

Remaking Our Identities: Couples' Experiences of Voluntary Childlessness

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Abstract

Previous qualitative research findings have discussed motivations, decision-making, stigma, and resistance to pronatalism among voluntarily childless (VC) men and women. The current study placed such elements of the lifeworlds of VC individuals and dyads within the context of a life story of (re)making of the VC identity. Twelve life history and semistructured interviews with six VC men and women in three heterosexual couples in Canada were analyzed using thematic analysis. The VC choice was expressed as a decision to accept one's essential voluntary childlessness. The construction of the VC participants' bodies through their stories entailed episodes of conflict and resistance central to gendered experiences. We propose that this pattern of themes, in a pronatalist sociocultural context, points to a remaking of the figure of an extraordinary person from childhood, through to their current partnership, and into the future. These findings have implications for practitioners working with VC couples as they construct their identities, partnerships, reproductive decisions, life trajectories, and life projects.

Keywords

voluntary childlessness, reproductive decision-making, couples, identity, family

Several Western societies have seen recent increases in the incidence of voluntary childlessness (Agrillo & Nelini, 2008). The 2001 General Social Survey (GSS) indicated that 6–9% of Canadian men and women aged 20–34 were not planning to have children (Stobert & Kemeny, 2003, p. 8). The subsequent 2006 GSS indicated that 7.7% of Canadian women aged 15–44 who were in married or common-law relationships intended to have no children, a proportion stable since 1990 (Edmonston, Lee, & Wu, 2010, p. 309). The 2006 GSS also indicated that 8–10% of Canadian men aged 20–34 and 14–18% aged 35–44 intended to be childless (Ravanera & Beaujot, 2014, p. 44). The choice not to have children is experienced by a significant minority of Canadian men and women of child-bearing age. The current study explored the decision to be voluntarily childless (VC) among six Canadian men and women in three heterosexual couples.

Qualitative research has identified reasons and motivations among men and women for choosing childlessness, including protection of the unrestricted childless lifestyle; pursuit of a career; rejection of modern forms of motherhood, femininity, fatherhood, and masculinity; possession of personal qualities incompatible with parenthood; the influence of positive and negative experiences and models of parenting; and concerns for the environment, overpopulation, and world affairs (Carmichael & Whittaker, 2007; Doyle, Pooley, & Breen, 2012; Gillespie, 2003; Mollen, 2006; Lunneborg, 1999; Park, 2005; Peterson, 2014; Shaw, 2011; Terry & Braun, 2012). Qualitative research has also emphasized the experience of stigma and resistance among adults who have chosen voluntary

childlessness. Veevers' (1980) study of 156 Canadian married men and women characterized the VC experience as one of deviance, stigmatization, and stereotyping in a social and cultural context of pronatalism, wherein the desire to become a parent is normative. VC women and men have reported their perceptions of stereotyping (e.g., selfish, materialistic, abnormal, unnatural, unfeminine, and inadequate) and negative responses from others (e.g., shock, disbelief, dismissal, questioning, pity, patronization, and discrimination; Doyle et al., 2012; Lee & Zvonkovic, 2014; Mollen, 2006; Park, 2002; Rich, Taket, Graham, & Shelley, 2011). Park (2002) described the techniques and strategies employed by VC men and women to manage and negotiate their stigmatized identities, categorizing them as reactive, intermediate, or proactive according to “the degree to which they accept or challenge pronatalist ideologies” (p. 39). These included affecting infertility or the possibility of future parenthood; reproaching the conformity, thoughtlessness, and selfishness of parents; and other tactics that “derive from established cultural frames of individual self-determination and service to society and the global community,

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thereby confronting pronatalism with parallel culturally resonant themes” (Park, 2002, p. 39). This stigmatized position of the VC was illustrated by Durham’s (2008) findings that 32 married women and men engaged in a process of risk evaluation regarding whether or not and to whom they would disclose their VC status in anticipation of negative responses. Other analysis has depicted men’s and women’s experiences in terms of resistance to normative social roles and dominant cultural discourses of femininity and masculinity, such as Terry and Braun’s (2012) study of the “rebellion” of men who had “pre-emptive” vasectomies and Gillespies’s study of the “radical rejection” by VC women. Rich, Taket, Graham, and Shelley (2011) described how childless women experienced marginalization while at the same time refuting the discourse of their “unnaturalness” by “reframing childlessness as a natural and familiar way of being” (p. 243). Numerous studies have addressed ways of coping with stigma and disqualification in the VC experience.

Qualitative research has finally explored the choice not to have children by individuals and within couples. Two recent studies with women explored the experience of the process of the decision to be VC. In Doyle, Pooley, and Breen’s (2012) study, most of VC women placed the choice to be VC early in life—childhood and adolescence—in response to significant or traumatic experiences. “Generative” pursuits (e.g., community service, family support, and professional helping) have been identified by some VC adults as justification of their reproductive choice (Doyle et al., 2012). Shaw (2011) found while women defined their voluntary childlessness as an active choice, they described the decision as an equivocal, “fluid” process. Durham and Braithwaite (2009) described multiple pathways by which men and women came to the decision to be VC, through processes of consensus, negotiation, or persuasion within couples. Veevers’ (1980) earlier work had proposed two routes of decision-making between husbands and wives: “rejectors” demonstrated high consensus and independent choice, while “aficionados” demonstrated low consensus, negotiation, and even “conversion” of one partner to the VC way of life. Similarly, Lee and Zvonkovic (2014) classified the decision-making process among 20 married, heterosexual, couples into three types—mutual early articulator couples, mutual postponer couples, and nonmutual couples—and three phases—agreement, acceptance, and closing of the door. These classifications highlight common variations of the VC choice.

While other research has focused on the motivations for voluntary childlessness, experiences of stigma and resistance among VC adults, and elements of the VC choice, the current study considered this research question: how do VC individuals and couples construct the meaning of their identity, partnership, gender, and reproductive decision-making within an individual and shared life course? In this way, motivations, stigmatization, resistance, and reproductive choices were examined in the context of stories of individual and couple development. Three findings are presented related to (1) the nature of the VC choice, (2) gendered and embodied experiences, and (3) the figure of the extraordinary VC person.

Thematic analyses of the participants’ narratives elucidated a prototypical plot of identity development through discovering and choosing to accept one’s nature as VC evident in early childhood. The three shared stories of voluntary childlessness revealed gendered experiences of the body, wherein women replaced the VC cultural category with that of the involuntarily childless status and took on a nurturing role, while men were relatively silent and constructed themselves as already having been a parent. Employing the theoretical lens of Goodman’s (1978) “world-making,” we argue that these themes point to a process of reinvention of the role of the adult that surpasses resistance to stigma and rejection of parenthood to a transcendent, extraordinary position, involving a rearrangement and revaluing of elements of the ordinary world of adulthood and parenthood.

Theoretical Framework

The current research explored the VC experience from a critical phenomenological perspective (Good, 1994) grounded in social constructionist epistemology. Our interpretation of the lifeworlds of six VC adults situates the “webs of significance” (Geertz, 1973) which structure their experiences of voluntary childlessness in the context of political and economic forces and mediating social structures and practices (Good, 1994). The process of choosing voluntary childlessness may unmake the lifeworld, as it constitutes a disruption of the dominant cultural life course that expects parenthood, and narratives are means that individuals use to remake their lifeworld and to reestablish a sense of continuity and legitimacy in their existence. Two narrative strategies may be employed or combined to achieve that goal: cultural realignment (finding a place in the cultural meaning system, wherein the VC status is understandable and acceptable; Good, 1994) and cultural transcendence, entailing a rethinking of cultural expectations and generating alternative categories of normalcy (Becker, 1997). The strategies may be accomplished through world-making or “world-building,” which “always starts from worlds already on hand; the making is a remaking” (Goodman, 1978, p. 6). VC adults and couples may engage in construction of a new world—where their voluntary childlessness fits—by refashioning elements and symbol systems of the existing world(s) so that their chosen non-parenthood will no longer be defined as deviant. Working from cultural webs of significance that do not value the VC, these adults may rearrange and reshape the composition, emphases, and hierarchies of the world(s) in which the choice not to be a parent is marginal to one that transcends ordinary conceptions of family and of the life course.

Method

Twelve audio-recorded life history (open-ended) and semi-structured interviews (30–115 min long, 3–8 days apart) were conducted, by the first author (a woman of similar age, partnered, without a child), individually with six women and men, aged 28–42 in three married or common-law heterosexual

relationships, in their homes or on a university campus from December 2008 to February 2009. A recruitment announcement was circulated to the first author's acquaintances and posted on bulletin boards on a university campus. Informed consent was obtained. The life history interviews included questions (designed by the authors) about past, present, and future life experiences of the VC decision: How did it come to be that you decided not to have children? How did this decision change your life and who you are? What is it like to be a VC couple? What is the next chapter in your life to come? What will it be like to be a VC couple as you grow older? The semistructured interviews included 15 questions each with several follow-up questions or probes about: the reasons for choosing childlessness; disclosure of voluntary childlessness; relationships with family, friends, children and acquaintances; growing older and life legacies; and the meaning of self, adulthood, parenthood, woman/manhood, marriage/partnership, family, life course, and social status. The participants were invited to speak of anything else they deemed important at the end of each interview and were given the opportunity to begin the next interview with any new reflections. This research was approved by the institutional research ethics committee. Participants were given pseudonyms.

Merged interview data from verbatim transcripts was examined through inductive and deductive thematic (surface) and theoretical (deep structure) analysis (Rothe, 2000) or the interpretation of the themes constructed from the narratives. The first author read through each transcript to identify themes and reevaluated them as subsequent themes arose in other transcripts. "Eclectic" coding (Saldana, 2013) identified emergent concepts, categories, ideas, and aspects of experience in the transcripts. Review of the codes within and among transcripts revealed themes (larger patterns and hierarchies). The identification of themes was informed by the literature review, conceptual model, and *in vivo* labels. Themes were organized according to sequences of the narratives and developmental stages. An essential plot was expressed in its rudimentary form by every participant in answer to the researcher's very first question and then elaborated upon. These patterns were analyzed according to the synthesis of the theoretical framework: How did the narratives represent the preservation of the elements of the commonsense (VC) lifeworld? How did they negotiate the transitions between the lifeworlds they inhabited? How did the narratives represent the mediation of disruption and creation of continuity? How did they serve to protect the individual and couple in a dangerous, liminal, moral world? Participant checking of the analysis and interpretation was not conducted. According to Braun and Clarke (2006), the criteria for "good" thematic analysis include a thorough consideration of all the data, resulting in themes that are "internally coherent, consistent, and distinctive" (p. 98); in addition, the analysis and data should "match each other – the extracts illustrate the analytic claims" (p. 98) and the analysis "tells a convincing and well-organized story about the data" (p. 98). The two authors engaged in a dialogue with each other and the participants' stories to produce one "good" interpretation (of many

possible), "not to display mastery over the story, but rather to expand the listener's openness to how much the story is saying" (Frank, 2010, p. 88). The authors follow the tradition of an interpretive phenomenology, grounded in hermeneutic and critical theory, and the epistemology of social constructionism (both objectivist and subjectivist; Crotty, 1998). From this perspective:

skilled hermeneutic inquiry has the potential to uncover meanings and intentions that are . . . hidden in the text. Interpreters may end up with an explicit awareness of meanings, and especially assumptions, that the authors themselves would have been unable to articulate. (Crotty, 1998, p. 91)

Crotty proposed that "there is no true or valid interpretation" (p. 47) of reality, only "useful," "liberating," and "fulfilling" interpretations (p. 48). Bruner (1986) asserted that

the people we study interpret their own experiences in expressive forms, and we, in turn, through our fieldwork, interpret these expressions for [another] audience . . . our stories about their stories; we are interpreting the people as they are interpreting themselves. (p. 10)

The (re)interpretations of the authors were arrived at via the hermeneutic circle, a dialect between the whole and the parts (Crotty, 1998, p. 92), that is, examination of the parts of a participant's transcript, one participant's complete transcript, and all the participants' transcripts together.

Results

The narrative themes demonstrated a simultaneous movement of cultural realignment and transcendence. These six VC adults rejected the position of stigmatized marginality associated to their reproductive choice, moving toward the center of the cultural order and social structure, and then beyond that normative standard toward a transcendent space, where a positive value is attached to their abnormality.

Similar to the findings of previous research, the six men and women spoke of frustrating and disappointing experiences of pronatalist social pressures, including denial, disbelief, questioning, and judgment—by family, friends, colleagues, health professionals, and new acquaintances—of the reality and legitimacy of their decision not to become parents. Such resistances or even accusations by others were countered in various ways, such as asserting their thoughtful process of reproductive decision-making, their belief in the autonomy of children from being a parent's legacy, and framing childbearing—or not—as a matter of personal choice. Notably, John and David asserted minimal social conflict related to their VC status, which was not central to their identities. Some expressed guilt for not fulfilling their parents' wishes to become grandparents, which was somewhat relieved by legitimate health concerns and childbearing by siblings. Our findings reveal a number of strategies of identity (re)making in the context of these social circumstances. This descriptive report gives voice to all

participants on most topics through direct quotes, demonstrating the proximity and variation of participants' ideas and expression, suggesting that their abnormality is not constructed purely through idiosyncratic devices, but also collectively, through the recourse to alternative collective discourses.

Nature and Choice

Each participant recollected experiences during childhood, adolescence, and young adulthood that indicated the roots of their voluntary childlessness. They itemized memories of (1) early, persistent internal attitudes (in some cases acknowledged by others), (2) a lack of requisite interests and tendencies, (3) (in)compatibility in romantic relationships, and (4) among the men only, experiences with or responsibilities for children. These reflections served as a series of clues of their VC nature and the beginning of their decision to avoid parenthood. Later, the VC "choice" was the decision to accept and express that nature.

Participants recalled childhood and adolescent attitudes consistent with adult voluntary childlessness:

I've had the anti-mom bug since I was a kid . . . I honestly don't remember ever not feeling against being a mother. [later] I was basically born knowing I didn't want to be a mom. (Kate)

My mom says I've been saying that since I was [a teen] . . . When I told her the other day even—we're not having children—she was like, I know, you've been saying that for years . . . I always have felt that way. I've never had . . . a strong passion to have children. (Rose)

I never really had any interest in having children. It wasn't a conscious decision that I came to kind of debating or anything like that . . . I, even from a really young age, didn't really like young kids. [later] I've never been able to picture myself having a child. (John)

I don't remember the first time I decided that I didn't want to parent. I knew that it never appealed to me. Even as a teenager I didn't want to be a parent. (Mary)

I'd never really thought of having kids. Even when I was younger it was never a goal of mine to have kids. (David)

I never wanted kids. I mean, it was something that never changed. [later] There's not a day goes by that I think, I would really like to have a child. It's just not there. (Michael)

Parenthood lacked appeal for them early in life and voluntary childlessness was described as an orientation.

The men and women also declared a lack of an innate tendency toward parenting—that is, through the traditional route of procreation and sole caregiving—suggesting a potential explanation for their VC nature:

I just have no—I can't say I have no maternal instinct, but it's definitely very dormant. [later] I was basically born knowing I didn't want to be a mom, that I kind of go against what is considered a natural instinct. (Kate)

I think a lot of people feel that instinct. I feel it but . . . I don't want it like other people. (Rose)

Everyone's got a theory on my biological clock . . . I'm going to turn [age] and all of a sudden I'm going to want a kid. [later] I don't believe the hype . . . I've never faltered. (Mary)

You're supposed to create life or something . . . fathering a child and all that stuff, it just doesn't feel right. It doesn't really ring as something that I should do, whether or not I'm supposed to or not. I mean biologically. (John)

I might have had the parenting gene in me, been born with it, but the thing is that looking after as many kids as I did, basically being the adult in the family . . . it's a little difficult. (Michael)

The participants also cited unsuitable personality traits (e.g., lack of patience and nurturing) or levels of commitment for the responsibility and undertaking of parenting, aspects of themselves that were aligned in a direction that opposed parenthood.

The participants' propensity for voluntary childlessness was further revealed by adolescent and young adult romantic relationships for five participants. These moments were a milestone (or in retrospect, an additional sign) of a process of progressive awareness of their VC nature. Relationships before their current partner served to reveal the VC preference:

[It] was really good except he really wanted kids and I really didn't. It became . . . a deal-breaker. There's no happy compromise on that issue. We split up over it . . . By then I was certain. I knew because there had been that pressure, that I was willing to give up that relationship over it . . . That was the first time it actually impacted my life . . . If there is a moment it was the moment of leaving a long-term relationship due to that. (Mary)

There were a couple of times when I was in a relationship where I thought I might let myself be a mom just for him. I always knew that was totally the wrong reason . . . I was always relieved when that relationship would end. I wasn't actively searching for a partner that didn't want kids, but I was always relieved when the one that did want kids and I broke up. (Kate)

I knew then I didn't want to have children and I didn't want to feel pressured or that it would be expected . . . we talked about marriage and kids. I always said no. (Rose)

When I was a teenager I went through a couple of scares of being a father . . . Oh god, I really don't want to be a father . . . I don't want kids. (Michael)

I was sick of getting into a relationship and thinking, this really doesn't work, we're not compatible. [later] I also wasn't really interested in getting into a relationship with someone who did want to have a kid, because I definitely didn't. (John)

David's experience was different; he stated his moment of self-identification as VC came at a time when he was single and realized the majority of his friends had partners and children. These previous relationships contrasted with the fit of their current partnership. For some, this encounter brought the finalization of the VC decision or identity. On the question of children, they were in agreement from the beginning:

When we got together, and we decided that neither one of us wanted kids, it was perfect. (Michael)

That was the first thing we agreed on, we both didn't want to be parents. So it was a good fit. (Kate)

It became solidified . . . within our first two weeks we both felt and said that we didn't want to . . . have children. And that's just the way it's been ever since. (Rose)

So, I don't want kids. It was pretty much right off the bat . . . Oh good, I don't really either . . . It went over well. (John)

It was one of the first things we talked about [not wanting to have children] . . . It fit perfectly. (David)

These relationships further confirmed their VC status for themselves when it was embodied in a social relationship. Mary alone expressed that this relationship also made definitive her VC status to her social network and brought social legitimacy:

I don't know how serious any of them took it. Probably that decision was given validity when we as a team said we're not going to . . . Maybe it just made it more likely that I was serious. That I wasn't going to change my mind.

These adults told stories of a voluntary childlessness rooted in early life, clarified in early romantic relationships, and settled in their current partnerships. A configuration of themes and life experiences emerged in which these six adults characterized their voluntary childlessness as inevitable.

Unique to the men were descriptions of early experiences with children and caregiving, which they explicitly connected to their voluntary childlessness. This role fulfillment in early life entailed a degree of deprivation of childhood (for Michael and David) and influenced their attitude toward parenthood:

I was never actually a child myself . . . it was as if I had become a parent right there . . . in that time I was like, I just don't want kids . . . I'm sure that played a major part in my decision. (Michael)

I must think kids take a lot of time or something . . . my [sibling] . . . I helped raise . . . I learned responsibility at a really young age. So now I'm trying to turn all that back and be irresponsible. (David)

I think it solidified because . . . I made up my mind on that one. I really don't like that . . . Even from a young age. I'm sure that probably growing up with a lot of younger [siblings] . . . I'm sure it's got its place in where it happened. (John)

This gender-specific narrative, while it cannot be explained based on the limited data, raises important questions for future research.

Gender and Embodiment

For two women, the seeking of permanent contraception brought about resistance and conflicts with their families or health professionals. This was demonstrated in Rose's case:

When I went to my doctor to ask to get referred . . . I won't refer you . . . So I went back months later and I said, I want that referral. The doctor did . . . I went to see the specialist, who, I think was a little leery. But the doctor wasn't going to stop us. [later] We couldn't decide who should do it . . . There was such a negative reaction from my family that I started feeling panicky and I had to cancel. Because everyone was like, "you're making the biggest mistake." When it was really just a decision between my partner and I. That was hard . . . We just haven't went back to it yet. Next time I'm not going to tell anyone. [later] My parents were unbelievably upset, which is not what I was expecting at all . . . I felt like maybe people thought that maybe I wasn't thinking it through yet. I had been. It really had nothing to do with anyone else. I just thought I'd be honest with them and tell them that's what I was doing and then they just flew off the handle.

The pressure of others had a significant impact on Rose's attempts, even stalling action on the choices made by the couple. Rose later found out she had a health condition: "so it's even harder to get pregnant anyway." Kate also discovered, subsequent to her choice of voluntary childlessness, a health condition requiring contraception:

When the doctor gave me the news she was all apologetic . . . It was more of a relief when I had the medical thing . . . I was just so grateful that I wouldn't have to constantly go under the bombardment of, "when are you going to have kids" . . . They pretty much left it alone as soon as I got the medical backing. [later] As soon as it was official that we were that committed to each other, he went in for the surgery . . . We went through such a wringer with that doctor . . . the only reason the doctor ended up doing it was because of my health condition . . . Apparently not wanting to be a mom isn't enough.

This time again, healthcare providers and family members posed resistance against voluntary childlessness and sterilization, which the couple countered with a measure of involuntariness (bodily vulnerability). At the same time, Kate spoke of a physical reproductive capacity:

The doctor congratulated me because I had the most perfectly situated, placed reproductive organs . . . I was just made for making babies and I laughed and told her I was not planning on it . . . You can have babies . . . Most women want to hear that.

In this encounter, she was confronted with the pronatalist discourse on womanhood in positive terms. Kate described her body simultaneously as having a dormant physical drive to reproduce, a capacity for reproduction, and for which reproduction is perilous. This finding of ambivalence about the VC reproductive female body in one case should be explored in future research. The comprehensible and legitimate social category of physical illness facilitated Rose's and Kate's negotiations with health professionals and family when attempting permanent contraception to solidify their voluntary childlessness—an incomprehensible, illegitimate social category.

Rose's and Kate's stories contrast with Mary's experience in seeking permanent contraception prior to her current relationship:

Out of my whole story, of the whole whether to have kids or not, it's the most positive experience out of all of it.

Mary did not encounter resistance from her relatives or doctors. Instead, a conversation with a colleague about her body reverberated in her narrative:

"What do you mean? Yes you're going to have kids." "Oh no, really, we're not." It got to the point where I just quit telling people. I said no we're not. And he told me that a tree is only as good as the fruit it bears . . . My life is wasted if I don't have kids.

This comment spurred self-doubt and self-suspicion:

That I, both as a person and as a woman, am fundamentally flawed for not wanting to do this . . . I've struggled greatly. Never in my decision not to, but for the reasons not to. That I'm inherently flawed, fundamentally flawed, inherently selfish . . . if physically I'm depriving my body of something by not [i.e., cancer risk].

These women were questioned by the health professionals from whom they sought services to transform their bodies to align with their nature and identity; the families to whom they were connected through reproduction and whose support they needed; and a colleague whose stray comment had a lasting impact. Seeking permanent contraception was a personal and public act demonstrating commitment—through the altering of the body—to voluntary childlessness. At the time of the research interviews, two men had vasectomies, and one couple had postponed.

Mary and Kate's narratives also described an alternative nurturing role that is symbolically transformed into an equivalent to the motherhood role. The metaphors in the following statements establish the separation between the procreative role and the social roles of father and mother; that is, a social parenthood:

Motherhood isn't just about producing from your own loins. It's about nurturing and caring for people. I realized that . . . I want to help my friends or my family or my loved ones . . . in a way I am being a mother right now. It's not that I've nursed and created, it's that I'm nurturing and guiding. People [think] that womanhood is based on whether or not you have created a child . . . People don't realize you can nurture and care for people without the belly aspect. (Kate)

I don't believe I'm any more or less of a woman whether I let my eggs become fertilized. I always tend to think of fertility . . . in terms of land and growth of natural things. As opposed to being fertile and infertile, in terms of reproductive . . . Just because I don't have kids . . . I think of earth, I think of nature, Mother Nature. I don't define it back then into procreating. I believe that I can be fertile in how I give back to the land. (Mary)

Here, "fertility" is evoked, but it refers to caring and nurturing outside of the process of procreation. These metaphors question the cultural assimilation of motherhood with the role of genitor. Similarly, Rose questioned conflation of womanhood and motherhood:

There's a lot of people who can't bear children that have adopted; does that make them less of a woman?

The women's talk about the VC body was comprised of episodes of social and cultural conflict, demonstrating the oppressive omnipresence of pronatalist discourses in their lives.

In contrast to these tensions, two men's (John, David) narratives of the body, manhood, and fatherhood were quiet. They did not speak of the process of seeking or completing permanent contraception (while their partners did), though one briefly mentioned his partner's pursuit to change her body. Michael, however, also told a story of resistance from health professionals:

My doctor tried to talk me out of it . . . didn't want to do the surgery because of the fact that I didn't have any kids . . . if I have a choice between a child or my partner, I choose my partner . . . the doctor still tried to talk me out of it as I was going into the room . . . "you may want kids later on in life" . . . I've never wanted kids, and I never will want kids . . . I met with the doctor three or four times before . . . the doctor would argue with me about it and I just stood my ground.

Michael explained, "I did it for her as much as I did it for myself" and also cited his partner's health status as an explanation to outsiders for his voluntary childlessness:

A lot of people think that I made the wrong decision. Actually, almost everyone . . . until I explain to them about her condition, and the fact that the last thing I want to do is lose her.

Michael spoke of his sterilization as both voluntary and constrained by his partner's condition. Key episodes in the women's narratives do not figure in the men's, their partners. These gendered differences—emphasis on the women's bodies and not the men's—in the telling of the VC life are striking. Further study with deliberate elicitation of talk about the body is needed for full interpretation.

Extraordinary Persons

From much thematic material, a figure of the extraordinary VC person's lifestyle and character emerged. All six participants asserted the freedom of their VC life compared with the responsibility and burdens of parenting, which allowed for fulfillment, nurturing their relationship with their partner, spending time with special people in their lives, travel, and pursuing goals (financial, career, and philanthropic). They described a life trajectory with different milestones than parents; a course not determined or marked by children. They described themselves as available for and positioned in special roles in the

lives of the children (nephews, nieces, and godchildren) and a support to the parents. Their aversion to procreative parenthood did not imply aversion for children; in fact, they stated that they enjoyed children. This theme is captured in Mary's refrain that "it takes a village to raise a child." Each participant claimed that predictions by others of their future loneliness were inaccurate (as well as the guarantee of being cared for by offspring). They saw themselves as preparing for both independence and interrelatedness as elderly people. They envisioned being involved in the lives of nieces and nephews and surrounded by friends. The VC life would also allow for giving back in the future (two couples) including international humanitarian work, which would not be postponed by children, and pursuit of dreams in light of a serious health condition. They also framed voluntary childlessness as a context for a long-lasting, happy couple relationship. One couple envisioned financial security. While idiosyncratic, what these visions had in common was the implicit and explicit contrasts of their future lives with those of parents, and the value they associate to that out-of-the ordinary life project. By constructing an extraordinary lifestyle, originating in their youth and emanating from the VC character, the participants presented an alternative model of the "good life" (Ricoeur, 1992, p. 172). Indeed, "besides one's own offspring," there are "so many things that need love, so much other work love has to do in the world" (Solnit, 2015, p. 7).

Discussion

Our interpretation presents a part-whole relationship model relating many topics to the broader trajectory and way of life (Gadamer, [1959] 1988), placing the VC nature, choice, and gendered embodiment within heterosexual couples' shared life narratives. We argue that the VC identity is not only part of a conception of self but also a lifestyle, a world, an ethical aim and a life plan; all these aspects of existence are components of a global configuration. The experience of the VC individual is more fully understood in the context of the whole life story (Gadamer, [1959] 1988). Collectively, the participants' narratives constructed a developmental process of discovery of the VC self (in early life and relationships) and the choice to accept it as one's identity (conceived as an outgrowth of one's nature) and destiny. The efforts to bring the body in line with that inner self—declaring oneself VC as a couple and seeking permanent contraception—brought about intense resistance and conflicts in their lives. Forgoing ordinary physical parenthood allowed them to take on alternative nurturing roles in the "village."

In the same way that the social milieu naturalizes reproduction, the participants naturalized their voluntary childlessness, revealing the logic of their adaptation to their otherness and the complex of world, society, family, self, and sexualized body, which serves as a matrix of their understanding of themselves and of the place they occupy in the chain of life. While often characterized as a choice, the participants constructed voluntary childlessness as both innate and chosen: the decision was to accept one's VC nature. These findings are similar to

characterizations of the VC choice and identity as a "fluid journey" (Shaw, 2011, p. 151), a "naturally childfree position based on a non-decision" (Peterson & Engwall, 2013, p. 383), and "deep-rooted," "necessary, essential and inevitable" (Peterson, 2014, p. 6). In the current study, participants emphasized the VC identity as primary and the choice as secondary. Further research should explore these nuances of choice and nature.

Lee and Zvonkovic (2014) characterized sterilization as an act of "closing the door" (p. 548) in the VC decision process. In this study, sterilization was also described as a significant point of passage and a statement about the irreducible character of the VC identity. For two women, seeking permanent contraception brought about a disruption of their VC lifeworlds (linked to the taboo and associated to self and social harm). Replacing the VC body with a compromised procreative body brought cultural realignment, without challenging the underlying cultural values. This strategy of substituting a less stigmatized or more understandable identity (involuntarily childless) for the stigmatized VC identity was also noted among Park's (2002) participants. For Mary, it was the questioning of her "tree" by a colleague that brought disruption. At the same time, both Mary and Kate asserted an alternative, metaphorical fertility outside the cultural norms of motherhood. In contrast to these strategies related to the body, Peterson and Engwall's (2013) participants eschewed female sterilization, preferring to stay "notionally fertile" (p. 383). Such varied and gendered experiences of body and identity are not surprising given the Western notion of "women's 'nature' as sexually reproductive" and thus, "childless women are an oxymoron, defined by something they are not" (Hird & Abshoff, 2000, pp. 347–348) and "fail to conform to the feminine ideal about attachment, connectedness, dependence and concern for others" (Peterson, 2014, p. 8).

This study's collection of themes suggests cultural realignment and cultural transcendence through narrative, simultaneously reaffirming the ordinary conceptions of parenthood and family and transcending its frontiers. The participants deconstructed the figure of the VC adult imposed on them and remade a new image. The participants agreed with others regarding their otherness but reversed the meaning and value attached to it, from negative to positive. The results resonate with findings that VC adults challenge pronatalist discourses with other cultural values (Park, 2002) and point to generative life activities (Doyle et al., 2012). Similarly, Terry and Braun (2012) found that childfree men who had vasectomies positioned themselves as both selfish (less than) and as unconventional and "beyond the normal or average person" (p. 219). Additional research should explore and clarify normative, parallel, and transcendent VC identities among men, women, and couples.

For two men, their descriptions of a version of parenting in their youth may have been an act of cultural realignment, declaring they had already been a parent, and through this equivalence, reintegrating themselves into the realm of parenthood and normalcy. Like the third man, some of the women in Mollen's (2006) study reported the influence of "early responsibilities" and "experiences with child care" that were

“unappealing” (p. 274) on their decisions. Additional research is needed to support this interpretation and clarify whether the men were saying that they did it in the past and disliked it, so they got rid of any form of parenting, or that they have explored the standard way to parent when they were young and, as a result, they have adopted an alternative form of parenthood; that is, whether they constructed a realignment (through symbolic equivalence) or on the contrary a dissociation from the norms based on past experiences. These gender-specific tales cannot be explained based on the data from this small study but highlights an avenue for future exploration.

It has been recommended that counselors and therapists identify their assumptions about VC adults, and normative development and family forms in order to assist individuals and couples in dealing with experiences of stigma, as well as with reproductive decision-making, identity and role issues, and future goals (Mollen, 2006; Gold & Wilson, 2002; Pelton & Hertlein, 2011). Practitioners should understand the challenges couple relationships face during the process and as an outcome of the decision to be VC (Durham & Braithwaite, 2009). The results of this study expand our knowledge of how some men and women may conceive of and adapt to their VC identity. The harmony of the shared narratives—in content and form—is a result of the couples’ shared lives and jointly constructed, intersubjective discourses, as well as residence in the same local context. The interpretations from this small study require further support. Future research instruments should address issues of the VC nature and choice, the VC body, and caregiving roles in childhood, and consider how shared narratives evolve through time as people grow older and encounter life experiences such as separations and divorce.

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