Academic/Research Article

Childlessness as a springboard for post-traumatic growth

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A study on post-traumatic growth (PTG) in women who have experienced distress because of not being able to have a child identifies the PTG domains that best predicted flourishing among childless women

Introduction

The prevalence of people not having children continues to grow in the Western world, with as many as 20% to 30% of women aged 40 and over reporting not giving birth to a child (Rybinska, 2021; Sprocha, 2022). Among them are a rising cohort of child-free women who have chosen not to have children and for whom motherhood is associated with a lack of personal freedom (Peterson, 2015). By contrast, another group of involuntarily childless women, some of whom see themselves as outsiders, feel resigned to a lifetime of loss (Malik & Coulson, 2013).

The reasons for childlessness vary, ranging from explained or unexplained infertility, non-marriage or late marriage, to spouses not wanting to have children (Boddington & Didham, 2009; Hansen, Salgsvold, & Moum, 2009). However, regardless of the circumstances, wanting to have a child and not being able to can be perceived as a blocked goal (Hansen et al., 2009), a disruption of the expected life course (Hagestad & Call, 2007), and is reported to evoke feelings of powerlessness (Koert & Daniluk, 2017). Moreover, women also cope with the stigma attached to childlessness, which is particularly harmful in pronatalist nations (Tanaka & Johnson, 2016). All of this can have a potentially negative impact on childless women's well-being.

Historically, individuals not having children are perceived as immature (Erikson, 1963; Letherby & Williams, 1999), materialistic (Callan, 1985), and unstable (Peterson, 1983). Furthermore, women are pejoratively described as barren, whereas their infertility is portrayed as a shame (Whiteford & Gonzalez, 1995), punishment (Freud, 1950) or a sin (Bartlett, 1994). Given this, childlessness can negatively impact a woman's self-perception (Nachtigall et al., 1992), subsequently affecting her well-being. Whilst these views are not as prominent today as they were in the past (Park, 2002), identities continue to be co-constructed in society.

The consequences of these social constructions are often normalising judgements and feelings of failing to measure up (Stoppard, 2010; White, 2007). However, there are attempts to distinguish between motherhood and female identity (Ireland, 1993), thus affirming that being childless does not make a woman less female. Additionally, there is a growing body of literature on a material-discursive-intrapsychic model of women and women's experiences (including

mental health and ill health), which allows us to socially situate women's individual experiences of distress (Erskine et al., 2003; Kruger et al., 2014; Ussher, 2010).

With the incidence of childlessness growing, we need more complex models to understand women's experiences outside of a deficit model (Singh, 2010).

Well-being and flourishing

Mental health can be assessed as the absence of mental illness or the presence of mental health symptoms. Mental health and mental illness are seen as independent from each other (Huppert & Whittington, 2003; Schotanus-Dijkstra et al., 2019), meaning that when a person is going through a difficult time and experiences symptoms of mental illness, such as depression or anxiety, they may simultaneously report the existence of mental health, such as close relationships with others or high levels of self-esteem. Of the four main models/measures of mental health (e.g. Diener et al., 2009; Huppert & So, 2013; Keyes et al., 2008; Seligman, 2011), the Mental Health Continuum (MHC: Keyes et al., 2008) is most prevalent, which is why it has been used in the current research.

To date, most literature about the well-being of women who do not have children has focused on the psychological deficits experienced as a result of not being able to have children. For example, they are reported to have higher levels of depression (Singh, 2010), especially following a miscarriage (de Montigny et al., 2017), which may last for up to three years (Blackmore et al., 2011). Likewise, it is reported that childless women experience lower levels of life satisfaction (Hansen et al., 2009) and higher levels of anxiety and depression (Singh, 2010). However, the findings are inconsistent (Cheng et al., 2014) and contingent on marital status (Engler et al., 2011; Graham, 2015).

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Dempsey & Burke, 2021

Post-traumatic growth

Post-traumatic growth (PTG) is a "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). Of all models of PTG (e.g. Hobfoll et al., 2007; Joseph & Linley, 2005; Pals & McAdams, 2004), the most prevalent in research is the 'Five Domains Model' (Tedeschi & Calhoun, 2004), where positive changes result in outcomes of either one or several of the five domains: 1) Appreciation for life, meaning that individuals begin to see the world around them clearly and understand what matters in life; 2) New possibilities, meaning that they change their focus in life and create new life goals; 3) Spiritual change, meaning they may begin to attend a religious practice or start believing more in a higher power; 4) Personal strength, meaning that they report being stronger, more alive, open – in other words, they become a better version of themselves; and 5) Relating, meaning they become closer to others in their lives after adversity.

Trauma among childless women ranges from the experiences of miscarriage (Engelhard et al., 2001) to the trauma of finding out about one's own infertility, which is seen as "an injury to the individual's sense of coherence" (Kraft et al., 1980, p.623), and the loss of an ideal self, as well as the hope for immortality. Such trauma may also relate to women being unable to have children for reasons other than infertility. However, no prevalence rates exist for PTG among childless women. Understanding the process of PTG can assist both women and mental health professionals in guiding them effectively through the discrete traumas they experience on their journey of childlessness. Therefore, the current study aimed to identify the PTG domains that best predicted flourishing among childless women.

Flourishing describes a subjective state of positive emotional well-being and functioning. On the mental health continuum, flourishing is at the most positive side, exceeding even general well-being (Keyes, 2016). Keyes explains that this feeling should be in our lives at least once a day for most days over a period of a month. She suggests that one should feel either happy, interested, and/or satisfied (emotional well-being). In addition to feeling good, Keyes (2016) argues that when we are flourishing, we also have positive functioning in our personal and social worlds. Positive functioning includes things like: having a purpose and/or contributing to life; good relationships, belonging and a place in the world; personal growth and the ability to express yourself; a feeling that yourself and others are mostly good and okay; and an experience in which the world makes sense and you can manage your responsibilities in it. A woman who is flourishing has the experience of living a life worth living and a feeling of being able to cope with life's adversities (Dempsey & Burke, 2021).

Methods

This study involved a one-off,

online, cross-sectional survey. Participants were recruited via two UK and US online support organisations for women, who want to have children, but cannot. A total of 161 women completed the survey and their ages ranged between 25 and 75 years (M=43.90, SD=7.29). Table 1 provides detailed demographic information.

Measures

Two measures were used in the current analysis – The Mental Health Continuum Short Form (MHC-SF: Keyes et al., 2008) and Post-traumatic Growth Inventory Short Form (PTGI-SF: Cann et al., 2010). In addition to this, a series of demographic questions were applied, including a one-item measure of longing to have a child, which asked participants to decide on a five-point Likert scale (1 = does not apply at all; 5 = applies very much) how applicable the following statement is to them: My longing to become a parent is very strong.

Results

In the current sample, 11.8% of participants were languishing, 54% reported moderate well-being, and 34.2% were flourishing. A hierarchical regression analysis was carried out to assess the ability of all five PTG domains to predict flourishing after controlling for the longing to have a child. Preliminary analyses were conducted to ensure no violation of the assumptions of observed residual normality, linearity, multicollinearity and homoscedasticity. Longing to have a child was entered at step 1, explaining 11.2%of the variance in MHC. After the entry of the five PTG domains, the total variance explained by the model as a whole was 37%, F(6, 154)=15.27, p<.001. The five domains explained a further 26% of the variance in MHC, after controlling for longing to have a child, R squared change =.26, F change (5, 154)=12.88, p<.001. In the final model, only two measures were statistically significant. The highest beta value was reported in new possibilities (beta=.384), followed by relating (beta=.231). All other domains were not statistically significant. See Table 2 for details.

We can see that PTG and flourishing are correlated in these women, which points to the possibility of using therapies focused on trauma and PTG in childless women

Table 1. Demographic information

Variable	Results	Percentage
Location	UK & Ireland	33.5%
	US & Canada	22.9%
	Other (i.e. European, Australian, African, Asian, South American) countries	43.6%
Marital status	Married	54%
	Single	18.6%
	Divorced	7.5%
	In a non-committal relationship	19.9%
Reasons for childlessness	Unexplained infertility	18.8%
	Explained infertility	14.2%
	Not being able to find a partner to have a child with	20%
	Starting too late	30.5%
	Partner does not want a child	7.1%
Other	Miscarriage	13%
	Invested a lot of time and effort over the years to become a parent	37.9%
	Stopped trying	75.8%
	Have a strong longing to be mothers	41.6%

Table 2. Summary of Hierarchical Regression Analyses for Predicting the levels of Flourishing, after controlling for the strength of longing to have a child

Variable	Model 1			Model 2		
	B	SE B	□	B	SE B	□
Strong Longing	-.24	.05	-.33**	-.15	.49	-.21*
Life Appreciation				.01	.05	.02
New Possibilities				.24	.06	.38**
Spiritual Change				-.08	.05	-.12
Personal Strength				.01	.06	.02
Relations				.15	.06	.23*

*p<.05, **p<.001

Discussion

The current study revealed that 34.2% of women reported psychological flourishing, despite longing to have children and not being able to have them. Experiencing loss, such as that created by a lifelong goal that has been blocked, may result in an adjustment disorder (Carta et al., 2009), which may explain why childless women experience depression and other symptoms of mental illness, especially during the reproductive years (Graham, 2015). However, since flourishing reduces the risk of mood disorders (Schotanus-Dijkstra et al., 2017), the current study highlights the importance of assessing both mental illness and mental health to see a bigger picture of the well-being processes experienced by women.

This is also the first study showing that women who experienced the highest levels of well-being focused their attention on new possibilities in life and experienced growth in interpersonal relations. The new possibilities domain relates to adjusting life goals, learning and obtaining new skills, or refocusing attention on alternative activities (Tedeschi & Calhoun, 2004), which may occur when a significant life goal, such as childbearing, is unachievable (Hansen et al., 2009). Past research suggests that childless women tended to draw more from other activities in their lives, such as work, which for many becomes their passion (Engler et al., 2009), civic engagement (Kroll, 2011), or further education (Cwikel, Gramotnev & Lee, 2006; Koropeckyj-Cox & Call, 2007). Thus, these activities may serve as mediators for experiencing PTG.

The current study adds to past research by identifying the link between women's engagement with alternative activities and their experiences of PTG. However, further research is required to identify whether PTG is why women engage in extracurricular activities, or whether their ability to do so enhances their chances of experiencing PTG.

One value of such an approach is that it recognises the trauma experienced by some women going through childlessness without pathologising 'childlessness' as an experience that should always require intervention for mental illness

Furthermore, we need to acknowledge that the life goal of having a child is somewhat culturally shaped (Hawkey et al., 2018). Similarly, engaging with other activities, such as career and civic engagement, are valued in specific ways in a woman's life, depending on the culture she is living in. Future research into PTG could benefit from qualitative analysis of interviews with women about their experiences of changing their life goals and focus away from child rearing to other activities and exploring what socio-cultural discourses and practices enabled and or blocked this shift (Stoppard, 2007).

A similar cause-and-effect link applies to building relations. Recent studies show that childless women do not face large support deficits (Albertini & Mancarini, 2017). Furthermore, it is not necessarily the individual's parental status that affects their well-being, but their marital standing (Gibney et al., 2015; Graham, 2015). That said, the current study highlights the importance of developing closeness with other people when going through the potential traumas one can experience due to childlessness, as it positively impacts flourishing.

This study points to the value of taking a trauma-informed and socio-culturally situated approach to understanding difficult life events. We can see that PTG and flourishing are correlated in these women, which points to the possibility of using therapies focused on trauma and PTG in childless women. Such therapies would deal with the discrete and specific traumatic events experienced during the process of becoming childless and explore possibilities for PTG. The therapies would also support women constructing meaning and purpose in activities outside of childrearing and resisting cultural stigma or social norms. An example of this is the work of Ussher and how she combines CBT with a material-discursive approach (Ussher et al., 2002; Ussher & Perez, 2019). The work of Malik and Coulson (2013) similarly supports resistance to the norms by building an online community of support for alternative identity construction outside the norm of motherhood.

Secondly, by increasing opportunities for PTG, such therapies could likely mitigate the mental ill-health impacts that some of the literature reports are experienced by women who have become childless. One value of such an approach is that it recognises the trauma experienced by some women going through childlessness without pathologising 'childlessness' as an experience that should always require intervention for mental illness. In terms of furthering our knowledge, it is essential and helpful to distinguish between

trauma experiences and mental illness in women who have experienced childlessness. There is a tendency to conflate the two, but research into other issues shows that they can and should be treated as individual risk factors and experiences. For example, in the case of Complex Regional Pain Syndrome (CRPS) – a type of chronic pain that usually affects an arm or leg – there is no correlation between psychological ill-health and CRPS. However, there is a correlation between the number of life events and CRPS (Beerthuizen et al., 2009).

Lastly, this research explored identity and meaning and how it is co-constructed in women's lives. The research points to a more complex socially situated story of childlessness, which is not solely deficit-oriented and can be a story of flourishing.

Conclusions and policy considerations

Such a story of flourishing, which offers an alternative to the deficit-oriented narratives that are most available, challenge us to think about possible policy and practice implications going forward. The findings of the study point us toward a number of policy considerations.

The study highlights having a child as a significant life goal for many women, that is experienced as distress and poor mental health when this goal is blocked. Policy needs to recognise this and support women to enter motherhood more and to actively support and make fertility health care freely available. The study suggests that one can have experiences of trauma without developing a mental illness. Mental health and well-being policy need to differentiate between a trauma-informed approach and a mental health continuum approach to understanding distress. Meaning and purpose were predictive of post-traumatic growth in childless women in this study. At the same time, we know that there is a social stigma attached to childlessness that impacts on feelings of meaning and purpose. We need policies that support the social role of women outside of motherhood. One way to do this is by increasing the social role of men as fathers so that parenting is not overly weighted to women's identity at the cost of other meaningful identity options.

A practical implication of the study is to highlight the role of positive psychology and interventions that support post-traumatic growth in women who are distressed by their experience of not being able to have a child

A practical implication of the study is to highlight the role of positive psychology and interventions that support post-traumatic growth in women who are distressed by their experience of not being able to have a child. The study findings suggest that more interventions that support identity constructions outside of being a mother are very important for women. Such interventions can focus on developing meaning and purpose and creating social communities that reflect these values and identity options back to the women in these communities. Our findings demonstrate that the issue of childlessness is complex and may impact various women differently. Outcomes range from mental illness to discrete traumatic reactions, to post-traumatic growth and flourishing. In practice, one should never assume one outcome and leave space for both negative and positive outcomes from the experience of not being able to have a child.

Acknowledgements

The authors thank 'The Not Mum' and 'Gateway Women' organisations for granting access to the participants.

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