

A FOUCAULDIAN DISCOURSE ANALYSIS OF SOUTH AFRICAN WOMEN'S EXPERIENCE OF INVOLUNTARY CHILDLESSNESS

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ABSTRACT

As a consequence of positioning women within the dominant gender role of motherhood, the inability to have a child has exposed women, and more notably women in Africa, to extreme social consequences that often violate their human rights and lead to socio-economic disempowerment. Despite this, research has revealed only a limited number of current studies on women's experiences of involuntary childlessness and history evidences a dearth of intellectual and material investment of resources in women's health in general.

The aim of this study was to consider prevailing discursive constructions that position women within dominant ideologies that engender motherhood for women, and to explore how women make sense of and construct meaning regarding their experience when they desire but are not able to have a child. I was interested in how the meaning invested by the women who are involuntarily without a child is potentially shaped through the process of incorporating prevailing discursive constructs within the larger context of gendered discourses and practices.

Six semi-structured interviews were conducted involving South African women from diverse backgrounds who had been diagnosed with primary infertility, or secondary infertility who are without children. Women who were interviewed were accessed through Groote Schuur State Hospital's infertility clinic. A qualitative approach was adopted in the study, and, as a means of analysis, Foucauldian Discourse Analysis was employed.

The study takes a feminist perspective while positioned within a post-modern, social constructionist epistemology. In the study I take into account Nancy Chodorow's theory on the reproduction of mothering, Foucault's concepts of power, normative pressure, and the production of docile bodies, as well as looking at discourses which evidence in literature as constructive of involuntary childlessness.

What emerged as dominant constructs impacting on the subjective experience of involuntary childlessness for the women interviewed, were bio-medical aetiological constructs, and discourses positioning women as mothers. Within these broader discursive categories were labyrinths of supportive discourses reifying these particular constructions, including women-centred, social biography, and those discourses constructive of identity that support innate motherhood and women as maternal. There was an over-riding sense that the women interviewed, as women without children, were discursively negated, positioned as other, and left without adequate discursive options to reposition themselves. The implications for the women interviewed of adopting the woman-mother construct appeared to be a felt sense of deficiency and deviance, as reflected in discourses utilized. From this position what also seemed to emerge were acts of resistance against discursive parameters and practices that constructed their position as negative or that negated their position.

DECLARATION

I declare that *A Foucauldian Discourse Analysis of South African women's experience of involuntary childlessness* is my own work, that it has not been submitted for any other degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Barbara Kantor

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Women who are involuntarily without children, in addition to the myriad of felt losses and high degree of distress caused by the inability to have children, find themselves positioned as outsiders, ostracized due to the 'betrayal' of their own bodies. Women involuntarily without children, through no choice of their own, find themselves unable to conform to the social norm of motherhood. Yet these women remain tied to the same standard of evaluation as a basis for their social and gender identity, which is perceived as homologous with motherhood. With no alternative identity or space for 'creative labour' (Ireland, 1993), they become non-mothers. The implications of this 'deviant' position are multiple, from being negated to experiencing various forms of abuse and disempowerment.

Responses to women without children are reflected in discourses and practices at the level of the individual as well as in the broader context of society. Within the bio-medical field reproductive health in the developing nations of the south has been mainly focused on fertility control (Hazelwood, 1999; Okonofua, 1999; Raymond, 1993; Van Balen & Gerrits, 2001).

Discussions around population control have often negated the impact of involuntary childlessness and, in fact, have challenged a woman's desire to pursue treatment (Inhorn, 1994a; Sandelowski, 1988; Ulrich & Weatherall, 2000).

Research has revealed only a limited number of current studies on women's experiences of involuntary childlessness and history evidences a dearth of intellectual and material investment of resources in women's health in general (Dyer, Abrahams, Hoffman & Van der Spuy, 2002b; Green, 2003; Riessman, 2000a; Van Balen & Gerrits, 2001). The studies that are available indicate several troubling trends, however. For instance, some studies indicate that responsibility for infertility is more often attributed to the women by both men and women, in some cases regardless of the fact that the cause had already been determined to be male factor infertility (Abby, Andrew & Halman, 1991; Becker & Nachtigall, 1994; Inhorn, 1994a; Inhorn 1994b; McEwan, Costello & Taylor, 1987; Okonofua, 1999; Van Balen & Gerrits, 2001). In studies that explore gender differences in personal responses to involuntary childlessness, women appear to experience greater degrees of disruption, distress, stigmatisation, alienation, decreased self-esteem, guilt, disempowerment and abuse than do men (Abby, *et al*, 1991; Berg, 1994; Cook, 1987; Cooper-Hilbert, 1998; Dyer, *et al*, 2002b; Inhorn, 1994a; Inhorn, 1994b; McEwan, *et al*, 1987; Okonofua, Harris, Odebisi, Kane & Snow 1997; Okonofua, 1999; Sandelowski, 1988; Ulrich & Weatherall, 2000). Other studies show that cultural beliefs, values and ideas about fertility have legitimised in the eyes of individual women the extreme measures and increased risks they are willing to undergo in order to have a child (Becker & Nachtigall, 1994; Inhorn, 1994a; Inhorn, 1994b; Okonofua, 1997; Woollett & Boyle, 2000). These findings have been reinforced by a study by Dyer *et al.* (2002b) in Cape Town, which indicates immense psychosocial

consequences experienced by women as a result of their not bearing a child, and by Inhorn's (1994b) socio-medical exploration. The latter study was conducted in mainly rural and lower-class urban areas in Egypt and reveals a general nervous vigilance among women collectively, and the desperate measures to which women subject themselves to in an attempt to avoid, prevent or extradite involuntary childlessness and marginalisation.

Further, several studies (Cook, 1987, Abby, *et al*, 1991; Inhorn, 1994a; Ponticas & Fagan, 1997; Ulrich & Weatherall, 2000; Wager, 2000; Woollett & Boyle, 2000) highlight the issue of the cultural construct of motherhood. Motherhood has been constructed as important for a woman's social, psychological and physical sense of adequacy and completeness, without which the woman has failed individually and socially. It is heartening that the current research shows greater recognition of women's struggles due to involuntary childlessness, but more research is called for to gain insight into the impact it has on women, notably in Africa (Berg, 1994; Berg & Wilson, 1990; Cook, 1987; Inhorn, 1994b; McEwan, *et al*, 1987; Okonofua, 1999; Okonofua, *et al*, 1997; Sandelowski, 1988).

1.2 DEFINITION AND PREVALENCE OF INFERTILITY

For the purpose of this study, and to access discourses utilized, I have applied the medically recognised definition of infertility, which states that a couple is infertile if they have not conceived after twelve months of regular unprotected sexual intercourse (Abby, *et al*, 1991; Cook, 1987; Dyer,

Abrahams, Hoffman & Van der Spuy, 2002a; Kikendall, 1994; McEwan, et al, 1987; Okonofua, et al, 1997; Raymond, 1993; VITALAB, 2002). When there is no history of conception the couple is considered to have primary infertility (Berg, 1994; Keye, 1999; McEwan, *et al*, 1987). Conditions of secondary infertility apply to couples who have conceived but whose pregnancy was not carried to term (McEwan, *et al*, 1987), and to couples who have previously conceived but are presently unable to (Keye, 1999). The cause of infertility can lie with either the man or the woman, and in about 10 to 20% of the cases, are determined to come from combined factors or unknown causes (Abby, *et al*, 1991; Cook, 1987; Okonofua, *et al* 1997; Rosenthal, 1997; VITALAB, 2002).



Research in sub-Saharan Africa indicates that 20-50% of couples of reproductive age have a fertility problem, 30 per cent diagnosed with infertility, a level considered exceptionally high and exceeding reports from other parts of the world (Inhorn, 1994a; Okonofua, 1999; Van Balen & Gerrits, 2001). Available evidence suggests that a major underlying cause for the increased incidence of infertility in Africa is the high prevalence of sexually transmitted infections, of infections or complications following unsafe abortions, and postpartum infections (Abby, *et al*, 1991; Dyer, et al., 2002a; Dyer, et al., 2002b; Inhorn, 1994a; Larsen, 2000; Okonofua, 1999; Van Balen & Gerrits, 2001). The prevalence of disease related causal factors in the origin of infertility is of such a high incidence in sub-Saharan Africa that infertility is not merely an individual concern but a public health problem

(Larsen, 2000). Preventative health care as an intervention has not been made available to most couples in Africa (Okonofua, 1999). A number of African women choose to seek help through more traditional means that are often not effective, and in some instances, harmful (Okonofua, 1999; Okonofua, *et al*, 1997; Inhorn, 1994b). A pattern of these conditions seems to have evidenced itself in Africa over at least the past three decades, and there is no sign at present to indicate a decline any time soon (Belsey, 1976; Cates, Farley, & Rowe, 1985; Okonofua, 1999).

1.3 BIO-MEDICAL INTERVENTION

This widely accepted bio-medical definition of infertility reflects how involuntary childlessness is located within discourse, which in turn informs the current understanding of infertility and how it is responded to. Pregnancy is exclusively a female biological occurrence. On the basis of this, dominant discourses have presented biological reproduction as associated with women's bodies, and consequently fertility is viewed in terms of women, and infertility as her failure (Riessman, 2000a). As a result of adopting a 'scientific' basis and a medical understanding of involuntary childlessness, interventions have been developed that focus on women's bodies. These practices tend to individualize and alienate women and obscure the larger social context (Becker & Nachtigall, 1994; Goslinga-Roy, 2000; Green, 2003; Riessman, 2000a; Ulrich & Weatherall, 2000).

The biological aspect of pregnancy is readily accepted, but motherhood is both biological and social (Gordon, 1990; Green, 2003; Klein, 2000; Sawicki, 1991). Less prominent in the discourses around infertility are the many social meanings that have become associated with motherhood (Sawicki, 1991). The term involuntary childlessness takes into account the social perspective that names as an essential component the desire to procreate, and the inability to do so (Miall, 1986; Riessman, 2000a). Mandy Ireland (1993) referred to women who desire and endeavour to fulfil the maternal role, as 'traditional' woman, as opposed to 'transitional' or 'transformative' women, the latter two viewing their position as ambiguous and child-free, respectively. Ireland points out how the strong identification with the dominant gender role of motherhood places women, who are without a child, in a vulnerable position to the negative impact of social judgment regarding their childlessness.



1.4 SHIFT FROM BIO-MEDICAL TO SOCIAL CONCEPTUALIZATION OF CHILDLESSNESS

In an attempt to disentwine the biological from the social and highlight the implications of social constructs pertaining to motherhood, distinctions have been drawn between 'sex', which is the biological element that distinguish male from female, and 'gender', which incorporates all the cultural elements that contribute to social roles and values attached to men and women in society (Goslinga-Roy, 2000; Green, 2003). For standpoint feminists, who challenge the assumption of the inferiority of women, the division between

sex and gender was advantageous in that it helped to facilitate an analysis of gender identity development and highlight its constructed nature (Chadwick, 2006). Some feminists have questioned even this distinction, arguing that 'sex' is also a product of cultural construction (Chadwick, 2006).

Social and cultural responses to a woman's inability to achieve what is imposed as a condition of women's gender identity highlights childlessness as part of a larger issue of social injustice, political inequality, and subjugation of women (Broaddus, 2002; Hazelwood, 1999; Okonofua, et al, 1997; Okonofua, 1999; Riessman, 2000a; Ulrich & Weatherall, 2000). At the Vienna conference in 1993, the International Conference on Population and Development in 1994, and again at the 1995 World Conference on Women there was an acknowledgement of the impact of the social, political and economic context of women's lives on their health (Dyer et al., 2002b; Wanitzek, 2003). This served to shift the focus away from the strictly biological model of reproductive health to one based on the notion of individual rights, one which takes into account a cultural analysis of gender (Green, 2003). Unfortunately no concrete strategies or guidelines were outlined as to how this could be taken forward into action in low-resourced countries (Van Balen & Gerrits, 2001). The African Charter on Human and People's Rights and the South African constitution reflects this shift at a policy level by giving particular attention to women's rights, yet women in Africa continue to struggle due to a perceived conflict between women's

rights and African culture, which is also protected in the South African constitution (Wanitzek, 2003).

Women without children find themselves positioned within what has been constituted as a deviant subculture (Abby, *et al*, 1991; Broaddus, 2002; McNay, 1994; Miall, 1986; Morell & Wager cited in Woollett & Boyle, 2000; Sandelowski, 1988). As a consequence of this positioning, and due to the importance placed on child bearing and perceptions relating to childlessness over the years, the inability to have a child has exposed women, and more notably women in Africa, to extreme social consequences that often violate their human rights and lead to socio-economic disempowerment (Dyer, *et al*, 2000b; Okonofua, *et al*, 1997; Okonofua, 1999; Van Balen & Gerrits, 2001).



1.5 AIM

It is suggested that, presented with a limited repertoire of discourses, women without children attempt to 'warrant voice' (Burr, 1995) by positioning themselves within the dominant discourses availed to them, and in so doing, unwittingly contribute to the perpetuation of the dominant ideology engendered in prescriptions of motherhood for womanhood (Riessman, 2000a; White & Epston, 1990). With this in mind, it was my intention in doing this study to gain an understanding of how women who are involuntarily without children construct and make sense of their childlessness, as well as to reflect the impact that social discourses around motherhood have on experiences of involuntary childlessness within the larger context of

gendered discourses and practices. Of particular interest is how dominant social discourses of motherhood play a role in the position that women take in relation to their childlessness.

1.6 THEORETICAL FRAMEWORK

For the purpose of this study, to facilitate the exploration of women's personal experience of infertility and the influence of dominant discourses in positioning women who are involuntarily without children, I adopted a feminist perspective. A feminist perspective provides a useful orientation to investigate socially constructed concepts of gender, and seeks to give meaning to the subjective experience (Chodorow, 1995; Freedman & Combs, 1996; Nielsen & Rudberg, 2002; Ulrich & Weatherall, 2000; Wager, 2000).



In the study I worked within a post-modern, social constructionist framework. I applied Foucault's understanding of the use of discourse in power relationships, and how dominant discourses can blind individuals to the possibilities of alternative positions and subjugate them to normative standards, eradicating individual agency. Drawing on Foucault's work, it was my intention to investigate the premise that the exclusion of certain discourses and the wielding of power allow certain people to silence and marginalize others while reifying and legitimising dominant discourses.

1.7 CONCLUSION

Despite the high prevalence of infertility in Africa, and the evidence showing infertility to be a major reproductive health problem with immense social consequences, emphasis in the area of reproductive health in Africa has for the most part not addressed the impact of involuntary childlessness on women. My intention in doing this study was to highlight personal experiences of women in South Africa who are involuntarily without children, and to explore the influence of prevailing discourses on self-subjugation to normative prescriptions of motherhood. It was my hope that through a process with the women involved in the study of personal historical reflection, to expose dominant discourses utilized, and create space to exercise some choice with respect to discourses and practices that are employed.



The form my thesis takes begins in chapter two with an overview of the relevant literature, and of discourses that have emerged relating to involuntary childlessness, as reflected in the literature. Chapter three positions the analysis process within a feminist, post-structuralist paradigm and provides an account of the methodology employed, the respondent selection process and details, as well as personal reflections on my involvement in the study. Chapter four presents an analysis of the discourses employed and reflects on the experience of involuntary childlessness for the women interviewed. The thesis concludes with chapter five, which provides a synopsis of the analysis; it's relation to the literature

reviewed, limitations of the study, and possible broader implications of the study.



Chapter 2

LITERATURE REVIEW

2.1 INTRODUCTION

It is the intention, in this chapter, to position the study within the social and theoretical context from which the study was conducted, and to provide insight into expectations of motherhood for women and the experiences of women who are involuntarily without children, as reflected in studies conducted. I present a review of relevant literature to this end. An attempt was made to highlight the African situation regarding women who are unable to bear a child, as well as related social issues that evidenced in the context of childlessness. Accounts reflecting involuntary childlessness specific to women in South Africa were limited.



The theoretical paradigm I utilized lies within the feminist, postmodern, post-structuralist epistemology. In this chapter the positioning of women as mothers is contextualised within Chodorow's analysis of the reproduction of mothering and Foucault's understanding of subjugation through normalizing tendencies. Discourses around childlessness are considered, as well as women without children creating a potential form of resistance that challenges the imposition that women must be mothers.

2.2 POSTMODERN, SOCIAL CONSTRUCTIONISM

History has shown that up until relatively recently much of western thought and conceptualisation has been founded on positivist ideas. Positivism is

based on the premise that through controlled scientific study 'truths' are revealed and 'reality' defined. These truths then serve to inform our beliefs and attitudes, which guide our behaviours and form the basis of normative standards. Scientific study serves to legitimise and maintain these 'truths', reproducing and reaffirming existing practices. These 'truths' are perpetuated through preferencing certain practices and discourses and excluding others. Essentialist thinking is founded on this paradigm (Burr, 1995; Chadwick, 2001; Freedman & Combs, 1996; Parker, 1994a; Willig, 2001).

The basic premise of positivism has been called into question by postmodern views. Postmodern constructionism is concerned not with 'facts' but with meaning (Freedman & Combs, 1996). Postmodern views challenge the assumption that internal structures determine people's actions, as well as the existence of a single ideology and unitary explanation to define phenomena. Postmodernism rather contextualises a particular understanding of reality within patterns of relationships and the history and culture in which it resides (Burr, 1995; Freedman & Combs, 1996; Landa, 1990; Letherby, 2003; Parker, 1994a; Riessman, 2000b; Russell & Carey, 2003; White & Epston, 1990; Willig, 2001).

It is with this contextualising that social constructionism concerns itself. Falling within postmodernism, social constructionism is based on the premise that realities are not constructed in a vacuum but rather through subjective

and intersubjective experiences that, over time and through cultural practices, come to be regarded as truths. These truths tend to be internalised and function as lenses through which we interpret our world, constitute our selves, and make sense of what would otherwise be chaotic and meaningless experiences (Broaddus, 2002; Burr, 1995; Chadwick, 2001; Cooper-Hilbert, 1998; Freedman & Combs, 1996; Molock, 1999; Parker, 1994a; Rennie & Toukmanian, 1992; White & Epston, 1990).

A woman's subjective experience of involuntary childlessness, for instance, is influenced by discourses and broader cultural constructs that define involuntary childlessness as an illness, deviant and a deficiency, which in turn has an impact on how childlessness is perceived and received (Cooper-Hilbert, 1998; Hazelwood, 1999; Kleinman, Eisenberg, & Good, 1978; McEwan, et al., 1987; Molock, 1999; Ulrich & Weatherall, 1985). For the woman involuntarily without a child, personal reality is experienced as incongruent with the cultural script provided and an alternative is either not apparent or is inadequate to deal with the life crisis (Broaddus, 2002; Cooper-Hilbert, 1998; Kikendall, 1994; Molock, 1999; Sandelowski, 1988). In short, childlessness is a violation of cultural norms. Women, especially, are left feeling alienated from what was previously their reality (Abby, et al., 1991; Sandelowski, 1988; Wager, 2000; Woollett & Boyle, 2000).

According to the two studies conducted by Dyer and her colleagues (2002a; 2002b), the women interviewed from mainly disadvantaged areas in South

Africa based their understanding of infertility on inadequate information and socially constructed explanations involving religious beliefs and witchcraft. As a result of their inability to conceive a child the women experienced immense social consequences, including being stigmatised, ridiculed, and abused by members of their family and community. The results of the two studies highlight both the difficulties women face being childless within the cultural and religious context in which they are positioned, as well as the implications this has on help-seeking behaviour. To the question accessing the participant's motivation to have a child, responses by the women in the study reflect discourses around social norms, identity and their role as nurturer (e. g. "All women want children", "Every man wants to have children", "There is no purpose in life, if you can't have a child", and wanting to give love to a child). The social norm that views fertility as women's primary function also evidenced itself, as did the participant's awareness of this prescribed role and the consequences that she could expect if she did not comply (e.g. "I cannot be anybody in the world if I cannot bear children. He will look for another woman who can bear children"). The concomitant fear was one of rejection, loss of relationship, and disempowerment. Social practices such as the one in the Xhosa community of wearing the bridle scarf until the first child is born labels, alienates, and brings ridicule and shame to women without a child in the community (Dyer, et al., 2002b).

Additional studies that highlighted involuntary childlessness within African communities, where children are highly valued for personal, economic and

socio-political reasons, reflected the prevailing expectation that women produce children within marriage, and the responsibility and terrible stigma that results if she is unable to. Within the community a child is often a woman's only means to her social identity. She is often subjected to abuse, ridicule, and rejection as a social consequence of her childlessness. The attempt to maintain secrecy also opens her up to abusive power relationships (Dyer et al, 2002b; Gordon, 1990; Inhorn, 1994a; Inhorn, 1994b; Klein, 2000; Molock, 1999; Okonofua et al, 1997; Van Balen & Gerrits, 2001). Reports of financial and sexual exploitation emerged in the study conducted by Okonofua, et al. (1997) in Nigeria and Cameroon, where women resigned themselves to accepting these conditions as the "price you pay" (p. 213) for motherhood and social acceptance, and to avoid the husband "sending her packing" (p. 215).



These gendered practices highlight how gender, as a social category, is situated, produced and performed through social interaction, embodied in often subtle social behaviours and processes deeply ingrained in prevailing beliefs (Gordon, 1990; Hazelwood, 1999; Klein, 2000; Landa, 1990; Riessman, 2000a; Riessman, 2000b; Trinch, 2003). Social and cultural institutions that assert a dominant influence on defining parameters for what are considered acceptable gender roles, including motherhood, then reify and perpetuate these practices (Kaplan & Sadock, 1998; Miall, 1986; Woollett & Boyle, 2000). The implication of defining gender, as with other social categories, is that it has become a site for negotiating and wielding of

power (Goslinga-Ray, 2000; Green, 2003; Klein, 2000). The result of a construction of gender that equates a woman's identity with motherhood is that women who are involuntarily without child experience greater degrees of disruption, distress, stigmatisation, alienation, decreased self-esteem, guilt, disempowerment and abuse than do men (Abby, et al., 1991; Berg, 1994; Burns & Covington 1999; Cook, 1987; Dyer et al., 2002b; Inhorn, 1994a; Inhorn, 1994b; McEwan, et al., 1987; Okonofua, et al., 1997; Okonofua, 1999; Sandelowski, 1988; Ulrich & Weatherall, 2000).

2.3 FEMINISM

Feminist approaches focus on power relationships embedded in social histories and practices, and on subjectivity. They are committed to understanding personal experiences as influenced by broader relationships of power, and how these power relationships contribute to the construction of dominant discourses of gender, as well as challenging masculine assumptions. In addition they also seek to expose discursive processes and challenge the position of some who structure language in a way that defines, reifies and perpetuates a particular view of reality that marginalizes and silences others. For those working within a feminist framework a reflexive approach is called for, one that acknowledges implications of the relationship and subjectivity the researcher brings to the process (Burman 1994b; Letherby, 2003; Parker, 1994b; Russell & Carey, 2003).

Feminism incorporates various epistemologies, or theories of knowledge, among them are empiricism, standpoint and postmodern feminism. Simply

stated, empiricists make use of traditional scientific strategies to challenge male dominated findings. From this position truth is constructed as objective and independent of individual experience. In contrast, standpoint feminists adopt a social world perspective that constructs a wider conception of 'truth', prizing the personal and viewing it as the bases of understanding and insight. Standpoint feminists use the experiential as the starting point for the production of knowledge. And if that experience, according to standpoint feminists, is from a position of an outsider on the fringe of dominant ideologies, practices and discourses, a perspective is gained that enables those who are positioned as 'other', through reflexive engagement, to see the workings of the dominant structures that those who are inside and invested, can not (Letherby, 2003; Parker, 2005). Standpoint feminists have been criticized by some for assuming a moral high ground approach and for a tendency to draw on shared gender as a basis for commonality at the expense of seeing other forms of oppression (Letherby, 2003).

Many feminists argue the necessity of a 'bottom line': foundational criteria that form the basis from which to make a stand (Speer, 2000). Attempts to unify feminists under the romantic-relational ideology, which adopts the view that women have different and valuable qualities as women, or the rational-individualistic ideology that sees men as the same and equal, has to an extent, inadvertently created the very thing feminists have fought against. By adopting either of these women are potentially homogenized and alienated

from their personal experiences and specific locations (Chadwick, 2006; Kruger, 2006; Letherby, 2003).

Postmodern feminism, by looking at how relationships are constructed and how dominant discourses located within the wider social culture shape perspectives, reflects social constructionist views. The intention of adopting a postmodern perspective is to make conscious the ways in which women, and others, are defined and represented, and to expose the constructed nature of what has been accepted as natural and innate, such as motherhood for women (Letherby, 2003; Russell & Carey, 2003). The literature shows that women's reproductive health is only part of the larger political issue of gender equality rooted in cultural and traditional values, and cannot be considered in isolation (Chodorow, 1995; Cohen & Reid, 2002; Hazelwood, 1999).



For instance, women and society evaluate women according to established norms. Typically a women's social identity is found in gender roles provided through the process of classification and objectification of women in culture (Cooper-Hilbert, 1998; White & Epston, 1990). The way in which women without children are defined as deviant, and the social consequences of exploitation and disempowerment that a woman is subjected to if she does not bear a child, are reflective of social prejudices against her (Cohen & Reid, 2002; Dyer, et al., 2002b; Hazelwood, 1999; Inhorn, 1994a; Inhorn, 1994b; Letherby, 2003; Okonofua, 1999; Okonofua, et al., 1997; Riessman, 2000a).

Van Balen and Gerrits (2001), after reviewing a number of studies conducted in developing countries, found a correlation between familial practices, moral and legal rules, and religious customs that position women in a comparatively lower social status than men, and social isolation and rejection of women who do not have children. The negative experiences that women who are involuntarily without child endure are exacerbated by the fact that they are generally in situations where they have minimal control to effect change (Braverman, 2002).

Feminist discourses reveal a discord between those who view medical treatment as providing choice that empowers and those who feel it subjugates women (Woollett, 1996; Woollett & Boyle, 2000). As opposed to postmodern feminists, standpoint feminists accept the existence of categories, including that of 'women'. They embrace and celebrate what they view as differences between men and women. From this position they challenge and resist male dominated constructions, including medical and scientific constructions of childlessness that tend to disregard subjective experience (Burman, 1994; Letherby, 2003). Inadvertently women who are involuntarily without a child find themselves caught between medical constructs and those that are opposed to them. Women who seek medical assistance for involuntary childlessness find themselves being accused of "colluding with the enemy" (Ulrich & Weatherall, 2000, p. 325).

Ideologies of maternal reproduction and the social reproduction of dominant discourses that position women as mothers limits agency for all women, whether they have children or not (Gordon, 1990; Ireland, 1993; Woollett & Boyle, 2000). Subjugating women to the role of mother denies alternative positions and an active role in women positioning themselves (Ulrich & Weatherall, 2000).

2.4 PSYCHOLOGICAL THEORY AND THE REPRODUCTION OF MOTHERING

The 'science' and theorizing of psychology and psychological discourses have contributed to the construction, reinforcing and legitimising of certain dominant social beliefs about parenting being an innate part of healthy development and motherhood as necessary to womanhood (Burns & Covington, 1999; Chadwick, 2006; Chodorow, 1978; Chodorow, 1989; Ireland, 1993; Ponticas & Fagan, 1997; Riessman, 2000a; Rosenthal, 1997; Sandelowski, 1988; Sawicki, 1991; Sayers, 1986; Ulrich & Weatherall, 2000). Ideologies constructing motherhood, mediated by discourse and institutional practices, have served to frame the meaning making process, creating desires and expectations, influencing subjective experiences, and contributing to identity formation (Kruger, 2006). Kruger (2006, p. 2) notes that, "perhaps more than any role in society, [mothering] has been invested with ideological meaning and cultural significance.". With the result, traditional and persistent ideologies have obscured the complexity and diversity in culture and history, and the individual experience. The influence

of psychological ideology comes through in the experiences of one person who found others assuming “that in order to be a whole family, we must desire and seek to obtain a child” (Raymond, 1993, p. 3).

The gender bias inherent in much of psychoanalytic thinking, which is essentialist in its understanding and reliant on empirically based evidence, has presented motherhood as innate and part of the healthy development of women (Allison, 1979; Broaddus, 2002; Burr, 1995; Cook, 1987; Heenan, 2002; Kikendall, 1994; Miall, 1986). This interpretation has tended to endorse dominant beliefs that lead to individualizing and pathologizing women without children. In so doing, psychological theories have inadvertently fitted neatly into the social power structures and historically produced familial divisions of labour that position women as mothers, further entrenching a specific gendered psychology (Allison, 1979; Broaddus, 2002; Chodorow, 1978; Nielsen & Rudberg, 2002; Sawicki, 1991; Ulrich & Weatherall, 2000).

Nancy Chodorow, in her book 'The reproduction of mothering' (1978), offers an alternative perspective on motherhood and the dynamics of why women mother, one that does not construct motherhood as innately part of a woman's development. She advocates a gendered subjectivity that is a fusion of cultural, linguistic, political, and psychological influences as an explanation for the reproduction of mothering (Chodorow, 1995).

Chodorow positions herself within the object-relations paradigm, which, while still concentrating on unconscious mental processes, affects, and the development of psychic structure, offers a psychodynamic account of personality that focuses on a child's social relational experiences from early infancy as determining personality development (Chodorow, 1978). The emphasis of object-relations theory is on patterns of relating, both within present relationships and the internal images and residues of relationships from the past that are internalised and re-enacted (Klein, 1983). Chodorow sees this re-enactment happening through a process of the child appropriating and internalising early familial experiences, socially reproducing a gendered personality and capacities for relating. In her theorizing Chodorow (1978; 1995) postulates an internalisation of the early pre-verbal, unconscious relationship with the mother in the process of constructing the self, which in turn reinforces and perpetuates the construct of motherhood for women. She purports a social organization and reproduction of gender that develops out of the psychological effects on daughters of being cared for primarily by women who mother.

"Because girls grow up in a family where mothers are the salient parent and caretaker, they also can begin to identify more directly and immediately with their mothers and their mother's familial roles than can boys with their fathers and men. In so far as a woman's identity remains primarily as a wife/mother, moreover, there is greater generational continuity in role and life-activity from mother to daughter than can be from father to son... Family organization and ideology still

produce these gender differences, and generate expectations that women much more than men will find a primary identity in the family (Chodorow, 1978 p. 174)."

Gender identification for girls, then, develops out of a gradual acquisition of ways of being familiar in everyday life. But, Chodorow argues, it is not about adopting behaviours based on role modelling, which on its own would not account for the tenacity or the psychological capacity to mother. It is the sense of self that develops in the daughter as a result of the relationship with the mother that accounts for the tenacity for self-definition and the psychological need to maintain aspects of the traditional role that commits her to mothering (Chodorow, 1995; Chodorow, 1978; Sawicki, 1991; Sayers, 1986). The mutuality of gender and sense of oneness and continuity the mother feels with her infant daughter is stronger and extends over a longer period, lending itself to a longer primary identification and symbiosis between them (Chodorow, 1995; Chodorow, 1978). Role training, however, through everyday social practices, usually intensifies these effects (Chodorow, 1978; Broaddus, 2002).

Chodorow is careful to point out that she does not seek to invalidate social and cultural analysis of gender but rather to inform interpretations, highlighting a socially and historically specific mother-child relationship, and to demonstrate how social and economic relations, institutions, values, and ideologies come to mutually interact with and maintain one another

(Chodorow, 1995; Heenan, 2002; Nielsen & Rudberg, 2002; Sayers, 1986). By incorporating psychodynamic elements with a social constructionist view, Chodorow offers an explanation as to why, even with knowledge of the implications of discourses and power relationships, women still struggle to adopt an alternative identity for themselves (Burr, 1995). Her theory gives an account for desires and the origins of patriarchy that have persisted across time and in spite of changes in social and political formations (Sawicki, 1991) succinctly stated, "history has consequences" (Ruddick cited in Kruger, 2006, p 19).

Chodorow did not intend that her theory be adopted as a fixed and universal truth to be generalized beyond those who find it reflective of personal experience, and to the extent it proves helpful to practitioners (Chodorow, 1995; Kruger, 2006). Her intention was rather to offer a new perspective when considering the development of gender identity and a means of resisting dominant discourses and theories that normalize motherhood for women (Ireland, 1993; Nielsen & Rudberg, 2002). Despite this some Foucauldians remain sceptical, perceiving the mothering theory as too closely resembling essentialism (Sawicki, 1991).

2.5 FOUCAULT

Like Chodorow's theory on mothering, Foucault employed a relational model of identity formation, but rather than privileging any particular relationship as central, Foucault demonstrated the influence a myriad of power relationships

have had on the shaping of the individual (Sawicki, 1991). Foucault was concerned with the normalizing tendency that those applying psychological theories and practices instigated through their use of structuralist ideology. His concern was that in the process of introspective analysis, with the focus on uncovering a 'deeper reality' and revealing the 'truth' of our essence, we would not recognize the constructed nature of our identity (Burr, 1995; Sawicki, 1991). Foucault's main premise was that our identities, our experiences, thoughts, and feelings, are constructed, and that the primary site of the construction is in the discursive exchanges that occur between people using the discourses culturally available (Burr, 1995; Chadwick, 2001; McNay, 1992). Foucault proposed that the discourses that we engage in provide us with a frame of reference, a way of interpreting the world and assigning meaning. Discourses, according to Foucault, provide us with ways of representing ourselves, what we think, feel, and desire (Burr, 1995; White & Epston, 1990).

The implication of this, Foucault posits, is that where there is room for variance in identity construction, there is space to manipulate power. Those who are in a position to determine which current knowledge and truths prevail, and to orchestrate how events and people are represented, hold the power. According to Foucault, the degree of power an individual possesses is directly proportional to his or her ability to participate in various dominant discourses that shape society. Discourses that are preferenced, reified, and legitimised, serve to mobilize meaning and maintain dominant ideologies,

while the exclusion of certain discourses allows for the silencing and marginalizing of others, assuring continuity of the prevailing power structures. Where this is most insidious is in the micro-social levels of everyday life, and the structures and practices that support them (Broaddus, 2002; Burr, 1995; Freedman & Combs, 1996; McNay, 1994; White & Epston, 1990).

Discourses that impart messages dictating women's role as mother can be found in religion, medicine, politics and psychology, amongst others (Broaddus, 2002; Inhorn, 1994a; Inhorn, 1994b; Miall, 1986; Riessman, 2000a)

According to Foucault persons are recruited into subjugating themselves through the process of constantly being evaluated and judged in relation to social norms; the 'normalizing gaze' (Burr, 1995; Freedman & Combs, 1996; White & Epston, 1990). Through participation in the social milieu in which a person is positioned they come to internalise dominant discourses as normative standards. These normative standards work powerfully to produce conformity. The pressure to conform obliterates autonomy, limiting the individual to circumscribed patterns, which become tied to their identity (Gordon, 1990; McNay, 1994; Sawicki, 1991; White & Epston, 1990). At the same time these practices blind individuals to the possibilities of alternative positions, further subjugating them to normative standards, and eradicating individual agency (Freedman & Combs, 1996; McNay, 1994; Ulrich & Weatherall, 2000). The internalisation of assigned labels, perceived

disapproval, and rejection by society brings about the evolution of a deviant identity (Miall, 1986; Ulrich & Weatherall, 2000).

“Once we take up a position within a discourse (and some of these positions entail a long-term occupation by the person, like gender or fatherhood), we then inevitably come to experience the world and ourselves from the vantage point of that perspective. Once we take up a subject position in discourse, we have available to us a particular, limited set of concepts, images, metaphors, ways of speaking, self-narratives and so on that we take on as our own. This entails both an emotional commitment on our part to the categories of persons to which we are located and see ourselves as belonging and the development of an appropriate system of morals. Our sense of who we are and what it is therefore possible and not possible for us to do, what is right and appropriate for us to do, and what is wrong and inappropriate for us to do thus all derives from our occupation of subject positions within discourse.” (Burr, 1995 p. 145-6).

The subject positions we take up then set parameters for negotiating our lives and form the bases for defining the self. Motherhood is such a position. It is hard for a woman to avoid taking on the image of the maternal when it is constituted so strongly and benevolently as part of a women's identity, providing status in the family and community, and valorised as women's most important female role (Broaddus, 2002; Cohen & Reid, 2002; Dyer et al., 2002a; Hare-Mustin & Broderick, 1978; Ireland, 1993; Meyers, Weinshel,

Scharf, Kezur, Diamond & Rait, 1995; Shepherd, 1992). To resist the subject position and not conform is to challenge social practices, structures and power relationships (Burr, 1995). Self-subjugation to normative standards is evidenced in how women who are involuntarily without children accept blame, struggle with anxiety, guilt and shame, take on much of the responsibility, endure exploitation, and engage in risk behaviours in an attempt to have a child (Becker & Nachtigall, 1994; Dyer, et al., 2002a Dyer, et al., 2002b; Goslinga-Roy, 2000; Inhorn, 1994a; Inhorn, 1994b; Ireland, 1993; Miall, 1986; Okonofua, et al., 1997; Sandelowski, 1988; Sawicki, 1991; Riessman, 2000a; Ulrich & Weatherall, 2000; Van Balen & Gerrits, 2001).

2.6 DECONSTRUCTING DISCOURSES

Sometimes subtle, and often hidden in discursive processes and jargon (Goslinga-Roy, 2000; Berg & Wilson, 1990), discursive categories emerge in literature that are constructive of childlessness. Included in the literature I reviewed around involuntary childlessness were various attempts by authors to deconstruct subjective experiences and to expose discursive positioning. Derived from studies conducted, these categories included aetiological, women-centred, eugenic, relational, and deficiency discourses, discourses of deviance, natural instinct discourses, and social biography and identity discourses, amongst others. It was noted that in some cases the literature inadvertently served to entrench these very constructs.

2.6.1 Aetiological Discourses

The literature demonstrated that pervasive discourses expounding pronatalism and perceptions as to the cause of a woman's involuntary childlessness are major determinants of the attitudes toward women without children. The bio-medical framework, which categorizes involuntary childlessness as a disease, utilizing terminology such as infertility, hostile mucus, incompetent cervix, failure to conceive, and physical impairment, as well as women-centred treatment, highlights the constructed nature that locates reproduction in the women's body (Abby et al., 1991; Becker & Nachtigall, 1994; Chadwick, 2006; Cooper-Hilbert, 1998; Goslinga-Roy, 2000; Raymond, 1993; Riessman, 2000a; Sawicki, 1991; Ulrich & Weatherall, 2000; Woollett, 1996). By doing so medical discourses portray women's bodies as vulnerable and create expectations for a cure, thereby endowing the medical profession with power and justifying medical intervention (Becker & Nachtigall, 1994; Chadwick, 2006; Raymond, 1993). Medical intervention presents a means for those who are involuntarily without a child to pursue their desire for a child, as well as an increased desire to control and manage their infertility (Cooper-Hilbert, 1998). In Foucauldian terms this would constitute a legitimisation and institutionalisation of centres of power to subjugate, at the most basic level, the body, the results being the production, regulation, and disciplining of docile bodies (Chadwick, 2006; Kruger, 2006; McNay, 1992; McNay, 1994). Proponents of Judith Butler could argue that such discursive and institutional practices are examples of

how the body itself is constructed, or produced. (Broaddus, 2002; Chadwick, 2006).

The medical approach of locating involuntary childlessness in the body tends to also have the effect of individualizing and obscuring the social, further contributing to the sense of estrangement from an acceptable social identity (Goslinga-Roy, 2000; Green, 2003; Miall, 1986; Riessman, 2000a). (“Well we just didn’t discuss it. I mean we’ve never even discussed it with my husband’s mother. I don’t believe that it’s anyone’s business but ours. It’s a personal thing.” (Miall, 1986, p. 272))

For some, new medical technologies offer hope and provide a means to pursue their desire to have a child (Burns & Covington, 1999; Ulrich & Weatherall, 2000; Woollett, 1996). The process however is often experienced as intrusive and emotionally distressing, exacting personal, social and economic costs. Women are subjected to procedures that carry a number of health risks, with a minimal chance of success (Becker & Nachtigall, 1994; Meyers et al., 1995; Sawicki, 1991; Ulrich & Weatherall, 2000). The costly nature of the procedures makes the option unattainable for some, or in many developing countries, unavailable (Burns & Covington, 1999; Okonofua et al., 1997; Ulrich & Weatherall, 1999; Van Balen & Gerrits, 2001). Van Balen & Gerrits (2001) in their study found that the quality of care the medical facilities were able to provide in poor-resourced areas using reproductive technologies, due to the lack of adequate resources, contained

a higher degree of risk. The results of the study also proposed that couples perceived the clinical management of involuntary childlessness as stigmatising and less personal than traditional healers, undermining their trust in biomedical treatment. According to their study, and others, perceptions of the cause of involuntary childlessness, which were generally not medical, also impacted upon their treatment-seeking behaviour (Dyer et al, 2002a; Molock, 1999; Okonofua et al, 1997; Van Balen & Gerrits, 2001). It was reported that within some communities in South Africa reproductive technology is not considered an acceptable alternative due to the practice of viewing a child born under such circumstances, even from the sperm of the father, as not being of the father (Molock, 1999).



Since the advent of medical treatment options, much of dominant social discourse presents the pursuit of treatment as socially responsible, but at the same time women who pursue the medical option find themselves scrutinized and criticized for doing so (Becker & Nachtigall, 1994; Riessman, 2000a; Sandelowski, 1988; Ulrich & Weatherall, 1999; Woollett, 1996; Woollett & Boyle, 2000). For example, others made comments that instilled a sense that women seeking treatment were “going against ‘nature’ by ‘forcing’ their bodies to reproduce.” (Sandelowski, 1988, p. 158).

Social, spiritual, and psychological etiological frameworks hold variant constructions to the bio-medical. Some of the classic psycho-dynamic psychological discourses present the inability to bear a child as the result of

inner conflict and unconscious defences, pathologising childlessness for women (Allison, 1979; Berg, 1994; Broaddus, 2002; Burns & Covington, 1999; Chadwick, 2006; Ireland, 1993). The use of terminology such as “caseness” and “mental health client”, which connotes more serious pathology, works to further entrench such perceptions (Berg & Wilson, 1990, p. 659). Medical knowledge about reproduction produced as recent as the 1960’s has helped to dispel psychogenic understandings that painted a negative picture of women without children as unfeminine, rejecting of children and sexuality, and unmotherly (Rosenthal, 1997).

Studies done in Africa indicated predominately supernatural etiological constructions of involuntary childlessness, such as witchcraft, possession, polluting, a curse, and binding (Inhorn, 1994b; Molock, 1999; Okonofua et al., 1997). It was reported that in Nigeria (Okonofua et al., 1997, p. 211) some people attributed the inability to have a child to the “waywardness” of promiscuity; that women “used themselves up” in their youth. According to Dyer et al.’s study conducted in South Africa (2002b, p. 1659), many of the women interviewed conceptualised their inability to fall pregnant as the result of having a ‘dirty womb’ that needed to be ‘cleaned’, while others attributed it to such things as epilepsy and alcohol abuse.

In some cases where bio-medical discourses prevail, religious discourses have also emerged, apparently in an attempt to reconcile the incongruence between expected and lived experiences. Noted examples of this revolved

around a sense of punishment, a binary opposite to children being a blessing (“Everyone else can get pregnant, I must have done something wrong to deserve this” (Braveman, 2002, p. 2); “What have I done that is so wrong that I haven’t been chosen to be a mother?” (Ireland, 1993, p. 15); “Maybe I am being punished for having sex before marriage” (Dyer et al., 2002a, p. 1659)). Religious practices, such as the Hindus essential ritual performed by a son upon the death of a parent, were noted as ways in which those without children are alienated from their religion (Riessman, 2000a).

2.6.2 Deviant ‘Other’

In a world of mothers and babies there are continual reminders of how women without children stand in contrast to the norm. Riessman (2000a) has given an account of how in India social discourses are a constant reminder of how motherhood is constructed as the norm for married women: everywhere women go they are asked, by those familiar and by strangers “How many children do you have?” “Oh you don't have? When are you planning to have?” “Have you consulted a doctor?” (p. 118). Studies noted how rituals such as burial rites, Mother's Day, Thanksgiving, Christmas, Ramadan and Hanukah, as well as menstruation, remind women of their childless state, further estranging them from their community and instilling a sense of deviance (Cook, 1987; Sandelowski, 1988). This is brought home by practices such as that in Nigeria where women without children, upon their death, are buried on the outskirts of town with others positioned as outcasts in the community (Okonofua et al., 1997). The impact of ideological

discourses in strongly pronatalist societies is seen in the self-subjugation of women, such as in Egypt where women conform to “repugnant” social practices in an attempt to adhere to unachievable standards in order to avoid the much feared and ever-present but elusive “polluting”, which in Egypt is believed to lead to the “binding of women’s reproductive bodies” (Inhorn, 1994b, p. 487; Molock, 1999).

Over again literature reflected how, as 'other', women without children find themselves outcast, alienated, and ostracized from their own community (not "fitting in", and being "lost out", trying to gain admission to the "special club of motherhood" (Sandelowski, 1988, p. 148)). Women’s subjective experiences as presented in literature evidence in the discourses of deviance they

employ:

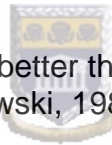


“You stick out in a crowd. Someone would come up to you and say, "Do you have children?" "No." I felt like this sign would pop out in front of them... I felt very set apart from everybody else." (Sandelowski, 1988, p. 149).

"I feel that I carry a costly burden that questions my entire womanhood and my entire sanity. A non-conformist ...” (Ulrich & Weatherall, 2000, p. 323).

Relegated to a 'deviant' community, some women without children are subjected to various forms of abuse with far reaching deleterious effects (Abby et. al., 1991; Dyer et. al. 2002 a; Ireland, 1993; Kirkman, 1999; Okonofua, 1997; McNay, 1992; Meyers, et. al. 1995; Miall, 1986; Molock, 1999; Riessman, 2000a; Sandelowski, 1988; Ulrich & Weatherall, 2000;

Woollett & Boyle, 2000). Their sense of isolation is further entrenched by other's inability to deal with the strong feelings associated with involuntary childlessness. The experience of one woman who reported "There was a lot of stammering going on and they just didn't know how to react" (Miall, 1986, p. 276), further highlights the lack of discourses and desirable alternative subject positions available (Ireland, 1993; Kirkman, 1999; Miall, 1986; Woollett, 1996). For these women it becomes a challenge to resist defining themselves in terms of having failed themselves, their families and their communities (Kirkman, 1999; Sandelowski, 1988). Deviating from the prescribed, specific, and unyielding cultural narrative tends to result in feelings of shame, and a sense of defectiveness and punishment (Cooper-Hilbert, 1998).



"I usually say like nobody's no better than nobody else, but now I'm beginnin to wonder." (Sandelowski, 1988, p. 150).

"I don't understand why I can't get beyond this... I've always been accepted and popular. Now I feel like I don't belong. People don't know what to say to me or even ask how I am." (Cooper-Hilbert, 1998, p. 36).

You feel as though "your body doesn't work, you don't work."
(Sandelowski, 1988, p. 151).

"I'm not a daughter-in-law. I'm not a good daughter-in-law. I'm not the daughter-in-law they want because I can't produce them children... I feel like I'm not whole." (Sandelowski, 1988, p. 151).

"This can't be happening to me. I am not the type to loose a baby. I am not the type [fragile]." (Sandelowski, 1988, p. 152).

"You have to admit failure to some extent ... It's the business of having to admit some problem or abnormality; this business of feeling like some sort of freak." (Miall, 1986, p. 273).

The literature also reflected how, through the use of certain discourses, others reinforce perceptions of deviance:

"Neighbors they ridicule me. When I go out and all they ridicule me calling 'fool without a child' like that ... they ridicule and laugh."
(Riessman, 2000a, p. 119).

"Certain people [neighbours] like to insult us by saying we are useless." They call women without children a machi, meaning farm animal who cannot breed
(Riessman, 2000a, p. 119).

She was called "half a woman" by her husband (Ireland, 1993, p. 20).

2.6.3 Deficiency Discourses

Negative discourses surrounding involuntary childlessness such as barren and sterile permeate, instilling a sense of deficiency while conveying a sense of emptiness and inadequacy (Abby et. al. 1991; Dyer et. al., 2002a; Dyer et. al., 2002b; Gordon, 1990; Green, 2003; Inhorn, 1994a; Inhorn, 1994b; Miall, 1986; Okonofua, 1997; Riessman, 2000a; Ulrich & Weatherall, 2000; Wager, 2000; Woollett & Boyle, 2000). For women without children who are marginalized, their ability to participate in society is limited, they struggle to 'warrant voice', with the result that their subjective experience becomes one of being silenced and powerless (Burr, 1995; Sawicki, 1991). It is suggested that in an attempt to 'warrant voice' amongst the many competing voices individuals represent themselves in a manner that accords them validity and legitimacy in the social context within which they find themselves situated (Burr, 1995). Attempts to reconstruct an identity utilizing available dominant

discourses often lead to deficiency discourses, which convey a lack of a desired or valued quality (De Souza, 2004):

"Words start creeping into my thinking like why can't I be a normal woman." (Ulrich, & Weatherall, 2000, p. 328).

I "wasn't a whole person" without children. (Ireland, 1993, p. 18).

"... I didn't anticipate that I wouldn't be able to get pregnant. I didn't think I was defective." (Cooper-Hilbert, 1998, p. 30).

"I guess you could say I'm totally useless... it's not like I do any of the traditionally womanly things. I mean, he does the cooking, and now I can't even do this." (Ireland, 1993, p. 27).

"Pain doesn't really explain it. It is a hollow, empty feeling of not being good-enough, and it does a real number on your self-esteem." (Ireland, 1993, p. 37).

2.6.4 Social Biography Discourses



To resist deficiency discourses would mean resisting the social biography that positions women as mothers and girls as future mothers:

"You are programmed all your life to think that you are going to have this experience. It is a part of your whole being." (Becker & Nachtigall, 1994, p. 511)

"I was devastated. This can't be happening to me, the person! I was born to be a mother...." (Becker & Nachtigall, 1994, p. 512)

"I don't remember a time when I didn't want to be a mother.... I was raised to be a wife and mother. I never dreamed there was anything like an alternative lifestyle to being a mother." (Ireland, 1993, p. 32).

"I held myself in readiness to be pregnant for a lot of years... I took only jobs, not careers. I was preparing myself to be a mother. I really truly expected I would be a mom..." (Ireland, 1993, p. 34).

"There was also such enormous conditioning that this was what you did ... I can remember standing on the playground in standard four (10 years) wanting to be a mother and wondering what work I could do for best preparing to be a mother." (Ulrich & Weatherall, 2000, p. 328).

The "culture common to Africa is that after marriage one should have children" (Gordon, 1990, p. 51).

The reification of a woman's social biography as mother can be seen in social practices:

"Only if there are children can you have a good position [in his family]." (Riessman, 2000a, p. 120).

"I do believe it lessons you in some people's eyes, makes you different and possibly even morally suspect like God is punishing you or something. Somehow infertility lessons your accomplishments for some people." (Miall, 1986, p. 272).

Social biographies are also reflected and reinforced at the everyday, micro-level of social interaction:

"You turned the T.V. on and it felt like everything is centred around the baby. Those commercials. And if you watch a movie, it's like the ultimate thing of love is if you have a baby. And I would just turn the TV off, I couldn't handle it. You felt like that everywhere you turned." (Sandelowski, 1988, p. 150).

"It's hard to go to a party, it's hard to socialize. Because the conversation always turns around to children...." (Sandelowski, 1988, p. 150).

2.6.5 Relational Discourses

As demonstrated in the following quotes from studies conducted, having children has become a large part of the construction of marriage. The literature indicated that in most African countries children are seen as the supreme reason for marriage, and the lack of a child in a marriage is considered a reason for divorce and grounds for seeking another wife (Molock, 1999; Okonofua, et al., 1997). In many religions, including Hindus,

Muslim, Sikhs, and Christianity, procreation is enshrined in law as a part of marriage (Riessman, 2000a).

"One of my conditions for getting married was that we have children...." (Becker & Nachtigall, 1994, p. 512).

"We both feel like eunuchs. I've felt our relationship is empty..." (Ireland, 1993, p. 21).

"I'd just say we can't get married and so on." (Miall, 1986, p. 273).

"I think having children... [is] the completion of bonding between a man and a woman and it's to reproduce and create life and that's the biggest way of showing how much you love somebody." (Ulrich & Weatherall, 2000, p. 328).

"...I mean it's half the reason you get married isn't it?" (Ulrich & Weatherall, 2000, p. 328).

2.6.6 Women-Centred Discourses



Women-centred discourses reflect the way in which women who are involuntarily without children are attributed with, and accept responsibility for their childlessness.

"Why is she like that [not conceiving]?" "Why are they sitting without children? It must be her idea." (Riessman, 2000a, p. 121).

"It is my fault we don't have children, their son has no problem - that is her [my mother-in-law's] opinion." (Riessman, 2000a, p. 121).

"I thought 'Oh great, cancer!' I talked with [the doctor] about that a lot, but did it [infertility medication]." (Becker & Nachtigall, 1994, p. 512).

You're "working too many hours", you're "not relaxed enough" (Braveman, 2002, p. 2).

Certain women-centred discourses convey an undermining of moral identity through social accusations, suspicions, and blame, resulting in feelings of

self-blame and guilt (De Souza, 2004; Riessman, 2000 (a)), “guilt that I was left out or sumpin” (Sandelowski, 1988, p. 150). Examples of women-centred constructs include the belief that some people hold that women, not men are infertile, and that men are incapable of being infertile, as well as the practice in some African communities, amongst others, for women to take on the responsibility even when the inability to have a child is medically determined to be due to male factor infertility. Women reportedly do this in order to avoid shaming the man by being labelled weak (Molock, 1999; Okonofua et al., 1997): “When I tell them we can’t have children, I generally try to leave the impression that it’s me. I think it’s easier for me to go with that than to deal with the idea that maybe my husband “can’t get it up”.” (Miall, 1986, p. 277). Also illustrative of the women-centred approach to involuntary childlessness is the medical practice of focusing treatment on women, in spite of equal occurrence between men and women, and only focusing on men when the women has already undergone extensive and exhaustive evaluation (Raymond, 1993).

2.6.7 Motherhood is Equivalent to Womanhood

Discourses in the literature highlighted how motherhood is attached to women’s identity and gender role (Ireland, 1993).

“...I was just feeling a failure - failure as a woman because you know this is what you are here for and I actually felt as though I had failed my husband because I wasn't giving him an heir to the throne ... it's an absolute feeling of failure and my mother felt as though she had failed me.” (Ulrich & Weatherall, 2000, p. 332)

2.6.8 Motherhood as Innate

There is a considerable amount of literature that reflects a strong felt sense of motherhood as 'ordinary and natural', and a natural progression in the course of life (Riessman, 2000a).

"It is 'natural' for a woman to want to bear a child." (Riessman, 2000a, p. 112)

"It felt like something in me, like nature, you know a drive." (Ulrich & Weatherall, 2000, p. 327)

"Even cats have kittens." (Ulrich & Weatherall, 2000, p. 327)

"... a given in the human condition ..." (Peter and Brigetti Berger, cited in Nock, 1987, p. 382)

Kruger (2006) points out that feminists who position themselves within the romantic-relational paradigm and invest in the idea that women find power in their innate relational capacity, contribute to the perpetuation of romantic mothering discourses and maternalistic thinking (Kruger, 2006). By making the assumption that women possess a natural ability to empathize, which is generally accepted as an essential quality of nurturing, women are constructed as ideally suited to mother (Chadwick, 2006; Kruger, 2006). The danger that lies in holding to dominant ideologies and investing in presumptive discourses, is in the lack of interrogation of those ideologies and engagement with the potential multitude of alternative ideologies (Chadwick, 2006).

2.6.9 Eugenic Discourses

It was suggested in the literature that for those who are in a position to control dominant discourses, and dependent on the next generation for the reproduction of knowledge and ideologies, including religion, race, and culture, view women who do not bear children as a threat to the continuation of society (Broaddus, 2002; Inhorn, 1994b; Nock, 1987).

"In the aggregate this is indeed a constellation of decadence. A society dominated by these themes has rather poor prospects in the real world." (Peter and Brigetti Berger, cited in Nock, 1987, p. 382)

The work done by Virginia Broaddus (2002) in her doctoral thesis "Sowing barren ground: constructions of motherhood, the body, and subjectivity in American women's writings, 1928 -1948", she exposes eugenic discourses. Broaddus considers textual representations of women and the female authors who conceived of them, in an attempt to understand the power of images in the positioning of women, expressly that of the role of mother, and the ideology that sustained them. Broaddus was particularly interested in the construction of subjectivity and the way that various discourses compel a particular course of action. She explored this by considering the lives of the characters created and the authors' own biographies, which, as women without children, did not conform to normative constructs. Broaddus was interested in the interplay between the intrapsychic and interpsychic processes, which incorporated cultural discourses and instruments such as the family, the law, and the body, as the foundation for understanding women's individual and societal positions. By focusing on both the inner and

outer world of the individual, she highlights how subjectivity is not merely a matter of developing the autonomous self, but rather a self that is relational in nature, and layered by interactions or injunctions from various discourses and institutions.

In her work Broaddus seeks to give an account of the cultural-historical context from 1928 through to 1948 in America. This was a time in American history that was marked by dramatic sociocultural and socio-economic changes beginning with the economic downturn of the depression through to the end of World War II, an era of economic prosperity and the baby boom. This period also evidenced emancipation for women from the ideological domestic sphere where they had previously been positioned, and concomitant cultural anxieties about the condition of women's bodies. This anxiety manifested in increased surveillance of women's bodies and eugenic discourses that called women to the role of propagating culture and pronatalism. Broaddus points out that political discourse expounding pronatalism and endorsing eugenics, which positioned women in the role of mother, put the onus on women to reproduce ideologies that ensured the survival of the culture, nation, or religion. President Theodore Roosevelt's words pre-empting the era typified discourses of the time and the cultural impetus towards motherhood: "that wilful [sic] sterility is, from the standpoint of the nation, from the standpoint of the human race, the one sin for which the penalty is national death, race death... No man, no woman, can shirk the

primary duties of life, ... and retain his self-respect." (cited in Broaddus, 2002, p. 1).

Discourses circulating during this time period that propagated motherhood for women were reinforced by psychological discourses emerging out of the Freudian age. Psychological theories contoured the category of 'women' and defined motherhood as part of healthy development for women and childlessness, whether voluntary or not, as psychosexual deviance and pathological (Broaddus, 2002). So cogent were the discourses that allied women's reproductive bodies with psychological maladies, that woman themselves displayed traits of indoctrination and self-attribution (Chadwick, 2006).



Eugenic discourses positioning women in the role of mother were not isolated to America, or to this time period. Social Darwinism, as it was labelled, was popularised as early as 1870 amongst scientists and intellectuals. Social Darwinist ideologies and discourses emerged in South Africa in policies and practices that sought to entrench traditional sex divisions. Any deviation from the maternal role for women was labelled as pathological and categorized with other 'degenerate' classes (Chadwick, 2006).

Compelled by discourses women became subjugated to the role of mother. From within this position women who do not have child, by virtue of their bodies, experienced "alienation from the historically imposed image of the

self" (Susan Friedman cited in Broaddus, 2002, p. 170). With the image of women suffused with mothering, women who are without children stand in stark contrast and are made to feel unfulfilled. Anne Taylor Fleming, the last author considered by Broaddus, for many years had no intention of becoming a mother and was a strong advocate of the feminist movement. In her book "Motherhood deferred" she wrote of her experience of infertility as "the drive, to have a baby of one's own, as if the very survival of the species somehow depended on us [infertile sisters]. The quest feels that urgent, that animalistic – indeed, beyond rationality" (cited in Broaddus, 2002, p. 172). In the face of such strong desires Fleming found herself reviewing and critiquing the ideologies she had adhered to and endorsed.



By outlining the way in which subjectivity is shaped through social discourses, practices, and socio-economic and racial positioning, Broaddus illustrates the importance of querying cultural conditions of the body, and how such conditions work to deny women agency. She demonstrates how historically imposed cultural constructs, buttressed by discourses, which assign images of motherhood, can work mightily to compel motherhood for women, making it difficult to seek to create new visions or to pursue alternative paths.

Broaddus goes on to propose, from a psychoanalytic, object-relations perspective, how the meaning of woman and women are unconsciously encoded and internalised. She employs Jessica Benjamin's intersubjectivity

theory on how subjects emergence in relation to others, Nancy Chodorow's theory on the reproduction of mothering, as well as Foucault's concepts of power, among others.

The types of constructs and practices reflected in Broaddus's accounts can be seen being played out in present day United States (Becker & Nachtigall, 1994; Inhorn, 1994a), Egypt (Inhorn, 1994a), India (Riessman, 2000a; Riessman, 2000b), Australia (Kirkman, 1999), and New Zealand (De Souza, 2004).

2.7 RESISTANCE

Women without children function to disrupt an equation that connotes female identity with motherhood, creating a 'third' position, as Jacques Lacan terms it, in the definition of gender. By their presence in society, women without children challenge the universality that presumes women's adult identity requires that they be mothers, and initiates a more conscious awareness of women as subjects and the need for the construction of equally valid options for women who are not mothers (Benjamin, 1998; Ireland, 1993; Kruger, 2006; Letherby, 2003; McNay, 1994; Sawicki, 1991). This violation of cultural norms that stands in contrast to what is expected serves to deconstruct perceptions of identity and the language that produces them, opening up space for alternative interpretations, emancipation and transformation (Benjamin, 1998; Burman, 1994b; Ireland, 1993).

2.8 CONCLUSION

Nancy Chodorow offers the perspective that when there is a social organization of gender that position woman in the domestic sphere, there is a propensity for the development of the self and subjectivity to be shaped by the early social and emotional relationship with the mother. The daughter, through her relationship with her mother and the internalisation of aspects of this relationship, comes to see herself as destined to re-enact the roles provided, as well as experience a psychological need to recreate relational dynamics (Broaddus, 2002; Chodorow; 1978, Heenan, 2002; Ireland, 1993; Kikendall, 1994; McNay, 1992; Nielsen & Rudberg, 2002; Sayers, 1986). By offering this perspective on the reproduction of women mothering Chodorow presented a way of viewing the role of mothering for women as socially constructed and provides alternative, potentially liberating, discourses (Broaddus, 2002; Sawicki, 1991). Foucault further demonstrated the socially constructed nature of motherhood and its subjugating quality by outlining how dominant discourses both shape and limit our perceptions, instituting a gendered identity and social role for women, and how the internalisation of these manifest in discourses employed and practices preformed; “how language and text carry and construct meaning...” (Speer 2000 p. 519). But, as Foucault outlines, where there is power, there is resistance, the two co-varying in their strength (McNay, 1994; Sawicki, 1991).

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The 'multivoiceness' of language and 'interpretive repertoire', or discourse, that constructs representations of the social world and ourselves as varied, changing, and sometimes contradictory, has revealed diversity of meaning, challenging the assumption of a single underlying form or structure (Parker, 2005). With the advent of post-structuralist views and the concomitant acknowledgement of multiple realities, there developed a need for methods of enquiry that offered less structure, ones that made allowances for the complex nature of everyday life (De Souza, 2004). With this in mind, a constructionist methodology has been adopted for the purpose of this study, in order to engage and reflect the subjective nature of experience and reveal the social rules and roles at work that reify particular ways of being and reaffirm social bonds (Parker, 2005). An attempt has been made to attune to the impact of my own subjective reality that I inevitably bring to the process. In this chapter I outline the approach adopted for analyzing the respondent's discourses.

3.2 METHODOLOGY

A qualitative approach was adopted for the purpose of the study, and, as a means of analysis, Foucauldian Discourse Analysis was employed to survey the narratives expressed by the respondents in the interviews. It was the intention that through the process of analysis internalised social norms

constructing childlessness, as well as dominant and alternative discourses utilized, would be identified. The aim in doing so was to access socially produced patterns of language that construct meaning in relation to childlessness, the social location and discursive resources made available, as well as the subject positions formed and taken up.

The study's feminist orientation and emphasis on accessing meaning and giving voice to personal experiences, lends itself to the use of a qualitative approach. According to Parker (1999), a critical oversight of those adopting a quantitative approach to analysis is how they take what is a profoundly qualitative issue, that is, the nature of meaning, and view it as fixed and self-contained. Parker posits that meaning is derived from the nuances of words and phrases as they are used in different contexts, including the many different social worlds, subcultures and languages in which people find themselves situated. These shared systems of meaning are drawn upon to communicate, and any choice of analytic method needs to reflect the context in which the meaning was formed as well as how the researcher, as interpreter, mediates the process (Parker, 1994a).

The choice of methodology was further delineated by the study's emphasis on the socially constructed nature of meaning and subjectivity. Cognitive approaches adopt constructionism but assume a rational and phenomenological approach that looks within the individual to decipher the construction of meaning. From the perspective of the cognitive paradigm a

relatively enduring underlying structure or cognitive schemata develops and resides within the mind. Their premise is that these mental representations form the basis for perceptions of what are considered real objects and events, as well as filters through which new information is interpreted. The aim of cognitive based research has been to develop ways of accessing these schemata through assessing beliefs, thoughts, and understandings (Durrheim, 1997, Resick & Schnicke, 1993; Willig, 2001). It was determined that this approach of looking within the individual to access constructions does not adequately take into account the impact of social constructions on subjectivity.

Discourse analysis has grown out of an interest in language as a social performance, and in the role language plays in creating and negotiating meaning. With discourse analysis the focus of investigation is on language itself and how objects and events are fashioned through language, as opposed to language being descriptive of objects and events (Willig, 2001). The 'turn to discourse' encourages the exploration in to "how we use and are used by language in society and ... to rethink how individuals are positioned in relations of power as 'subjects' by different kinds of language" (Parker 2005, p. 88).

Parker (1992 cited in Terre Blanche & Durrheim, 2002, p. 160; Parker 1994 cited in Willig 2001, p. 107) presents an understanding of discourse as a "system of statements which constructs an object and an array of subject

positions". Parker (1999) further constructs discourse as patterns of meaning used to organize various symbolic systems in which people reside, enabling the exchange of meaning. Similarly Francis (1999 cited in De Souza, p. 3) frames discourse as "socially and culturally produced patterns of language, which constitute power by constructing objects in particular ways". Willig (2001) goes on to point out how subject positions, once adopted, have implications for subjectivity as well as functioning to further entrench and legitimise practices.

Positioned within a post-modern, social constructionist epistemology, discourse analysts view human experience, including perceptions, as mediated historically, culturally and linguistically (Willig, 2001). Rather than providing a particular view of the world or theoretical perspective, discourse analysts adopt the position that there is no one true view or interpretation. Interpretations are accepted as subjective, conditioned by the social milieu and dominant discourses of the time (Palmquist, 1999).

As a methodology, discourse analysis requires a reorganization of thought around the constructive and functional nature of discourse and its role in social life. Discourse analysis is better viewed as a way of approaching and thinking about a problem than a research method. The aim is not so much to seek to provide a tangible answer so much as to access, through a process of deconstruction, the ontological and epistemological assumptions supporting an approach or understanding. It is the intention that, through the

process of discourse analysis perceptions of reality and truth are located within a particular historical and social context, and that unacknowledged agendas that have determined actions are revealed (Palmquist, 1999). This approach fits in with feminist views that seek to expose the constructed nature of how individuals are positioned (Burman, 1994b). With this in mind, the challenge for those doing discourse analysis is to develop a methodology that maintains a non-essentialist, non-positivist approach (Slembrouck, 2004). Positioned within the broader framework of discourse analysis, Foucauldian Discourse Analysis takes a genealogical approach to this problem.

Foucauldian Discourse Analysis places less emphasis on the performative qualities of language, that is, what people do with language, choosing rather to explore how social and psychological life is constructed through discourse: the productive qualities. This involves investigating the implications of discursive resources that are made available on establishing parameters and creating subject positions, as well as the exercising of power through the perpetuation of dominant discourses and institutional practices (Parker, 1994b; Parker, 1999; Willig, 2001).

Foucault's genealogical approach seeks to deconstruct power-knowledge complexes that fix meaning, sustain identities, and conceal ambiguities. This is congruent with the feminist aim of exposing the relationship between knowledge and knowledge-generating practices and power (Burman, 1994b).

In his approach to analysis, Foucault presented a reversal of the generally accepted subject-statement relationship. Instead of viewing subjects as 'knowing subject's' who generate discourses, he depicts subjects as subjugated to the discourses they employ and the conditions dictated to them by those discourses (Slembrouck, 2004). As Parker (1999, p. 6) succinctly put it "as we use language we are used by it". Those positioned as researchers are not immune to discursive influences and institutionalised practices.

From within a feminist post-structuralist paradigm the role of an objective observer is defunct. There is an acknowledgement that the researcher, as much as the respondent, brings him or herself to the research process and needs to be located in the research. Parker (1994a, p. 13) states it quite strongly when he says, "Research is always carried out from a particular standpoint, and the pretence to neutrality in many quantitative studies in psychology is disingenuous." As such, in reflecting on the respondent's responses, the dynamic and intersubjective nature of the interviewing process that discursively constructs realities needs to be acknowledged. The implications of this is that the researcher is called to be self-reflective and to consider the possible implications of involvement; to acknowledge the impact the researcher's own biography, identity, and subjectivity has on the process and on what is constructed (Burman, 1991; Burr, 1995; De Souza, 2004; Letherby, 2003; Parker, 1999; Terre Blanche & Durrheim, 2002; Willig, 2001).

3.3 RESEARCH PROCEDURE

3.3.1 Aims

My aim in doing this study was to highlight and explore how women who are involuntarily without children construct and make sense of their childlessness. Of particular interest is how dominant social discourses of motherhood play a role in the position that woman take in relation to their childlessness.

3.3.2 Respondents

a) Selection

My use of the word 'respondent' to refer to the women involved in the study is done so as a way of acknowledging, as Letherby (2003) outlines, the problematic nature associated with the word 'participant'. Letherby points out that by making use of the word 'participant', it connotes equality in the relationship between the researcher and the respondent, obscuring the balance of power the position of researcher affords.

Due to the use of in-depth narrative case studies, the number of women interviewed was limited to six. It was the intention that various cultural backgrounds would be reflected in the study. Two venues were considered to access women for the study in the hope of gaining such a perspective.

The first was Groote Schuur State Hospital in Cape Town, due to its accessibility to people from various cultural, as well as economic, backgrounds. In addition, by accessing women at the hospital's fertility clinic

it was felt that, through the observed practice of involving themselves in medically assisted reproduction, they were demonstrating an investment in becoming a mother. The second was the University of the Western Cape campus, where there is diversity in the population. An advertisement was placed in the university student paper but there were no responses.

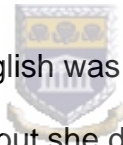
An application was made to Groote Schuur State Hospital's Research Ethics Committee requesting permission to conduct the study at the hospital. Once the committee accepted the protocol for the study, I approached the lead doctor heading up the andrology lab to discuss the study and the criteria for selection of the women to be interviewed. It was emphasized that a diversity of culture was desired, and more specifically women from the African culture whose voice has been relatively silent in the recording of experiences of women who are involuntarily without children. As part of the protocol, the hospital made the initial contact with the women in order to maintain confidentiality between the hospital and the women attending the clinic. Once the initial contact was made, and consent given for me to contact them, I was provided with their details.

The respondents were composed of English speaking women medically diagnosed with primary infertility or secondary infertility without children, and willing to participate in the study. The requirement that respondents be English speaking was a reflection of my own limitation and the emphasis in discourse analysis on the subtle nuances of language that would potentially

be lost in the process of translation from another language. It was not my intention to disregard the experience or diminish the significance of the voice of women that are not English speaking.

b) Respondent Details

The ages of the women interviewed ranged from 31 years to 45 years. All the women were in a marriage relationship. Educational qualifications varied, with two of the women holding post-graduate level degrees, one a university degree, one a higher diploma, one a matric certificate, and one completed standard 8. Three of the six women work in fields indirectly related to the medical profession.



Five of the women stated that English was their first language. For one, Afrikaans was her first language, but she demonstrated a command of the English language. Three women identified their ethnical background as Coloured, two as white English, and one, white Afrikaans. Five of the women identified their religion as Christian. The demographic details are outlined in Table 1 (p. 58).

TABLE 1

Demographic details of respondents

Respondent (pseudonym)	Age	Marital status	Education	First language	Ethnicity	Religion
Anneke	45	Married	MA Psychology	English	Coloured	Christian
Lara	38	Married	LLB	English	White	
Sanette	36	Married	PhD	Afrikaans	White	Christian
Valencia	31	Married	Matric	English	Coloured	Christian
Monica	41	Married	Higher diploma	English	Coloured	Christian
Katrina	34	Married	St. 8	English	White	Christian

Information relating to the women's history regarding their involuntary childlessness is outlined in Table 2 (p. 59). For the women interviewed, the length of time of trying to fall pregnant before seeking assistance averaged 2 years. The number of years involved in treatment ranged from one to three years. Four of the women were, at the time of the interview, involved in medically assisted reproduction. One had been involved in medically assisted reproduction in the past but, at the time of the interview, was exploring alternative approaches to bio-medical treatment. She stated that she was open to returning to medically assisted reproduction if the present attempts were not successful. The sixth woman had been involved in medically assisted reproduction in the past but is no longer seeking treatment and remains without a child. In the case of four of the women interviewed, the infertility diagnosis was determined to be female-factor infertility, and the remaining two, male-factor infertility. In one situation where it was diagnosed

as male-factor infertility, the doctor expressed concern regarding the condition of the woman's eggs due to her age. Cancer related complications were determined to be a contributing factor for two of the women, one affecting the woman, and the other the man.

TABLE 2

Respondent information related to history regarding involuntary childlessness

Respondent (pseudonym)	Infertility diagnosis	Duration trying to conceive before treatment	Duration involved in medically assisted reproduction
Anneke	Female-factor	[cancer treatment related]	2 ½ years
Lara	Female-factor	2 years	1 year
Sanette	Female-factor	1 year	2 years
Valencia	Female-factor	3 years	1 year
Monica	Male-factor	[cancer treatment related]	3 years
Katrina	Male-factor	2 years	1 year

3.3.3 Interviews

a) Procedure

In order to ensure confidentiality for the women, a person responsible for client information at the clinic assisted me by making the initial contact with the women. Once the women consented I made contact to set the date and

time for the interview. Every effort was made to appoint times that would not inconvenience the respondent or coincide with potentially emotive procedures related to treatment at the clinic. I requested access to a venue at the clinic to conduct the interviews in private but remained open to meeting the women at a suitable alternative venue mutually agreed upon. The University of the Western Cape's Institute for Counselling was one option I secured.

b) Interview Format

An initial one-to-two hour semi-structured interview with an optional follow-up session was conducted. No follow-up interviews took place. The interviews took place in a variety of locations: the women's homes', my home, and the women's place of work. Interviews followed a narrative interview format, allowing for an exploration of the respondent's subjective experience of involuntary childlessness, as well as the emergence of discourses utilized by the respondent to construct meaning and position herself in relation to her childlessness.

In line with the semi-structured interview format, questions were designed to function more as triggers in order to initiate discussion with a minimal degree of direction. As the researcher I acknowledge that my intention to allow the respondent to construct her own experience of involuntary childlessness was compromised by my need as the researcher to meet the aims of the study. I also acknowledge that, to a degree, the interview questions would have had

an impact on how the respondent constructed her experience of involuntary childlessness, as well as the imbalance of power that comes from the researcher-respondent relationship.

3.3.4 Data Collection Tool

The aims for the study served as a guide in the development of the interview questions. With this in mind, questions were designed to access the following:

1. Social norms around motherhood reflected in discourses utilized by the respondent.
2. Dominant discourses constructing involuntary childlessness reflected in discourses utilized by the respondent.
3. Practices that reinforce particular discourses.
4. The presence or absence of alternative subject positions.
5. Significant role models who reinforced and/ or resisted being positioned as mother.
6. The respondent's, as well as other's response to her being without a child, such as 'same/' 'other' positioning, feelings of shame, guilt, anger, rejection, or alienation, taking on responsibility or risk behaviour, strivings to conform, and resistance to positioning.

Each interview began with clarifying the respondent's expectations and any questions she might have from the introductory letter, informed consent and confidentiality. The two main questions were then presented. These were

drawn from research done by Ireland (1993). The first question was put to the respondent, with additional supportive questions, if necessary, to access detail. The supportive questions were designed to investigate history, practices, and discourses related to the respondent's experience of involuntary childlessness. These were not set supportive questions as leeway was given in order to respond to what the respondent presented in her discourse. The interview ended with a question oriented towards how the respondent saw herself positioned in the future. The obtaining of biographical information and a brief discussion of the research followed, as well as an opportunity for the respondent to ask the researcher questions.

The two main questions and supportive questions presented were:

1. "Please begin with when the whole idea of being a mother or having children first came into your mind, and tell your story all the way until now."
 - a) When you were young did you ever think about being a mother when you grew up?
 - b) Was there anyone or any experience when you were growing up that you think made a difference for you wanting to become a mother?
 - c) What lead up to you finding out that you or your partner are infertile?
 - d) Who told you? What did they say?

- e) How have you responded to the news that you/ your partner is infertile?
 - f) What does it mean to you that you are struggling to have a baby?
 - g) Have you told others?
 - h) Who have you told?
 - i) How did they respond, that is, family, friends, and community members?
 - j) Do they (family, friends, and community members) have children?
 - k) How do you feel when you are with them?
 - l) Do others ask you about why you don't have children?
 - m) How do you respond?
 - n) Do you know anyone else who is struggling to become pregnant, or has chosen not to have children?
 - o) Have you talked to them about it?
 - p) What kinds of things do they say?
2. "Imagine that you are very old and looking back at your life, how would you like to see your life?"

3.4 ANALYSIS

Being that the process of analysis is less about applying a particular method and more about being conscious of the constructive nature of realities and social positioning, the analytic process began with an orienting to and the adopting of a broad theoretical understanding of the nature of discourse and a sensitivity to language and its role in the construction of social and

psychological life; how it both enables and constrains what can be said by whom, where, and when (Parker, 1999; Willig, 2001). From there the aims of the study served as a guide in naming and identifying the discursive object. For the purpose of this study involuntary childlessness was named as the discursive object.

By reading and re-reading the transcripts it was observed and noted how different constructions of involuntary childlessness were represented through language used. Both implicit and explicit references were highlighted. This included binary opposites to involuntary childlessness, or the shadow subject: motherhood. Covert references to how involuntary childlessness was constructed, implied through dualism, association, or collusion, and subordinate or dominant positioning, was considered. Recurrent terms, phrases, and metaphors referring to the object, as well as ways in which people talked about, described, accounted for, or avoided involuntary childlessness, were noted (Terre Blanche & Durrheim, 2002).

At this point in the process attempts were made to contextualise the use of the discourses constructing involuntary childlessness and motherhood. This was done by observing how the discourse utilized related to broader discourses around involuntary childlessness and motherhood, and by looking at what was achieved by applying a particular discourse at a particular point in the discursive process.

3.5 REFLEXIVITY

I recognize that at some level my own position has been influenced by the dominant discourses that have existed in the culture and society in which I have been immersed, and which I would have internalised and become subjugated to. In my analysis I have attempted to reflect on and acknowledge the person and perspective I brought to the process; the way I interacted with the participants, the discursive exchange, the perspectives I adopted, the areas my attention was drawn to, how I interpreted and responded to what was said, as well as the potential impact of my position as a woman, mother, feminist, and student of psychology.

In the study I locate myself both as an insider, being a woman living in South Africa, and as an outsider, as a mother and someone who has grown up with predominately western influences. My initial interest in women's subjective experience of involuntary childlessness was sparked by the hearing of personal accounts of friends faced with involuntary childlessness, which to a degree exposed me to a sense of the struggles and frustrations they experienced. Counselling women with HIV around fertility choices and learning of the deleterious effects of not bearing a child for women living in the Xhosa community further contextualised involuntary childlessness for me. Personal motivations to research the area rose out of my desire to bring to conscious awareness, and challenge, the normative standard of motherhood that subjugates women, the disempowerment that women are subjected to due to their not being a mother, the deep-felt loss and distress that is

experienced due to involuntary childlessness, and the apparent lack of political motivation to address the medical needs contributing to and associated with infertility. These motives and the way I see myself constructing power relationships has been influenced by my feminist views. These constructs have been further influenced by my study of post-modern, Foucauldian theories, and by the way my research has shaped my understanding of involuntary childlessness.

In my interaction with the women I interviewed, and in the interpretive process, I attempted to maintain a sense of the asymmetrical power relationship between myself as the researcher and the women interviewed, which, whether consciously acknowledged or not, inevitably played a role in producing 'unintentional truths', and contributed to the construction of meaning (Kruger, 2006; Parker, 2005). Also in my process of analysis I tried to be conscious of the potential influence of the 'anticipated audience', that is the respondents, academics, and the medical professionals with whom I corresponded (Parker, 2005).

By informing the reader of the theoretical position adopted in the study, my intention is to open up the process to further scrutiny and reflection, enabling the reader to contextualise their own understanding of the material and possibly supplement their own account of the interpretation. By doing so I hope to minimize the effect of a 'methodological circle' that, through a process of induction, reconfirms assumptions (Danziger, 1985). Stated

another way; “The way in which we theorize a problem will affect the way we examine it, and the way we explore a problem will affect the explanation we give.” (Parker 1994a p. 13).

3.6 ETHICAL CONSIDERATIONS

Prior to conducting the interview with the respondent I obtained informed consent from the respondent and assured confidentiality. I informed the respondent of the process and intentions of the study by the way of an information letter and invited the respondents to express expectations of the interview and any apprehensions. The interview was presented as separate from other treatment received at the clinic and the respondents were presented with the option to withdraw from the study at any time without prejudice to other treatment received at the clinic. Permission from the respondents was obtained for audio recording and a copy of the transcripts was made available to the respondent if requested. With the information obtained, certain identifying details of the respondent were altered or omitted to protect anonymity.

The personal crisis that is often experienced as a result of involuntary childlessness and the sensitive nature of involuntary childlessness that has shown to evoke a myriad of issues, among them, sexuality and social prejudice, highlights the need for a respectful, empathic and supportive approach. With this in mind every effort was made to maintain a responsive

and sensitive manner towards the women interviewed, and to handle the information provided responsibly and professionally.

Prior to conducting the interviews, supportive counselling was organized with the University of the Western Cape's psychology department for the women who agreed to participate in the study, if the need were to arise as a result of their involvement. Those who were available to provide the counselling were psychology masters students supervised by senior psychologists. In addition two clinical psychologists committed to avail themselves for supportive counselling if the need were to arise as a result of the respondent's involvement. It was kept in mind that referrals to alternative psychological services within the respondent's catchment area could be made if appropriate, based on the merits of each individual case.



CHAPTER 4

RESULTS: PRESENTATION AND DISCUSSION

4.1 INTRODUCTION

The literature review I conducted, which covered various aspects of and perspectives on involuntary childlessness, exposed me to a world of discursive constructions and experiences of involuntary childlessness I had not previously been aware of. I feel this advantaged me in that it helped to contextualise and expose me to some of the issues that surround involuntary childlessness. At the same time, I acknowledge that by allowing the literature to frame my understanding of involuntary childlessness, my ability to engage with the discourses presented by the women I interviewed could potentially have been skewed, with me privileging certain discourses over others.



In line with poststructuralist approaches, I attempted in my analysis to minimize the influence I brought to the process in order for the discursive constructions of the women interviewed to emerge. For this reason I have incorporated many of their own words in the analysis. It was my intention to reflect the subjective experiences of the women interviewed. I do acknowledge the inter-subjective nature of the relationship between myself, as the researcher, and the women I interviewed. I also acknowledge that my framework of understanding regarding motherhood and involuntary childlessness would have had an impact on the analysis presented in this chapter. With this in mind I strove to maintain a reflexive approach during the process of analyzing the discourses employed by the women.

In this chapter I present discourses employed by the women interviewed to construct and make meaning of their experience of involuntary childlessness, and consider how these discourses fit into the broader context of women's experiences of involuntary childlessness. In my reading and analyzing of the transcripts I noted that a number of the discourses the women used to construct involuntary childlessness were similar to those found in the literature. What struck me was how each woman interviewed expressed her own constellation of discourses, which, when considered together, comprised a unique experience and associated meaning.

4.2 DISCOURSES CONSTRUCTING INVOLUNTARY CHILDLESSNESS

Discourses reflecting aetiological interpretations, constructions that position womanhood as bound to motherhood, as well as discourses resisting attempts to construct women who are involuntarily without children as negative, passive, stagnant, and unfulfilled, are deliberated.

4.2.1 Aetiological Discourses

By attending to aetiological discourses and practices, insight is gained into how involuntary childlessness is constructed, as well as providing a context for people's response to women who are struggling to bear a child. All the women interviewed sought medical advice as their first mode of intervention. Some of the women interviewed expressed a spiritual understanding as well.

a) Biomedical Aetiology

The women interviewed all presented a biomedical understanding of involuntary childlessness. Involuntary childlessness was constructed as being the result of something physical: “This was a medical fact for us that had psychological and emotional effects on us...(Anneke)”. The women each displayed an investment of trust and confidence, at least initially, that the biomedical approach would provide the desired solution.

“... you think well now everything's coming together.. it must now work... you expect it to work.” (Lara)

“...I always thought, ag, if I have problems, you know, I know there's things that you can do, so it's no problem really...” (Sanette)

“I think that everything could more or less be explained by the medical side of it... if it is unexplained, it just means that it is something that they haven't discovered yet” (Sanette)



The trust invested involved accepting the medical expertise of doctors and medical staff, and acquiescing to the demands involved in the treatment process. The focus of treatment was on the body: the site of intervention. In the process the body was closely monitored, observed and manipulated, resulting in the production of what Foucault termed ‘docile bodies’.

“They put you on to a drug and then they see your body's response...”(Lara)

After trying for a year she went to her gynecologist who “immediately put me on Clomid”, he also performed medical procedures “to check the tubes and everything”, as well as four intrauterine inseminations (IUI) and three in-vitro fertilizations (IVF). (Sanette).

“...I am just so not in control.” (Sanette)

By focusing on the goal of having a child, there was a sense of losing sight of the individual woman. This came through in the discourses of some of the women interviewed when they expressed feeling a lack of attention to needs and a lack of consultation regarding the treatment process and potential risks involved. Kentenich (2002) found, through his work consulting with individuals struggling with involuntary childlessness, that with the medical advances in assisted reproductive technology there lies the potential for neglecting psychosocial and emotional needs. He also expressed concern regarding the potential danger of reducing the individual experience to a biological or medical one, negating the emotional impact that involuntary childlessness has on those struggling to bear a child. For some of the women I interviewed, a result of the felt lack of attention was that, many questions were left unanswered, fostering a sense of incompetence. The women all noted the lack of resources in the hospital as a contributing factor.

“...[the women in the lab] they are fantastic, but they’re too busy, they don’t actually have the time to sit down and answer your questions, and there are a lot of questions... and there are a lot of things I don’t know...” (Monica)

“So you get home and you sit with this pack of things and it’s like, how do I do this?” (Monica)

“I just feel that the doctors at the clinic should look more into the problem than just giving you medication and then the cycle doesn’t work out then you must just try again, but they don’t address the actual problem...” (Valencia)

“...they don’t explain why you’re taking all this medication, why do we have to take, like there’s some medication you must take at 12 o’clock at night, and you know you don’t actually know why... I wish they had given me more information. Even the injections, I don’t know how to give it and they don’t explain to you how to give it. I was very, I think I was very frustrated and I was angry...” (Monica)

“...when you go to the hospital you feel like this little child...” (Anneke)

“No [there were not discussions about possible risks], not to my knowledge.” (Lara)

The treatment in and of itself was experienced as painful and difficult.

“even though I say the physical side is not the hardest part, it is still not easy...” (Sanette)

“the medication you go on is very – it works on your hormones and it drives you crazy and it blows you up and I was like miserable, the injections are sore, I had bruises all over, it was too - it’s very, emotionally, it’s very draining on you as a person...” (Monica)

“...I had to go through all this and that dye when they check your uterus out, that was terrible. Phew, that was painful.” (Katrina)

The women’s reactions to finding out that, following the arduous process of treatment, they were not pregnant, included a deep sense of sadness, disappointment, and disillusionment, as expressed in the following.

“Every time we go for it, you think this is it, you know, now it is going to work, and I mean when they tell you about the embryos and everything, everything sounds so great.... Everything is great and two weeks later you go for a test and they say sorry, it’s negative... So you do invest a lot of time... energy, hope, finances, emotions, and it all just comes crashing down... [I felt] hopeful, crushed, I don’t know, just completely disappointed... just so disappointed” (Sanette)

“A sad feeling, because I’m very very sad.” (Valencia)

“...the first time I did it [went through the medical procedure] I thought oh I’ll leave it in their hands and do whatever I have to, but it didn’t work and then I thought why, and nobody could actually give me an answer...” (Monica)

“But I say naively so, because I now realize obviously that it doesn’t always work... I never thought we would be in this dilemma... To be honest, I never even thought about the fact that there are people or I didn’t know that there were people who IVF didn’t work. I really thought that was the answer... [it’s] enough to make you stop and think at that stage, whether you really want to carry on with it... Now I would definitely be more reserved and warn people like it can be a

long and very difficult process, and I think I never, never thought about that.” (Sanette)

As I listened to Lara’s account of her experience of the medically assisted reproduction she had gone through to date, the discourses seemed to reflect a growing sense of disillusionment. There appeared to be a shift in her position regarding the medical profession from one in which she could invest her hope, to one of an inexact science that would not necessarily be able to provide her with the desired child:

“So I said, “Well then why are we even bothering?” “No, no, no, let’s try it, let’s try it”, but you know I could see he thought it was actually a waste of time... there didn’t seem to be a way around this, and that was very scary.” (Lara)

This appeared to be exacerbated by the parameters discursively set by her husband:



“And [my husband] is very keen for us not to do this more than twice, he says, you know, we can go on forever and the sort of false expectation and he wants to be realistic and pragmatic... If [my husband] weren’t quite so arrogant about me trying twice, I really would do more...maybe after trying twice I’d try and persuade him to do it once more... But you know and then you think to yourself, imagine you push it and twist his arm and we had a child and it’s a disaster... I would feel responsible...” (Lara)

Despite the experiences of pain, disruption, loss of control, and frustration of medically assisted reproduction treatment, the women persevered. Anne Fleming, a feminist activist, through personal experience of involuntary childlessness, came to view the options and hope that medical treatment offered as both a blessing and a burden. She found that through creating

possibilities, hope is fostered, an open-ended hope that left her positioned as perpetually 'not yet pregnant'. Yet when presented with the option she "...at once handed over to medical professionals and subjected [herself] to the "medicalization" that uses technology to attempt... to provide her with the object of her desire, even as the cure effects a certain loss of control over the body." (cited in Broaddus, 2002, p. 173). A similar sentiment emerged in the words of Sanette when she said:

"It is just so difficult... I think you have to get to the point also where you are ready to accept it... but now there is still this hope that it might happen... So I really don't think at this stage about never ever being a mother and never ever having a family. Because I don't, I can't really bear the thought." (Sanette)

b) Spiritual Discourses

Spiritual and religious discourses emerged, with some of the women holding both a medical aetiological understanding, as expressed through discourse, as well as an overriding sense that ultimately the will of God would prevail.

"If your highest will is that we don't have children then let that be done..." (Anneke)

"I do believe that where as we see what is happening now, God sees the bigger picture, and maybe there is something waiting for us around the corner." (Sanette)

"I just believe that if it's meant to be, I will have a child..." (Valencia)

"I mean people fall pregnant taking drugs, people fall pregnant doing all, everything, and, you know, if it's basically not meant to be. This is actually just there to improve your chances, but if it's not meant to be, it's not meant to be, so..." (Monica)

"If it's God's will that I should have a child, I will have one..." (Valencia)

The discourses generally reflected that the spiritual dimension of making sense of their struggle to have a child of their own was positive, however, the potential shadow side of such statements as 'I will have a child if it is God's will', are feelings of judgment:

“...you go through things, of thinking ja maybe you would have been a bad mom so mother nature decided otherwise and other shocking bits of news or interpretations...” (Anneke)

“I was angry at God, I was like, “God why do you do this to me?”” (Monica)

“...I would see people on the street for example that really didn't care two stuffs for their children... and I would look at these mommies with these kids that they really didn't care about and I would think to myself, you know I am such a bad person, even a person who doesn't actually love a child has been given a child above me... that I am obviously such a person that I wasn't given a child... it is almost like finding an acceptable reason why not, you know.” (Anneke)



Katrina chose to seek out the spiritual insights of a medium “just to see if I'm wasting my time [investing in the medical process]...”. She also had suspended medical intervention while her husband received reflexology treatment to address negative energies. Her words and actions displayed a level of confidence and investment in alternative constructs to the possible aetiology of involuntary childlessness. Her discursive response also relayed a contrasting view to those who expressed a sense of judgment. Katrina's response displayed more of a sense of experiencing her situation of struggling to bear a child as unfair:

“... why does it happen to me, I mean I'll be such a good mother, and I mean I don't, I mean I'm not a saint, but I mean I'm not a bad person, I mean so there's plenty of people – then I always say, even to my doctor, there's people out there who don't deserve children, who

abuse their children and they just pop children out all the time and they can't afford them, and here's me struggling... Then I'm thinking there's these countries too and you always see them always having more children and then they can't afford to feed them and they're just having more and more children... and it's – that's when I get upset as well.” (Katrina)

“... when they fell pregnant... I got upset because they're pregnant, they've got children already...” (Katrina)

4.2.2 Woman-Mother Discourses

Constructs around womanhood have fostered an interpretation that positions womanhood as synonymous with motherhood, often idealizing the role for women (Hare-Mustin & Broderick, 1978). For those who adopt this construct there is the danger of experiencing involuntary childlessness as a threat to the sense of self (Kikendall, 1994), giving rise to guilt (Inhorn, 1994a). Some of the discursive constructions employed by the women interviewed reflect this. The process of deconstructing woman-mother constructs utilized by the women interviewed revealed a complex web of discursive elements bolstering and sustaining the ideology. These are discussed in turn.

a) Innate Motherhood

Innate motherhood discourses formulate motherhood as natural, instinctual, an urge, and an assumed part of life for adult women (Gordon, 1990; Wager, 2000). It generally has the effect of creating expectations of having a child. The women interviewed showed variation in the degree of dominance innate motherhood discourses held in their construction of womanhood. For some it appeared very strong:

“...procreation is a natural part of creation I think for animals and human beings, um, so ja, I would say it is a natural part of the order of things... I didn't kind of presume it is a choice to make, it is just kind of something natural that happens... But I mean biologically I would say I almost have discovered, um, a maternal instinct and a natural motherness” (Anneke).

For others it came through as more of an unquestioned assumption:

“I think it is something which I probably postponed, you know, for quite a while... [but thoughts of becoming a mother were] always there... like everybody does.” (Sanette)

“I think that, unlike many people, many women, I didn't really think very much about motherhood until probably I was about 35... and it was more a sense of I've got to get on with this... more a feeling of time's running out... but at the same time I also thought, also assumed I would be able to have children and that I would one day...” (Lara)

A number of the women presented discourses that highlighted their sense of anticipation:



“...there are little things you do about wanting to get everything out of the way that you possibly want to do so that when they are born you are kind of more settled and focused and available to just focus on them.” (Anneke)

“... once we reached that stage where we were settled and ready... we bought a house. You know everything was just right...” (Sanette)

For those who adopted innate motherhood discourses, there was a tendency to construct a future that incorporated children. As a result, when the child did not come as expected, they often felt their life was put on hold in anticipation of the child. Braveman (2002) wrote about this 'living in a state of limbo' and the sense of uncertainty about what the future holds. The women interviewed expressed this in the following:

“... it feels to me like I have been sitting in a waiting room, in a way, in a waiting room for three years... With this thing you just live in the future. You just sort of wait and it does feel like you are putting the whole thing off, you are wasting time.” (Sanette)

“...what if I leave [my job] and I fall pregnant and then I must get maternity leave, so I stayed... I’m still sort of like where do I go from here... it’s like where am I, which way, which direction do we take now... when you’re in that situation, you don’t believe you’re actually going to be okay, like your whole life has come to a dead stop and it’s actually quite, I don’t know, it’s actually quite sad.” (Monica)

“... you postpone everything... because you might be pregnant and then you are not, and when you get to that point, it is really bad.” (Sanette).

Taking into account some of the multiple perspectives framing the construct of women, including various psychological and social perspectives, Ireland (1993) purports that “regardless of whether maleness or femaleness is seen as the primary influence, maternity is still considered the equivalent of adult female development. There is no normative female identity for the woman who is not a mother.” (p. 104). Words from the narratives of some of the women interviewed seemed to demonstrate such a construct:

“...I even felt what is the point of living if you can’t have a child? I felt like I was living towards this child, I was working towards a house, I’ve got medical aid, I’ve got a secure job, and I was living towards this child, and it’s like after they said to me, you know, you’re not pregnant, I just felt why must I carry on living now... you almost want to give up on life, because there’s no future, there’s no extension of you, there’s no reason, there’s no reason to live... ja, at the time that is what I was feeling...” (Monica)

“...it is a painful road, because... there is this natural presumption that you are going to be parents... this urge to be parents or to have kids in your family, it is natural to all human beings you know. And when the presumption is proved difficult I think that is the tough one.” (Anneke)

"[Upon considering my life, my biggest desire is that] I would like to have my own children ... and be a good mother to them, that's what I actually want." (Valencia).

"Well I've only got a one track mind, [I'd like to see myself with] at least two children, I mean that's all I ever think about now, just a happy, loving home life." (Katrina).

For those women without children who lack an alternative positive identity, they find themselves to be non-mothers, living in the shadow of the elusive 'mother'.

"...we tried to carry on as, doing things, go on holidays, everything, but there is always that thing in the back of your mind." (Sanette)

i) Deficiency discourses

For the women who adopted the construct of innate motherhood, yet found themselves positioned as non-mothers, discourses relaying deficiency often presented. Deficiency discourses are about negative self-judgment: about seeing the self as lacking. Concomitant feelings expressed were often a sense of inadequacy, failure, disappointing others, and shame. Abby, et al., (1991), after considering the discourses of women who were involuntarily without children, concluded that the centrality of the motherhood role created a situation in which women were vulnerable to feelings of personal inadequacy and lack of fulfilment.

Kikendall (1994) noted research, the outcome of which indicated potential emotional responses of women resulting from a discrepancy between constructs of an ideal self that involves being a mother, and her present

experience of involuntary childlessness. According to Kikendall (1994) if the woman constructs an ideal self based on what is perceived to be the expectations of significant others, or social expectations, it can lead to feelings of failure, shame, and embarrassment. Valencia, in relaying her experience, stated that she had made the decision not to share with others close to her about her struggle to fall pregnant, fearing she would be disappointing them:

“In a way I feel kind of embarrassed of not falling pregnant... It’s just that I know that they’re going to be very disappointed... they actually can’t wait to see my child or know that I’m pregnant... and now I’m dropping this bomb, telling them that I’m unable to have a child.”
(Valencia)

Others also expressed a similar sentiment:

“...the emotions... that I experienced when it didn’t happen related to a feeling of, a feeling of inadequacy, a feeling of not being complete, thinking I’m not a full woman, I can’t actually bear children, there’s something wrong with me, a feeling of having let [my husband] down... you blame yourself and you feel bad that you weren’t able to give this person something... It’s been more a feeling of having failed at something, ...” (Lara)

“Initially I was very scared to tell people... I’m scared people are going to ask me why... I was scared of a lot of things... scared of opening up to people, and I was actually scared of being judged...”
(Monica)

Kikendall goes on to suggest that if the woman is struggling to meet what she has constructed as her own internalized ideal for herself, there would be minimal opportunity for experiencing positive outcomes outside of motherhood, which then tends to result in feelings of dissatisfaction, disappointment, and frustration. Lara’s words seemed to portray this:

“...I burst into tears... it was sort of shock, shock that it looked like there was something wrong with me... I was very upset, very, very upset... I had been able to handle it, or I thought it was my husband’s problem... you don’t feel as bad when it’s somebody else, but not you.” (Lara)

It appeared that for those who placed their trust in medical technology, the disappointment and disillusionment seemed to be with the medical profession’s inability to provide the desired solution, as discussed in the aetiology section above.

Some of the women interviewed recounted conversations wherein the other persons’ discursive constructions had a noted influence on how they constructed their experience of involuntary childlessness. As an example, the following quote by Anneke recounting a conversation with a member from her community highlights how, by introducing a discourse into the equation, new constructions are formulated; it also illustrates how some people hold a construct of femininity as a woman’s ability to give her husband a child:

“... “I mean like obviously not having a baby is like to do with your femininity so don’t you find that he is like staying away from you, you know...” I was sorry she actually even asked that question because suddenly it became an unnecessary issue... Ja, in a sense you know you kind of wonder is it a possibility that some men might actually interpret and I mean in what way is, um, is it maybe affecting my husband that he sees me differently you know... but ja, I did feel it left a bit of an insecurity and a question kind of hanging over for a couple of weeks you know.” (Anneke)

In the following quote the comment made by Anneke’s colleague, which was intended and received as supportive, highlighted how discourses construct women without children as something to be spurned.

“... and the one guy said to me you know in the African culture it is understood that if a woman can't give a man a child the woman will understand that he leaves her in order to find a woman that can have a child and their admiration went out to my husband for not rejecting me and for sticking around and not rejecting me...” (Anneke)

Feelings that emerged reflecting the women's experience of involuntary childlessness were expressed succinctly in the following:

“I would say emptiness... there's a hole... I need to fill that emptiness...” (Monica)

“Sometimes I think I don't deserve to bear a child, I sometimes think I will not be a good enough mother.” (Lara)

“It is really a difficult experience, probably the most difficult thing ever, because you have no control over it... It is definitely the most difficult thing I have ever had to deal with, ever... it is ups and downs all the time... an emotional roller-coaster.” (Sanette).

“It makes you feel like you're useless, because I can't give my husband a child...” (Valencia)



b) Women as Nurturers

Wager (2000) noted that certain dominant discourses construct women in such a way that they “are supposed to have maternal instincts which destines them to have children and [to] subordinate their own interests to those of their offspring.” (p. 390). She goes on to suggest that women by and large fulfill this expectation due to the arrangement that from a young age they are taught to care for others. Chodorow, as outlined in the literature review, presented a similar perspective with her writings on the socialization of gender. Chodorow goes a step further in outlining the socialization process, instilled by the social arrangement that positions mothers as main caregivers.

She puts forward that the affective relationship between the mother and daughter has the propensity to become internalized and incorporated into the daughter's psychic structure. Following on from this, in the experience of being mothered, the daughter comes to position herself as the relational, nurturing feminine. The construct that positions women as nurturers evidenced itself in some of the women's discourses:

"You know your mom would train you to keep an eye for people's needs and to be very sensitive and be available you know." (Anneke)

"...they'd be mine, I would love them, because you do love your own children, that's how it works..." (Lara)

"...we've got these dogs... and that's helped me enormously in terms of I think in terms of having something to mother..." (Lara)

"[My desire to nurture, to care for, to mother] it's very strong, knocking very loud." (Katrina)



Some of the women also conveyed their own experience of themselves being mothered and nurtured.

"You felt special and felt loved. And in a sense part of what was a natural presumption with me was just ja, I'm going to be like this with my children too... doing the things my mom did with us." (Anneke)

"She could always dedicate herself to both roles very well [mothering and job]. You know, she has never neglected us in any way, or the family in any way." (Sanette)

"She was a working mom but she always spent a lot of time with us... she was a very good mother." (Valencia)

For Lara her experience of being mothered did not fit the 'traditional' dominant narrative of an available, nurturing mother. Her mother was a professional person who raised Lara on her own. There were some indications that as a young girl she was saddened by this, but she came to

experience her mother as someone “to be proud of”, and someone to emulate:

“...she’s very hard working, very committed to what she does and it was never an option, it never crossed my mind that I wouldn’t work full-time... I would have felt a failure, inadequate, useless, not having fulfilled myself...” (Lara)

Lara described herself as someone who was not “particularly maternal”. She expressed bemusement when her mother introduced an alternative construct of women than she had witnessed in her mother, a more traditional one that placed the role of mother above professional accomplishments. This disruption of a previously adopted construct seemed to have a destabilizing influence in how to position herself, and introduced a sense of anticipated loss, loss of never experiencing what her mother experienced.

“[My mother] just feels that the whole process of being a mother is a very special experience and a rewarding experience...what she says to me now is “work’s not everything”... looking back at her life and thinking, well she has a sense of, ja, she’s worked and she’s done very well, but so what, you know, what has it really meant. Really what matters is to have a child... it made me feel there is something there, and if my mother found [being a mother] to be a powerful experience and an enriching experience, I would too and I can’t have it because that, so ja, there was a sense of loss... It did make me feel that I’m missing out” (Lara)

She conveyed that the most difficult aspect of her experience of involuntary childlessness was her feeling of inadequacy at the thought of not being able to provide a child for her husband.

c) Social Biography Discourses

Social biography discourses are those discourses that convey social roles and normative expectations. According to Allison (1979), any socially assigned meaning that closely ties women's identity to the role of mother needs to be considered when contextualising the experience of women who are involuntarily without children. Gordon (1990) writes of the socialization into femininity and "the context within which subjectivities are constructed" (p. 21). She notes the subtleties of everyday micro-level interaction and practices that outline messages of what's expected. For women these include the mother role.

"... everybody around me, I mean who wants, has got children... it's just something that you accept; one day you're going to get married, have a family..." (Katrina)

"...I think in the culture in which I come from there is a high – in fact I think all cultures have a very high, um, having children is like a very important event you know... I think also for us women when we play with our dolls from before school... there is a kind of a mommy persona given even to little girls already, a nurturing kind of role is given to us at quite a young age." (Anneke)

"People would regularly enquire about when are you starting a family..." (Anneke)

"...at the time a lot of my friends were not married, they didn't have kids, a lot of my family were not married and didn't have kids, I would say a lot of my generation got married late in life and had kids late in life, so it wasn't an issue then. Now all these people... they've got kids... the people I mix with..." (Monica)

Social biography discourses create situations in which individuals feel they are being evaluated in relation to social norms and pressurized to conform: the 'normative gaze'.

“...I use to get a lot of pressure from [my friend], because every time I went to her, “Hey, when are you going to have the baby, what’s happening, you must hurry up, your time, you know, you’re getting old now”, and it always used to, you know, stress me out as well...”
(Katrina)

“I do find that a lot of people put pressure on you, people put pressure on you, “When are you going to have Kids? When are you having – when are you starting a family?” (Monica)

“Because everybody’s asking me when and when... I don’t know what to say.” (Valencia)

“...since I got married... I feel more and more that it’s bothering me... It’s maybe because of the expectations that people have... what other people [my family and friends] are going to think when I actually tell them that I’m struggling to get pregnant or whatever, that’s actually my main concern... I know that they’re going to be very disappointed”
(Valencia).

i) Women-centred discourses

The statements that convey an assumption that the woman is responsible for not bearing a child, and the practice of putting the burden on women to act in response to the struggle to become pregnant, reflect women-centred ideologies around involuntary childlessness, and add to the social stigma that women endure (Abby, et al., 1991). Landa (1990) cautions that as long as dominant discourses expounding paradigms that confound womanhood with motherhood persist, we will struggle to avoid mother-centred interpretations.

“They did a lot of tests with my husband as well, but like the way people articulated that the fault was with me.” (Anneke)

Whether it's argued as necessary or not, women are the site of the majority of interventions. With the focus on women's bodies, women-centred discourses abound.

"...the doctor said to me listen here, um, you must never tell your husband when you are doing what. I mean you must just be a Delilah but don't stress your husband... it was almost like the consideration was on my husband's side you know and I didn't – and he said I always tell my women they mustn't stress the men." (Anneke)

"...I had to go through everything... they just concentrated really on me and spoke to me and like [my husband] also use to say, he's got the problem, why do I have to..." (Katrina)

Becker and Nachtigall (1994) suggest that the general practice of women accepting this women-centredness is a good indicator of women's sense of responsibility for childbearing.

"...it took a long time to get [my husband] to go for a blood sperm test... eventually I made an appointment for him... This guy sent him for a repeat test in a few months time, and there was once again a long delay... I was frustrated that I couldn't get him there, I said, "let's try artificial insemination", it was one way to actually get him to do it..." (Lara)

"I was angry at myself... maybe I didn't do things right, maybe I should have relaxed, maybe I should have gone on a health diet or maybe I didn't look after myself properly... maybe I exerted myself too much... when the fertility things didn't work out, I thought maybe I didn't do the injections properly... I did feel that maybe I'm not doing the whole thing, I'm doing something wrong here." (Monica)

ii) Deviant 'other'

Simone DeBeauvoir first coined the term 'othering' in 1949 to depict the process by which women were defined in terms of a dialectical relationship to men. This use of the word has since been further developed to illustrate exclusionary practices based on normative standards (De Souza, 2004;

Letherby, 2003). The term is used here to highlight how women who are without children are positioned as outsiders, and rendered 'other', due to their lack of conforming to the norm of motherhood.

"You know what happens, when your friends have got children, they tend to want to be with other people who have children... That's something I also find difficult, this feeling alienated from my friends, feeling that I'm not part of that group who has children... they have this whole common ground... that mothers talk about... wishing I could be part of it, but also sensing their awkwardness at me being there... suddenly there's this silence..." (Lara)

"... the women folk always talk about children and pregnancy and sometimes you feel like, ag, you just don't want to sit there and not have anything to say... It makes it difficult, very difficult." (Sanette)

"...you feel very isolated and alone at the time you know." (Anneke)

"So I don't know anybody personally very well who is not a mother and quite happy about it." (Sanette)

"One patient was saying, "It's almost like we're a whole lot of freaks here that's going together" and we, you know, we are different, we are different to everybody else out there... that's what it felt like, we're sitting in the office with all our little packets of injections and we feel like we're different to all the people out there that are just having babies, no problem..." (Monica)

"I wouldn't dream at this stage of going with my friends and all their kids... I just couldn't bear it. I don't like to have my nose rubbed in it." (Sanette)

Everyday practices, such as people enquiring about children, reinforce the sense of a deviant identity and defectiveness. This was noted by Ireland (1993) in her studies and echoed in a comment relayed by Katrina:

"[When people enquire about if I have kids] I'll say no, it does kind of tug at the heart, but... I mean I just get a little hurt, like because I haven't got..." (Katrina)

The repercussions of being positioned as other evidenced in discursive practices such as negative positioning, negating, a lack of available or adequate discourses and a lack of shared meaning. Anneke was shocked by the negative comment of a member of her community:

“...her response was “but you can’t blame people and this is such a disgrace... that you can’t give... when a woman can’t give a child to her husband...” (Anneke)

In the accounts of the women interviewed, what emerged as more common than negative judgment from others was the sense of being negated, a sense that there was a lack of space in which to position themselves. Ireland (1993) interpreted the negating of women who were without children as a response to the threat that these women posed. Women without children, by their presence, bring into question the assumption that women’s role is as mother, destabilizing the dominant ideologies. By making women without children ‘invisible’, they do not have to accommodate their existence. For the women interviewed the experience was expressed as difficult and uncomfortable:

“...it’s easier not to have to explain... it is easier just to sort of, you know, let it go and try to get over it by ourselves... It is difficult at the moment to socialize with friends with kids. It is something which I find really difficult.” (Sanette)

“ I don’t know what to say... I’ve actually decided to keep it for myself. It’s easier for me... It’s actually very uncomfortable to talk about.” (Clara)

The discourses utilized by Anneke and Lara displayed a lack of acknowledgement in society of woman involuntarily without children, in that

prior to their experience, it was not within their repertoire to even consider the possibility:

“You don’t presume you can’t have children. You don’t even engage with the possibility of not having children ...” (Anneke)

“... I never thought that people, I never... I never for a moment thought I would struggle to fall pregnant... I also thought, also assumed that I would be able to have children, and that I would one day.” (Lara)

The lack of adequate or available discourses constructing involuntary childlessness was demonstrated in the following discourses relayed in the interviews.

“...say they hear somebody died, they don’t know what to say but they go... and know to say ‘my deepest sympathy’... in fact people just seriously don’t know what to say, you know and it isn’t... But this was the common thing, that everyone said we didn’t know what to say...” (Anneke)

“... if you approach them and they’re talking and then suddenly there’s a silence when you get there, or there’s an attempt to change the conversation and you realize your putting them into a difficult spot.” (Lara)

Without the adequate discourses to communicate, and the acknowledgement and acceptance of women without children, there leaves little space to construct a shared meaning of involuntary childlessness. What has been demonstrated through the discourses utilized is a lack of understanding for the experience of women who are involuntarily without children.

“they just don’t have a clue. They pop out kids like it is going out of fashion. So it is really difficult to discuss that with them.” (Sanette)

“... honestly the kinds of things people would say you know – God’s will, you must respect this is God’s will... people were offering all sorts of explanations; “Just trust”, “You must believe”.” (Anneke)

“You get people who say to you, just relax, it will happen, go on holiday, all of that nonsense. I have gotten to a point where I can just ignore that and take it from... their intention is good... although it does irritate you.” (Sanette)

Some of the experiences conveyed by the women interviewed were also found to be the case for other women, as noted by Braveman (2002) and Meyers et al (1995). In these other situations, what was disclosed was that unsolicited advice was generally received as intrusive, embarrassing, and blaming, and experienced as unintentionally conveying a message that trivialized the struggle and insinuated an inability to manage emotions appropriately. Braveman (2002) points out that comments such as that spoken to Anneke: “...are you still not pregnant? ...you know it’s strange I fall pregnant like this [with a click of her fingers].”, reinforces a negative image and can be experienced as very hurtful.



Monica expressed having felt anger linked to other people’s inability to listen; a felt sense of her experience of involuntary childlessness being negated as others struggled to allow her to say what she needs to say, feel what she needs to feel: “They don’t understand you don’t want advice.” As Ireland (1993) put it “Society’s acceptance of and corresponding pity for these women may well reinforce their sense of being defective (p. 18).”

“I was angry at my mother because she was so concerned about me... I was angry at friends when they use to phone me and say “Just relax”, I use to call it the rude word...it’s like how do you relax, it’s like are you crazy.” (Monica)

“I feel a lot of anger, a lot of disappointment, a lot of sort of longing... I was angry at everybody and every thing...” (Monica)

“...my husband didn’t understand, he just didn’t understand anything... you know, he’s like no, let’s move on now, he just didn’t understand.” (Monica)

“They don’t really understand, so they know I’m sad and you know, when I went through it I was very depressed and I didn’t want to speak to anybody... “Oh, there’s nothing wrong with you, you must not worry about it”... it’s just like they just don’t understand, and I can’t find myself explaining and explaining it over and over and over, but we can’t have kids even if you do relax, it’s not going to work... I just don’t speak to them... because they don’t understand.” (Monica)

“Sometimes I actually just want to be heard, and I find it’s actually weird, there’s very few people that are really there to hear what you are saying. I need to be heard and that is the biggest problem that I have, and if somebody is not going to listen to me and hear what I have to say and jump in and come up with solutions before I’ve finished speaking, then I’m not going to tell them any more, I’m actually not, and that is what I found with a lot of people...” (Monica)

iii) Accommodating the ‘in-group’ and participating in dominant discourses

De Souza, in her analysis of discourses and practices in relation to a group of marginalized women, expressed concern about how unintentional and unconscious acts can have the result of silencing and excluding those who are at the receiving end. Burr (1995) suggests that, in an attempt to participate, those who find themselves on the margins of society will represent themselves in a way that is accepted in the context in which they find themselves. In the context in which discourses around motherhood abound, some of the women interviewed made use of available discourses in order to engage with others and avoid discomfort.

“And I think what I try to do, although I don’t always get it right, is... to participate... because it’s easier for them... I think that’s what one’s got to do, one’s got to either... remove myself... or ... directly engage.” (Lara)

“...people put pressure on you and initially I actually, I initially I, “Oh, not now”, you know like brush it aside, and then I thought no man, this is not working for me, because then they keep on, so then I started telling people, “Well we are trying”... I’ve found, ever since I’ve said that, that I get a lot of... empathy and that’s when they start trying to find the solution or whatever, but I do find the response is better... Now to shut them up, I say, “we’re trying”...” (Monica)

iv) The desire to engage

In the course of the interviews a number of the women expressed a desire to engage in meaningful discourse around their experience of involuntary childlessness:

“...I’d tell her about the sort of developments, I’m very open about it, my way of dealing with it is to talk about it and not to hide it away...” (Lara)

“...that was amazing comfort, to know I can talk to someone. And [the doctor] has been really great, really really great and really scientific about the whole thing...” (Lara)

“So then we started talking quite a lot about this, and I must say that has been a great help... Ja, that’s been really good. I think just to, just feel there is somebody else also the same... we can just talk, she knows exactly what I mean... we could talk and share what it feels like and it was better for me...” (Sanette)

“...it’s really, it’s really a very lonely road to travel when there’s nobody here with you... So I felt it was a very lonely time for me, even though I had all these people, I had support, but I would have liked to have had somebody who really went through this and basically understands what you’re going through.” (Monica)

“...it would be actually very nice if somebody could go to deal with fertility issues and say no, what you’re feeling is actually normal, it’s actually fine, it’s okay and – but I had nobody to tell me that at the time.” (Monica)

“...when I was really feeling down, I would go to a book... short stories of women’s experience and everyone was different... like where they are now, how they’ve come through it,... I’d read it over and over and over, just to keep telling myself I’m going to be okay...” (Monica)

“... [she] went through the same process I went through... I suppose she and I connected.” (Katrina)

Opportunities to share proved to be limited, even within the marriage relationship. Meyers, et al (1988), in their work with couples who were struggling with involuntary childlessness, found that some partners, in an attempt to protect their partner from emotional pain, would avoid conversations. This was further entrenched by the comments of others that advised them not to share their pain and distress with their partner. A sense of guilt and isolation often developed as a result. Anneke expressed a desire to have been able to share more openly with her husband:

“...it would have done something for me to actually hear him say I am so sad that we can't have children... I would like to share my feeling sad with somebody else that feels sad about it as well.” (Anneke)



Not all the women found shared-meaning with others who were involuntarily without children. Letherby (2003) challenged the idea of a 'sisterhood'; a homogeneous group based on a commonality, which in the case of involuntary childlessness would generally be considered the status of non-mother. The words of Monica reflected this when she spoke of how her ability to relate her experience was founded more on emotions than circumstance.

“...she's longing to have a husband, I found my conversations with her much more meaningful [then with others who are also struggling to become pregnant]... even though her situation's different to mine, she could identify with what I was feeling... I could speak more about feelings and “I'm angry today, I'm depressed today” or I'm this and I'm that, and she'd understand.” (Monica)

d) Hope-Filled Discourses

There was a great deal of resilience expressed by the women I interviewed in that they continued to focus on remaining open to the possibility of having a child. They continued to construct space in their future for the desired child. In support of this construction, there was no or minimal engaging with the possibility of not having a child, and with the associated loss that could involve.

“... now there is still this hope that it might happen... you always have this hope, you know, it works for some people the second time, so why not me. So maybe it is third time lucky, so let's try again. You know, and now we are thinking about the fourth time...” (Sanette)

“[the people at the clinic] have become like family... and they say to us look, we can't explain why it didn't work, but we don't think it is time to give up just yet, you know, we would like you to try again, we will help you to try again. So then you think, okay, well, then we will try again.” (Sanette)

“... I said to myself, you know, I'm not going to let it get me down, I'm just going to keep positive, you know... I just keep my thoughts, that I'm going to, you know, I'm also going to get there one day.” (Katrina)

“I'm not in touch yet with my loss... I haven't quite come to terms with my own wanting to have a child...” (Lara)

4.4.3 Familial and Relational Discourses

a) Familial Discourses

Familial discourses in this context position involuntary childlessness in the larger context of the family. They convey the family's investment in the child, which has shown itself to range anywhere from expressing a desire for a relationship with the child, to very strong expectations regarding such things as carrying on the family name and issues involving inheritance. Some of the

discourses employed in the interviews expressed a desire to carry on traditions to the next generation and concerns about having someone to care for them as they grew older.

“So there was in me this presumption that I was going to do these things [like my mother and grandmother did] with my kids as well. I was going to pass on the family traditions.” (Anneke)

“The sadness I will go to my grave with, with regard to not having children, is just [that] my husband is such an incredibly good person... it is actually a sin for me that mother nature is robbing the world of a good seed like his.” (Anneke)

“... I’m her only child, really I’m her only chance for a grandchild.” (Lara)

“...my father had pinned his big hope on the grandchildren you know, on my grandchild... my children are going to be his children. And in our community... [it is a tradition for the parents to] give one of their children to actually live with the grandparents...” (Anneke)

“I look at my own relationship with my mother... What am I going to do when I’m old and don’t have children to look after me... What’s going to happen to me when I die, who’s going to hold my hand... what’s going to happen when you get older, are we going to be that lonely couple, that miserable couple that’s got nobody to look after them?” (Monica)

Katrina’s description of her experience of relationships in her nuclear family, and more specifically of that with her mother, conveyed a sense of how her experience did not meet her expectations of relating, born out of the constructions she held.

“...I’m not really close to my other family members...” (Katrina)

“It’s not really a, you know, like a daughter relationship...” (Katrina)

Katrina conveyed that for her, a child of her own could provide an opportunity to experience a relationship with her own child that was reflective of her own constructs of a mother-child relationship.

“I suppose I didn’t really have a good childhood. Maybe, I always thought, one day when I have - I want to have a child and give the child a better childhood, I suppose, than what I had.” (Katrina)

Fleming (cited in Broadus, 2002, p. 177) expressed a similar sentiment when she spoke of her desire to have a child, and how that desire related to her relationship with her mother: “...a reconciliation with their memories of their own mothers. So having a baby wasn’t just having a baby. It became a major healing.”

b) Relational Discourses



Relational discourses within marriage conveyed both romantic constructions and constructions advocating procreation within the marriage relationship.

Romantic constructions are those that construct the marriage as founded on affection.

“... it was really about us, not about procreation or about the family name or anything like that... We were getting married because we really loved each other.” (Anneke)

The discourses, and associated expectations, which place offspring as central to the definition of marriage, position children as being a large part of the construction of marriage. Meyer et al (1995) state that the majority of couples in North America enter marriage intending to have children. Molock

(1999) notes that most people in African countries view children as the main reason for marriage. Procreation discourses were reflected in some of the discourses utilized by the women interviewed.

“I would say once we made the decision to get married there was a natural presumption with that, that it is marriage, children, old age or whatever it is.” (Anneke)

“[Since I’ve been married]... everyone is asking me when and when...” (Valencia)

All the women interviewed described their experience of their relationship with their husbands as supportive in response to the struggle to fall pregnant. The women often identified their husbands as the main, and in some cases sole, person in whom they confided regarding the difficulties associated with their struggle to fall pregnant.



“...he talks a lot and he tells me to stay positive and no matter what he loves me and he’ll support me all the way.” (Valencia)

“... I didn’t run [my husband] down, I kept him positive, I’d say, “We’ll get through this together” ...” (Katrina)

There was also concern expressed about over-burdening the marriage relationship:

“It can kill your marriage, it kills you...” (Monica)

“... I have seen how much strain and I’ve read enough about how much strain you can put on your marriage if you constantly, constantly dwell on this. That’s all you talk about. And I don’t want to be like that. I mean, I have a really, a happy marriage and I would really like to keep it that way.” (Sanette)

Lara and Monica both described their husbands as pragmatic and realistic in their approach to the struggle to fall pregnant. For Lara, the discourses within the marriage relationship appeared to be contributing to her framing of her experience, as well as influencing her actions.

“[My husband] is dead against adopting, very adamant that he doesn’t want to adopt, very adamant that he doesn’t want to go for surrogate...I don’t think we will and I’m inclining more toward [his] way of thinking...” (Lara)

“... I was quite upset. I think we’ll do it again, and I am going to do it again now, I’m more realistic, I’m sort of matter of fact...” (Lara)

Monica’s discourses reflected a resistance to her husband’s pragmatic approach:

“...he had this attitude of this is the situation, let’s do that, and I’m like “no, I want to cry, I want to mourn, I want to do this...”” (Monica)



4.3 RESISTANCE DISCOURSES

Interwoven into the many negative and negating discourses that evidenced as constructing involuntary childlessness for the women interviewed, were discourses of resistance. The resistance discourses reflected defiance both to the negative and subordinate positioning of women without children, and to constructs that confine a women’s ability to contribute to her role as mother.

a) Defiant Discourses

Defiant discourses that emerged in the interviews challenged normative constructs defining the space in which women that are involuntarily without children often find themselves positioned. By opposing practices and

ideologies that create docile bodies, women-centred discourses, and negative constructs of women who do not have children, the women created for themselves a 'third position'. They demonstrated a forging of an alternative position for themselves that did not fall into the dominant discursive constructions in which they found themselves embedded. This was evidenced in the day to day acts of resistance, such as Monica's resisting the abdicating of control to the 'experts' and taking it upon herself to investigate her situation: "...you need something that will give you more information because you need to know what to expect...". The others also spoke of acts of defiance:

"...there was part of me that felt I must fight this thing [negative judgment, negating] and we need to educate people." (Anneke)

"And I just said sorry, I can't do this [her husband providing sperm in the public hospital setting] you know and then we left..." (Anneke)

"The comment I found most helpful was... "Shit happens"... and I found, ja, I can actually live with that one." (Anneke)

"... we have our own celebration...it is in honour of the [good] mother I would have been." (Anneke)

Anneke displayed an act of defiance when she made the decision to be transparent with members of her community about her and her husband's struggle to become pregnant. Her decision, as she stated, was motivated more out of altruism than a desire to share. She found being open very difficult and was confronted with responses that were painful and shocking. Her experience of feeling isolated was intensified by what she initially perceived as other's rejection and lack of caring.

“...there wasn't a soul, not a single person from my family. Nobody from the religious community. Nobody ...well it was like I had leprosy. I mean they treated me like I had leprosy and nobody could come near to me. It was just a total amnesty on contact with me... it was like I had a contagious disease you know.” (Anneke)

Through her act of opening up discourses about involuntary childlessness she and her husband began a process of deconstructing involuntary childlessness as private, and in doing so, opened up various other constructs around womanhood, motherhood and loss in her community, creating an alternative understanding, or position, for others and herself. Anneke's decision to do this stood in the face of a strong undercurrent of individualism generated by dominant discourses in her community, and in the biomedical field (Goslinga-Roy, 2000), that construct involuntary childlessness as private.



What Anneke also came to discover was that much of the silence around involuntary childlessness was born out of a lack of available discourse and constructions of involuntary childlessness. She later came to view her experience of involuntary childlessness as very much one of community.

“...what I discovered after that actually was that everyone was actually affected, you know... in fact our religious community, ja, there were prayer meetings, people were fasting... My own family we discovered had gone and bought books... they had made quite a study... In my in-laws family they were like engaging with people that didn't have children... Three women in our religious community, very unlikely people... had spoken to their husbands and doctors about becoming surrogate parents...” (Anneke)

“...what I subsequently discovered... how big a thing it was to my father, how big a thing it was to the community, how big a thing it was to our friends and family you know.” (Anneke)

People said to us “you people are the first people we know that actually stated so publicly you know and what do you actually say ...” (Anneke)

“... we weren’t the first infertile couple but we were the first couple to really be open about it.” (Anneke)

“...[my experience] gave me a tremendous insight into what is happening with my people... I have tried to actually take the gift of that insight into other traumas and things that have presented...” (Anneke)

b) Generative Discourses

Generative discourses attest to growth, potential, creativity, and altruism.

They resist the construct that restricts women’s creative ability as limited to her role as mother. Ireland (1993) wrote of the “birthing of generative possibilities” and “creative labour” (p. 139) as a way of reinterpreting women’s capacities for holding, bringing forth and reproducing. This capacity for developing a creative identity was exemplified in practices described by the women interviewed

“... we’ve started to, very slowly and very gently, very delicately, involve [my char’s son] a little bit more... it’s nice to feel that you’re investing in a child’s future...” (Lara)

“I’d like to see myself as somebody... who remains interested and involved in the world... I would want to have a kind of an open home, a home where people felt that they could come to any time... that I have a contribution to make... to give back to society.” (Lara)

“I do believe I have grown stronger through it.” (Sanette)

“...I put together a whole programme of my research... and gave it to them [the hospital clinic].” (Monica)

“I think I would like to see myself doing something positive with this experience... I would like to look back and say that something good has come out of this, some thing positive.... I've made a difference somewhere...” (Monica)

4.3 CONCLUSION

What emerged as dominant constructs, impacting on the subjective experience of involuntary childlessness for the women interviewed, were aetiological constructs, and discourses positioning women as mothers. Within these broader discursive categories were labyrinths of supportive discourses reifying these particular constructions. There was an over-riding sense that these women, as women without a child, were discursively negated.



Biomedical practices and discourses highlight how, in the way involuntary childlessness is approached, with the focus on the goal of the desired child, there is minimal discursive space acknowledging the women. The practice of focusing on the women's body as the site of intervention, requiring the women to acquiesce to the treatment in order to obtain the goal, medicalized and individualized the women, producing docile bodies.

The focus of the biomedical approach to involuntary childlessness of assisting women to become mothers appears to be part of a larger construct of womanhood, one that constructs womanhood as synonymous with motherhood. To varying degrees, the women interviewed conveyed a

construction of themselves, and their future, that incorporated the role of mother, reflecting dominant discourses constructing motherhood as being innate, and women, maternal. Social discourses, practices and institutions, and, for most of the women interviewed, their own maternal experience, appeared to support this construction and the normative practice of women taking on the role of mother. Accounts relayed also indicated how constructs positioning women were encouraged and reified by insidious women-centred discourses and practices.

Through their experience of struggling to bear a child the women interviewed appeared to have been jettisoned from their previously constructed position into an alternative location that was foreign to them. Constructs utilized in the past proved to be no longer representative of their experience. This alternative place in which they found themselves positioned was experienced as lacking in adequate discursive options to reposition themselves. This, in conjunction with their continued desire to become mothers, appears to have created a sense of being between positions. Being in the position of not-yet-mother while situated in a social context that expects motherhood for women seemed to lend itself to adopting discourses conveying deficiency and deviance. Instead of constructs being identified as inadequate and limited, they expressed that they saw themselves as inadequate, deficient, a failure. Ireland (1993) put forward that other's response to a woman's involuntary childlessness and her validation as a whole woman, regardless of her

motherhood status, is critical to her ability to reconstruct a new positive identity.

There was an equally strong sense, as reflected by discourses and practices, that due to the women's strong desire to have a child, whatever the motivation, they remained in the position they found themselves, as non-mothers. For instance, for these women, when presented with the option of facing the pain, the disruption, the lost sense of control, and everything else that came with pursuing medically assisted reproduction, or not pursuing the desired child, the resistance to giving up hope seemed to exclude the latter option. From this position what also seemed to emerge were acts of resistance against discursive parameters and practices that constructed their position as negative or that negated their position; a carving out of a discursive space reflective of their experience.

One implication of negating the experience of women who are involuntarily without children is the lost opportunity to acknowledge, reflect on, and provide space for women to construct personal meaning in the context of a myriad of discourses constructing women. Another is the lost opportunity of discursively constructing a position from which shared meaning with others can take place.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

My intention in doing this study was to consider and raise consciousness about prevailing discursive constructs that position women within dominant ideologies that engender motherhood for women, and to explore how women make sense of and construct meaning regarding their experience when they desire but are not able to have a child. I was interested in how the meaning invested in the experience of involuntary childlessness by the women is potentially shaped through the process of incorporating prevailing discursive constructs. Also of interest to me was the implication for women of being presented with a limited repertoire of discourses to construct personal and shared meaning that would be representative of their experience of involuntary childlessness. My aim was to highlight subjective experiences of women in South Africa who are involuntarily without children. It was hoped that through exposing and exploring discursive constructs of motherhood and involuntary childlessness, the process would offer an alternative perspective when considering constructs, and generate a greater sense of agency and empowerment for the women involved, as well as for others who find the experience of these women meaningful in their own life.

5.2 SUMMARY OF FINDINGS AND REFLECTIONS ON EXPERIENCES CONVEYED

After engaging Foucauldian Discourse Analysis as a way of reflecting on the discourses presented by the six women interviewed, a synopsis of what emerged was a sense of the women being positioned within a woman-mother construct. Emanating from this was a myriad of related discourses including bio-medical, women-centred, and social biography discourses, and those constructive of identity that support innate motherhood and women as maternal.

Discourses employed to construct the aetiological understanding of involuntary childlessness, and the approach adopted therefrom, were bio-medical. Medically assisted reproduction offered a means for the women to pursue the desired child. The implications that derived from investing in medically assisted reproduction were that the women's bodies, as the site of intervention, were observed, monitored and manipulated: seemingly producing 'docile bodies'. A lack of consultation as to expectations, options, procedures and possible risks involved appeared to contribute to this.

Less prominent in the narratives presented were religious and spiritual dimensions to aetiological constructs. These were conveyed by some of the women in conjunction with medical aetiological understandings. The discourses generally reflected that the spiritual dimension of making sense of

their struggle to have a child of their own was positive, but also appeared to be supportive of discursive constructs involving judgment.

Social biography discourses emerged instilling norms outlining expectations for women to mother, which were then reinforced by women-centred discourses, as well as discourses and practices that alienate those women who do not fulfill the role of mother. This was generally done at a micro-level of every-day interaction with others who themselves appeared to be acting within the same normative prescription of motherhood for women. What emerged in the discourses, reflecting experiences of most of the women interviewed, was more of a sense of being negated, born out of a lack of available discourse, as opposed to negative discourses.



The implications for the women interviewed of adopting the woman-mother construct in the context of their struggle to bear a child, appeared to be a felt sense of deficiency and deviance, as reflected in discourses utilized. This seemed to be exacerbated by the apparent lack of discourses, as expressed by the women interviewed, to reposition themselves.

5.3 RELATING THE EXPERIENCE TO THE LITERATURE

The lack of available discourses experienced by the women, and the overall sense of being negated, is consistent with what the literature conveyed as a concern of feminists for the lack of representation of women's experiences more broadly.

It is difficult to surmise how, or to what degree, psychological ideologies and discourses, which formulate parenting as being an innate part of healthy development and motherhood as necessary to womanhood, have directly or indirectly influenced constructs, discourses, and experiences of the women interviewed. It is also difficult to estimate the impact these ideologies and discourses have had on the women's experience of involuntary childlessness. What the women interviewed conveyed, to varying degrees, were discourses of a gendered approach that position women as maternalistic and motherhood as innate and, in the case of some of the women, a sense of inadequacy due to their struggle to bear a child. These discourses suggest the adoption of psychological constructs and ideologies.



The ideas put forward by Chodorow for the reproduction of mothering and the perpetuation of the role of women as nurturer, were also considered in the context of involuntary childlessness. Chodorow's views offer an alternative perspective on how it comes about that women assume the position of mother, one that does not construct motherhood as innately part of a woman's development, but rather one that is socially constructed.

Chodorow offers a perspective when considering potential ways of contextualising 'women as nurturer' discourses. She suggests that inherent in the practice of women maintaining the role of the main caregiver, is the propensity for the daughter to internalize and incorporate the affective relationship with the mother, and adopt a psychological capacity to mother.

Most women interviewed demonstrated in practice and discourse, a desire to reproduce the maternal, mothering role that they experienced in their relationships with their mothers.

There were exceptions to the 'traditional' pattern. Katrina expressed having had a lack of maternal influence due to the absence of a mother in her childhood, and a negative experience of childhood. She also expressed a desire to create an alternative, more nurturing mother-child relationship with her desired child, one more reflective of the 'traditional' mother. Lara also described a less 'traditional' experience of being mothered, one that did not take up the dominant, nurturing mother, position. She herself expressed having adopted this alternative role for women in practice. This alternative construction of women's role in society was disrupted when her mother introduced more traditional discourses around the role of women as mothers, again displaying the impact of her mother's discourses on her own constructions of the role of women.

Possible broader implications of internalizing the affective position of being the nurturing mother, is the adoption of discourses tying women's identities to the role of mother. The women interviewed expressed social biography discourses, discourses conveying an unquestioned assumption of the role of mother, and non-mother positioning, among others.

Drawing on Foucault's work, it was my intention to explore, in the context of involuntary childlessness within a pro-natalist society, the premise that the exclusion of certain discourses and the wielding of power allow certain people to silence and marginalize others while reifying and legitimising dominant discourses. Being negated and relegated to the position of 'other' through the lack of available discourse acknowledging as valid and acceptable the experience of involuntary childlessness, showed itself to have the effect of silencing and marginalizing the women interviewed.

As well, Foucault's portrayal of the ways in which individuals are drawn into or pressurized to conform to expectations and normative constructs was demonstrated in the use of biomedical aetiological discourses, social biography discourses, and women-centred discourses. The medical approach of locating involuntary childlessness in the body and the focus on the body, according to Foucault, tends to have the effect of individualizing and obscuring the social, further contributing to the sense of estrangement from an acceptable social identity. The practice by the women interviewed of choosing to limit their sharing with others and identifying their involuntary childlessness as private could attest to this. The lack of available discourse also seemed to reinforce the sense of estrangement and an unacceptable social identity. The one exception to this amongst the women interviewed was Anneke, when she showed resistance to the construct that defined involuntary childlessness as an individual matter, as discussed in the

analysis section. She conveyed her experience of involuntary childlessness in the end as very much one of community.

5.4 RECOMMENDATIONS AND LIMITATIONS

It was unfortunate and a limitation in this study that no women from the Black-African community were interviewed. I had hoped to include as part of the study of South African women's experience of involuntary childlessness, the experience of women from the African culture whose voice is relatively silent in research. The motivation behind my approaching Groote Schuur State Hospital was to access a culturally diverse group of women. The names that the hospital gave me did not include any Black-African women despite my repeated requests, which resulted in the demographics of the women who participated. My requirement that the women be able to speak English could have been a contributing factor. It is my recommendation that further studies be conducted that reflect Black-African women's experience.

Consideration must also be given to the possible impact posed by my choice to access women through the hospital where they were involved in medically assisted reproduction. Might this have affected what they expressed regarding aetiological constructs? By accessing the women in this way it is felt that the aetiological constructs of involuntary childlessness that were expressed could have been influenced by the constructs these women held, and which lead to their pursuing the treatment, or, if not, the potential for their aetiological constructs to be shaped by the medicalised approach to

involuntary childlessness at the clinic. It is recommended that further studies be conducted where in the women are approached through more varied means.

It is also unknown what impact the experience in the state hospital, where there is a high level of demand for services, would have had on the women's perception of being negated, and whether or not women in the private sector would have expressed having had a different experience.

5.5 LARGER RELEVANCE

By not conforming to the normative expectation that all women become mothers, women without children are in juxtaposition to motherhood. Having found themselves in this position, women without children inadvertently highlight taken-for-granted assumptions about the role of women in society and expose the constructed nature of motherhood. As Inhorn (1994a) and Ireland (1993) note, their position serves as a catalyst to deconstruct the woman-mother position. Inhorn (1994a), in her work, came to view the dialectical relationship of contrast between mothers and women without children as providing a perspective of both that we would not otherwise have encountered. How we can all potentially benefit is through the sense of multiplicity that develops from such a perspective.

5.6 BROADER IMPLICATIONS

It is hoped that any perspective gained through reflecting on these women's experiences would be taken into consideration in discourses employed, and in the everyday interactions that take place, when working with women who find themselves involuntarily without children. This applies, amongst others, to members of the medical profession and to psychologists and counsellors.

I also hope the experiences reflected here would be added to the broader experiences of women who are involuntarily without children and help to provide the impetus needed for investment into the prevention of infertility in situations where it is due to inadequate care of gynaecological needs, as well as investment in emotional support for women who are struggling to bear a child. By doing so it is hoped that this would assist in the process of carving out space and representative discourse that would enable women to construct a position for themselves that is representative of their experience.

5.7 FUTURE STUDY

In the process of doing this study, I came across potential areas for consideration for future studies which included looking at the impact of constructs of 'mother' on decisions regarding adoption or surrogacy, and whether this influences the woman's experience of involuntary childlessness. One could also research whether opportunities to converse in a therapeutic setting would be experienced as beneficial by women experiencing involuntary childlessness. Another question for further study is whether

constructs that position involuntary childlessness as individual and private, as opposed to communal, vary in different cultures as expressed through discourse, and what impact, if any, this might have on the use of negating discursive positioning as opposed to negative discursive positioning.

5.8 REFLECTIONS

As a way of locating myself in the research and concluding what has been a long and thoughtful process for me, I include here some of my reflections on elements that I feel I brought to the research process. My first consideration was that of conducting research as a mother reflecting the experience of women who are involuntarily without children, and the impact my position as a mother would have had.



As a woman I considered myself an insider, having experienced the impact of delimiting socially constructed ideologies defining women. As a mother I considered myself an outsider to the experience of involuntary childlessness. In the process of doing this study I found that I became more conscious of my position as mother, as well as how much I identify with the experience of being a mother, and the joy and sense of fulfillment found in relating with my children. I have said on a number of occasions over the years that I consider my own children to be 'a gift'. From the outsider position, although I can attempt it, I am not able to fully empathise with all that a woman who is struggling to fall pregnant experiences.

As an outsider I felt the narratives the women related retained some degree of newness. Having stated this, I also acknowledge the impact the literature on involuntary childlessness has had on forming my understanding. Prior to conducting the literature review I had very little understanding of what involuntary childlessness entails, and, without personal experience from which to challenge dominant discourses, I realize I would be susceptible to them.

I felt that my position as researcher, and the aims of my study, introduced an agenda in the interviews. As a consequence I felt less able to stay with, and reflect on, the personal experiences shared by the women. Coming from the position of a more therapeutic, non-research-oriented background, I experienced some conflict in this regard.



In the process of writing up the analysis, I was aware of the anticipated audience. I was aware of my desire to take up a respectful position as researcher and to reflect accurately the experiences of the women who showed a willingness to share. I was aware of not wanting to present a judgmental account of the medical profession, and of a desire to convey respect for the medical profession's efforts to assist the women in their desire to become mothers. At the same time, as researcher, I did not want to shy away from reflecting critical views that emerged in the literature and in the personal experiences shared by the women involved in the study of dominant discourses and practices.

Possibly due to my position as mother, the feeling I associated with involuntary childlessness was loss. I found that with the women I interviewed, what emerged was resilience, expressed in their hope-filled discourses and in their ability to maintain creative, generative practices. I appreciated the willingness of the women to involve themselves in what at times showed itself to be an emotive experience. Their willingness to share transposed my own experience from one that was more academic, to a more personalized understanding of their struggle.



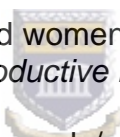
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APPENDIX I

Participant letter of introduction to the study and informed consent

I will be doing research at the infertility clinic over the next few months as part of my studies in psychology. I am hoping to have the opportunity to speak with you about how being infertile has affected your life, about any difficulties that you may have had to deal with because of your infertility, and how you have coped. My speaking with you would be voluntary and you would be free to withdraw at any time. I am not associated with the hospital and your speaking with me would not be a part of or affect your treatment at the clinic.

If you choose to participate, I would meet you at the clinic at a time you agree upon. If it would be easier for you to meet some where other than the clinic, we can meet somewhere that we both agree on. We would meet alone and in private. Your name and any other information about you would be changed or left out so that anything that is said in the interview would not be seen as coming from you. You would be free to leave at any time if you choose.

Unfortunately I am only able to speak English so I would only be able to speak with women who are English speaking.

It is my hope that what you share about your experience of being infertile will help women who are infertile, as well as those who work with women who are infertile.

Barbara L. Kantor

Participant

Date



Faculty of Health Sciences
 Research Ethics Committee
 E52- 23 Old Main Building, Groote Schuur
 Hospital, Observatory, 7925
 Tel: 27 21 4066492 Fax: 27 21 4066411

APPLICATION TO CONDUCT MEDICAL RESEARCH

1. All applications must be submitted with a C1 form which the DRC (Departmental Research Committee) Chairperson must sign. Your budget must first be discussed with Dr Peltret (The Business Development Officer) at 406 6730 before Ethics submission.
2. 3 x detailed protocols should accompany the application.
3. The University of Cape Town/Faculty of Medicine/ affiliated hospitals actively support research as an essential academic function. It is recommended that all applicants must consult MRC (SA) and international guidelines on good clinical practice (GCP), available for perusal at the Research Ethics Committee, E 46 Room 26 Old Main Building, Groote Schuur Hospital, University of Cape Town.
4. In the case of a drug trial involving an **UNREGISTERED MEDICINE**, approval must also be obtained from the South African Medicines Control Council. The pharmaceutical firm concerned should assist in this regard.
5. In the case of a drug trial, it is imperative that the Hospital Pharmacy should have a record and control of all pharmaceutical preparations. (Refer to Hospital Notice 41/98)
- 5.1 Confidentiality must be respected.
- 5.2 **Patients must be informed in the informed consent/document /patient information sheet that their participation in the study is entirely voluntary and that if they refuse to participate or withdraw from participation at any time, there will be no prejudice to quality of their subsequent clinical management and care.**
6. All Medical Investigators must be covered by Professional Liability Insurance.
7. **INFORMED CONSENT FORM (S) MUST ACCOMPANY THE PROTOCOL, FOR APPROVAL.**
8. Final responsibility for the ethical and effective conduct of the trial lies with the principal investigator.
9. **Six- Monthly progress reports must be submitted to the Research Ethics Committee, from date of Formal Ethics Approval.**
- 9.1 Each trial or investigation will be subject to review after 12 months.
- 9.2 All findings must be reported, at the termination of a study, to the Research Ethics Committee.
- 9.3 Termination of projects must be reported to the Research Ethics Committee, if projects come to an end before the anticipated end-point is reached.

ALL COMPLETED FORMS, TOGETHER WITH A DETAILED PROTOCOL,
 TO BE SENT (REGISTERED MAIL) TO:
 MRS. LAMEES EMJEDI, RESEARCH ETHICS COMMITTEE
 E 52 ROOM 23 OLD MAIN BUILDING, GSH, OBSERVATORY

APPENDIX III

UNIVERSITY OF CAPE TOWN



Health Sciences Faculty

Research Ethics Committee

Room E53-24 Groote Schuur Hospital Old Main Building

Observatory 7925

Telephone (021) 406 6338 • Facsimile (021) 406 6411

e-mail: preaward@curie.uct.ac.za

22 November 2005

REC REF: 328/2005

Ms B Kantor
University of Western Cape
Psychology Department
Private Bag X17
Bellville
7535

Dear Ms Kantor

PROJECT TITLE: A DISCOURSE ANALYSIS ON WOMEN'S SUBJECTIVE EXPERIENCE OF INFERTILITY




Thank you for your letter to the Research Ethics Committee dated 28 October 2005.

It is a pleasure to inform you that the Ethics Committee has **approved** the amendments to the above-mentioned protocol on the 11 November 2005.

Please quote the REC. REF in all your correspondence.

Yours sincerely


PROFESSOR T. ZABOW
CHAIRPERSON, HSF HUMAN ETHICS