stuck due to the lack of legitimized alternatives?

**“You Wouldn’t Understand”**

Participants may not have recognised the term but they could all relate to the real and practical effects of liminality regarding motherhood. Women who are not mothers report being treated differently and negatively by parents. The often used phrases ‘you wouldn’t understand’ and ‘wait until you have your own’ are deeply hurtful and disregard any professional expertise or personal experience a woman may have regarding children or family issues. There is a sense that women who do not have children are missing something from their lives and whatever else they achieve is only acting as compensation for this. This is even worse if you have consciously chosen not to have children without a socially acceptable reason, of which there are very few.

Two possible explanations emerged for this negative reaction. Firstly, some people really love being parents and the idea of not wanting this is too alien for them. Secondly, for people who may be regretting or

questioning their decision to be a parent, your choice could make them reflect on this and this is too close to the bone so they lash out at you instead. There is a sense that it is not acceptable to express these thoughts within society so it is easier to assume that parenthood did not work out for you and therefore you can be pitied. I was really fascinated by these dynamics and feel they reflect Anna Gotlib's findings that non-mothers are portrayed as "either a menacing presence... (or) as the pitiable 'spinster'" (2016, p.330).

### Impact of Pronatalist Policies

Gotlib explores the impact of Western pronatalist policies on women, particularly voluntarily childless women. Pronatalism is "a view, shaped by political, social, economic and medical narratives that motherhood is naturally synonymous with womanhood, and that female identity cannot be (and ought not to be) extricated from its motherhood role" (Gotlib, 2016, p. 330). This has very serious consequences as motherhood is offered as "an image of female self-actualisation and the fulfilment of an essential, natural role" (ibid.).

Gotlib is clear about the destructive effect of pronatalist views on women who do not become mothers; she believes that it marks them "as incomplete women who are selfish, empty or emotionally and psychologically immature" (2016, p. 328). They are therefore "burdened with damaged identities that can leave them personally othered and socially liminal" (ibid.). Women find that it is possible to remain childless due to the availability of contraception but it is deemed as the wrong option. This is reinforced by the lack of recognition of any other life choice

---

*Women and men, mothers and non-mothers need to be involved in these discussions so that everyone can understand that motherhood requires support and should be valued, and not just seen as something women should and will do.*

---

or achievement as an alternative liminal experience: "this single choice invariably defines them as transgressive in the eyes of others, and because this transgression cannot be undone by any other act, it marks them as permanently and irrevocably liminal" (Gotlib, 2016, p. 342). This is an isolating and lonely place to be – "to be seen and invisible, ... to exist within a community but not necessarily be part of it" (ibid). It is clear that there is a large "gap of perception" (Maher & Saugeres, 2007, p. 19) between societal views and how some women want to live their lives.

### Liminality in the Workplace

There is a strong and practical interaction between liminality and work as a factor in the decision making process. Participants reported that, on the one hand, women who are not mothers feel they are not taken as seriously in the workplace; there is a sense of parental authority on child related matters and parents get preference for annual leave etc. However, being a parent is seen as a hindrance to progressing in the workplace as there is an assumption that a mother's priority is her children at all times and that she cannot be as flexible

or dedicated as other workers. So motherhood is valued symbolically but not practically within the workplace. Women feel like they cannot win no matter what they do and all of this is very unspoken but heavily implied.

### Liminality in the Media

Liminality also influences the media through targeted advertising and social media which I had not previously encountered in the literature. Participants reported that advertisements for pregnancy tests, baby food and fertility treatments appear on their social media accounts even though they have never researched the product. The advertisements appear to be illustrating a projected life course and participants found this to be very negative if their life choices were different. The lack of representation of other life decisions apart from biological motherhood compounds the sense of isolation some participants feel.

### Conclusion

Women, men and couples find that they can now make a choice about whether to become parents or not. However, the participants in my study felt isolated and unsupported in this process. There is a sense of secrecy surrounding motherhood which adds to uncertainty for those who are not mothers. It feels unsafe to name these uncertainties or concerns regarding motherhood. There are many practical issues to be considered but social expectation and pressure exerts a very real influence on top of these; women question if they 'should' have children as well as if they actually want to have them.


Change requires contesting the dominant discourses and

*I believe that counselling can play a vital role in these changes. It can provide a safe space for women and couples to discuss concerns and to feel supported in reaching the best decision for their situation. It can raise awareness of these choices, as we do with many others, to reduce stigma and educate people on changing social contexts.*

broadening our understanding of both motherhood and womanhood so that it matches the lived experience of women. The media needs to represent different family forms, including those which do not include children. We also need real discussions around motherhood so women can make a fully informed decision. Women and men, mothers and non-mothers need to be involved in these discussions so that everyone can understand that motherhood requires support and should be valued, and not just seen as something women should and will do. Equally, we need to remove the stigma of choosing not to have children, to see that it is a choice and there are many other ways to contribute to society apart from having children.

### Role of Counselling

I believe that counselling can play a vital role in these changes. It can provide a safe space for women and couples to discuss concerns and to feel supported in reaching the best decision for their situation. It can raise awareness of these choices, as we do with many others, to reduce stigma and educate people on changing social contexts. I would like counsellors to be aware that this can be an issue and to be able to support those who face it through this process without adding to the shame that society tries to attach to them. The formation of support groups and further research will also help

illuminate this topic and help people know that they are not the only ones grappling with these issues. 

### References

- Azjen, I. (1991) "The Theory of Planned Behaviour" *Organizational Behaviour and Human Decision Processes* Vol. 50 pp. 179 - 211
- Boland, T. & Griffin, R. (2015) 'The Death of Unemployment and the Birth of Job-seeking in Welfare Policy: Governing a Liminal Experience' *Irish Journal of Sociology* Vol.23 No. 2 pp.29-48.
- Etikan, I., Mussa, S.A., Alkassim, R.S. (2016) 'Comparison of Convenience Sampling and Purposive Sampling' *American Journal of Theoretical and Applied Statistics* 5 (1); 1-4
- Fraser, N. & Nicholson, L.J. (2008) 'Social Criticism without Philosophy: An Encounter between Feminism and Postmodernism' in Jagger, A.M. *Just Methods: An Interdisciplinary Feminist Reader* USA: Paradigm Publishers pp. 352-361
- Gotlib, A. (2016) 'But you would be the best mother: Unwomen, Counterstories and the Motherhood Mandate' *Journal of Bioethical Inquiry* Vol. 13 issue 2 pp.327 -347
- Jagger, A.M. (2008) *Just Methods: An Interdisciplinary Feminist Reader* USA: Paradigm Publishers JNRS (2014/2105) [www.newsbrandireland.ie/data-centre/readership](http://www.newsbrandireland.ie/data-centre/readership) [accessed 18th May 2017]
- Maher, J.M. & Saugeres, L. (2007) 'To be or not to be a Mother? Women Negotiating Cultural Representations

of Mothering' *Journal of Sociology* Vol. 43 issue 1 pp. 5-21

O'Reilly, A. ed. (2004) *Mother Matters: Motherhood as Discourse and Practice* Canada: Association for Research on Mothering

Philipov, D., Theveenon, O., Klubas, J., Berardi, L & Liefbroer, A.C. (2009) 'Reproductive Decision Making in a Macro-Micro Perspective (REPRO): State of the Art Review' available: [www.researchdepository.murdoch.edu.au/id/eprint/23537/i/edrp\\_1\\_09.pdf](http://www.researchdepository.murdoch.edu.au/id/eprint/23537/i/edrp_1_09.pdf) [accessed: February 20th 2017]

Russo, N. (1979) 'Overview: Sex Roles, Fertility and the Motherhood Mandate' *Psychology of Women Quarterly* Vol. 4 issue 1 pp.7-15

Turner, V. (1969) 'Liminality and Communitas' in *The Ritual Process: Structure and Anti-Structure* Chicago: Aldine Publishing pp.94 -113, 125-30. Abridged.

### Margaret O'Connor

Margaret O'Connor is a fully accredited member of the IACP and works in Limerick Social Services Centre in Limerick City and in private practice, specialising with women who experience uncertainty regarding motherhood. She has worked in the area of community development for over ten years and is an experienced group facilitator. Please contact her at [occonnormgrt@gmail.com](mailto:occonnormgrt@gmail.com)

### Acknowledgement

This research is based on her thesis which was completed as part of a Masters in Gender, Culture and Society in UL this year. She would like to thank her participants who so openly shared their experiences and her supervisor Dr. Izabela Handzlik for all her guidance.