

AN ANALYSIS OF THE DISENFRANCHISED GRIEF

An Analysis of the Disenfranchised Grief of Involuntary Childless Women

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

In society the grief associated with involuntary childlessness is often overlooked, minimized, and ignored. This qualitative phenomenological study explored the disenfranchised grief of involuntary childless women using the theoretical framework of ambiguous loss and disenfranchised grief to show how involuntary childlessness is an invisible loss that produces grief which is oftentimes invalidated. This study was guided by three research questions: (a) what is the lived experience of grief of involuntary childless women, (b) how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief, and (c) how do involuntary childless women make meaning of their lives considering their experience of not having children? The sample size for this study was 10 involuntary childless women who never conceived or never achieved a live birth. Data was collected using open-ended semi structured interview questions in an online/virtual setting utilizing the video conference platform Zoom and analyzed using Moustakas (1994) transcendental phenomenology. The findings of this study described the common experience of disenfranchised grief of involuntary childless women. Six main themes emerged from the data analysis: (a) lack of acknowledgement and support, (b) emotional issues, (c) questioning faith, (d) family tension, (e) coping mechanisms and (f) meaning making. This study is significant to the counseling and mental health professions as it informs those who are working with involuntary childless women concerning their loss and grief experiences. Also, this study contributes to the gap in the literature on the disenfranchised grief that involuntary childless women experience.

Keywords: involuntary childlessness, infertility, ambiguous loss, disenfranchised grief

Copyright Page

Dedication

This research is dedicated to all women who have dealt with the loss and grief of involuntary childlessness. Despite the challenges that you face, be encouraged that you are seen and your voices and your stories matter. Please know that you are worthy of all the good things that life has to offer. May you be blessed with love, laughter and most of all, healing.

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List of Abbreviations

Dual Process Model (DPM)

In Vitro Fertilization (IVF)

Witnessing Disenfranchised Grief (WDG)

CHAPTER ONE: INTRODUCTION

Overview

Involuntary childlessness and the emotional distress experienced as a result are often overlooked and ignored in society. Parry (2005) argued, some women are simply incapable of becoming pregnant and producing children, and many involuntary childless women experience psychological distress such as anxiety, depression, and complicated grief (Fieldsend & Smith, 2020; Lechner et al., 2007). The term involuntary childlessness covers several conditions, the inability to conceive or carry a pregnancy to term (Schwerdtfeger & Shreffler, 2009).

The issue of involuntary childlessness is prevalent in the United States. A study conducted between 2006-2010 with a sample of 5410 childless women found that at age thirty-nine, 73% of women indicated that they wanted children; however, statistical projections indicate that at age 45, only 7% of them would have achieved this goal (Craig et al., 2014). Despite this statistic, involuntary childlessness has not received the attention that it needs in the counseling literature. Although infertility and pregnancy loss are highly stressful experiences, there has not been much research on how the nonevent of involuntary childlessness affects women dealing with this phenomenon (Schwerdtfeger & Shreffler, 2009).

Since involuntary childlessness denotes the loss of the opportunity to become a mother, a grief response is often the outcome for this population of women (Ceballo et al., 2015; James & Singh, 2018; McBain & Reeves, 2019). The stress and strain of the disappointment associated with the inability to conceive or bring an unborn child to term lead to infertility grief (James & Singh, 2018). Further to these problematic outcomes, women experiencing infertility are often unable to find people who fully understand the nature of their grief (McBain & Reeves, 2019). As a result, the grief of involuntary childless women becomes disenfranchised. Against this

backdrop, it is prudent to examine the lived experiences of the disenfranchised grief of involuntary childless women. Doka (1989) defined disenfranchised grief as grief that is not deemed worthy of public acknowledgement or social support.

This chapter addresses the background to involuntary childlessness, outlines the motivation for exploring this phenomenon, indicates the problem statement, provides a clear understanding of the purpose statement, and shows the significance of the study. Several research questions address the underlying problem and purpose statements to analyze the nature of disenfranchised grief associated with involuntary childlessness. Finally, a list of terms is defined to bring clarity to the study.

Background

While there may be women who prefer not to bring children into the world, there are others whose infertility brings a tremendous amount of pain and grief (Ceballo et al., 2015; Gobbi, 2013; Lang et al., 2011; Lechner et al., 2007; Letherby, 2002; McBain & Reeves, 2019). Because this type of childlessness is unwelcome, many women experience disenfranchised grief as their loss and grief are invalidated and ignored by those within their social, relational, and professional networks (Bell, 2013; Hazen, 2003; Hiefner, 2020; McBain & Reeves; 2019). It is critical therefore, to address the disenfranchised grief of involuntary childless women: if this grief goes unprocessed it can lead to mental health problems (Ferland & Caron, 2013; Galhardo et al., 2011; Greil et al., 2020; James & Singh, 2018; Schwerdtfeger & Shreffler, 2009). In seeking to understand this problem, it is necessary to examine it comprehensively. As such the background to this issue is discussed from the historical, social, and theoretical contexts.

Historical Context

On a global scale, the issue of childlessness is not new, some women have had children while others did not. Rowland (2007) agreed that an extended history of childlessness exists in Northern and Western Europe, Australia, and the United States. To further illustrate this point, in the 19th and early 20th centuries, the rates of permanent childlessness in the United States fluctuated between 20% and 30% (Morgan, 1991; Rowland, 2007). During the 1940s and 1950s, however, this dynamic changed as the rate of childlessness declined to single digits, however by the 1970s to 2000, there was an increase within the range of 14% to 16% (Abma & Martinez, 2006; Dye, 2010). Furthermore, Hayford (2013) confirmed that since the year 1980, the rates of childlessness have almost doubled.

Several factors have contributed to the prevalence of childlessness in the 20th century. Hayford (2013) found that an increase in the number of women still unmarried by the age of 40 was the most significant reason for childlessness. Another reason for this increase was a rise in the number of women pursuing a college education (Hayford, 2013). Koert and Daniluk (2017) also found that women delayed having children to advance their careers, find a suitable partner, and further their education.

Social Context

One of the general expectations in most societies is that women will have children, and this is no different in the United States. After all, this is the pathway for humans to have continuity. Expectations and societal norms can be perceived negatively when they promulgate harmful ideas to any group in that society. Pronatalism is the belief that a woman's intrinsic value is tied to motherhood, this pronatalist ideology promotes the view that the value of a woman is linked to her ability to produce a child (Parry, 2005). When pronatalism is an

overarching theme in one's environment, deviating from said path leaves individuals feeling like anomalies or failures. Involuntary childless women often feel judged as selfish and strange by people who are unaware of their infertility struggle (Bell, 2013). Pronatalism is a widely accepted view in the United States, as such childlessness is frowned upon, thereby advancing the belief that a woman is either a mother or 'other' (Palmer, 2019).

As young girls mature into women, there are specific tasks that society expects them to fulfill: one of which is motherhood. There is a perception that childless women have failed to transition from adulthood to parenthood (Loftus & Andriot, 2012). Because of the societal pressures women face regarding bearing children, involuntary childless women can experience stigma, which affects their quality of life. In societies where having children is viewed as a social norm and expectation, involuntary childless women often experience trauma and stigma (Deshpande & Gambhir, 2017).

Theoretical Context

The theories that guide this study include ambiguous loss and disenfranchised grief (Boss, 2007, 2010; Doka, 1989). Boss (2007) described ambiguous loss as one that is obscure, shrouded in uncertainty and unresolved. Involuntary childlessness represents a form of ambiguous loss as oftentimes women who are experiencing this issue have problems defining or articulating *what* they have lost. The intangible nature of involuntary childlessness further compounds this issue. Shannon and Wilkinson (2020) argued that perinatal loss, often a precursor to involuntary childlessness, is ambiguous, in that it indicates the lost future with a member of the family who has not yet joined the family unit; however, the family remains emotionally connected to them.

According to Doka (1989), disenfranchised grief is “grief that is not openly acknowledged, publicly mourned, or socially supported” (p. 4). The grief that often accompanies involuntary childlessness becomes disenfranchised because in a pronatalist society where involuntary childless women bear stigma and shame, their grief can be invisible (Despande & Gambhir, 2017; Galhardo et al., 2011; Parry, 2005). Because society does not accept involuntary childlessness as an acceptable loss, women dealing with this issue do not receive the support they need; instead, their loss is trivialized or ignored (Hiefner, 2020). Disenfranchisement of grief blocks the mourner from comfort and support as they seek to make sense of their world and find hope and healing (Attig, 2004).

Situation to Self

This study has personal significance because I am an involuntary childless woman who has experienced disenfranchised grief. I have found that friends and family members, including the church community, are ignorant of the pain associated with involuntary childlessness. As such, there is limited space to grieve this loss. People question how I could be grieving something or someone I never had. They also minimize my grief by telling me that motherhood is not that great anyway, so I am not missing much. There are also several women in my church community dealing with involuntary childlessness who have shared with me how painful this experience has been for them and how they do not feel comfortable expressing their grief in church circles as they do not believe that they would be understood. Judging from my experience and that of my church sisters, it is apparent that involuntary childless women are misunderstood, marginalized, ignored, and disenfranchised in that their losses are not validated.

My path to involuntary childlessness is that I had a failed marriage in my twenties, and after that, I kept waiting to get married again before getting pregnant. In my early forties, while

still unmarried, I had one pregnancy that ended in a miscarriage primarily due to large fibroids impinging on my uterus. There may have been other issues with my reproductive system or my partner; however, to my knowledge the fibroids were the main problem. I eventually got married again at 46, but by then, it was too late; the fibroids were now much bigger, my eggs were aged, and doctors kept telling me that I needed a hysterectomy. Despite all the odds being against me, I held out hope that I would become pregnant again because I had not yet reached menopause. At age fifty, when the fibroids became extremely unmanageable, I reluctantly had the hysterectomy, thereby ending all hopes of ever becoming a mother.

My friends and family who knew that I had a miscarriage never acknowledged my loss and the associated grief. I recall that on the second anniversary of my miscarriage, I broke down in tears while visiting with a family member. Their response was silence. As a society, most people are uncomfortable with grief, and as such, they do not know how to respond. In many cases, society views pregnancy loss as an invisible loss in that people cannot tie the loss to a person they knew.

In the church setting, I feel that my grief is minimized when people quote scripture to silence my pain. I have often heard that my involuntary childlessness is God's will, and he is working for my good, and I need to trust him and accept his plan. This advice usually comes from women who have children, who have no idea what it is to be involuntarily childless. I have also found that church folks often fail to understand that not everything is spiritual, and that people are not just spiritual beings but also emotional.

Very few people can understand the pain and grief that losing an unborn child or never getting the opportunity to become pregnant can bring. It was interesting that while watching the television show *The Good Doctor*, one doctor gave a profound description of pregnancy loss.

This doctor noted that when an older family member dies, one loses a part of their past, seeing that they would have created memories with this individual. However, when they lose an unborn child, they have lost a part of their future, in that this child will not be around to see what they could become and the kind of life they would have built with them: I thought to myself, “here is a person who has some knowledge of what losing a child means to a woman who wanted to become a mother.”

Problem Statement

The problem under consideration was the disenfranchised grief of involuntary childless women. Craig et al. (2014) noted, childlessness is a significant public health issue in the United States, particularly among educated women. The evidence for this idea lies in the fact that in 2006, one-fifth of women who were 45 years old did not have any children (Dye, 2010); there are women who make a choice not to have children, they may be a part of this statistic. Gobbi (2013) described voluntary childless couples as people who do not have any biological or financial barriers; however, they intentionally choose not to have children. Conversely, there are other couples or single women who are childless because of obstacles such as infertility, pregnancy loss, chronic illness, lack of a suitable partner, among other reasons (Bell, 2013, Bulletti et al., 2010; Koert & Daniluk 2017; Lang et al., 2011): this is the target population of women on which this study is focused.

As McBain & Reeves (2019) noted, there is a gap in the literature, which indicates that studies on the disenfranchised grief of involuntary childless women are limited. One of the gaps identified in the study by McBain and Reeves (2019) is that it only addressed Caucasian women, so there were no findings from other races. This point is important to examine because there may be other aspects of disenfranchised grief specific to other races and cultures. Lang et al. (2011)

and James and Singh (2018) focused their research on couples instead of solely women. These studies provide valuable information related to involuntary childless women and disenfranchised grief; however, for the current study, the idea is to build on these previous studies to create a more comprehensive dialogue on this topic. Also, this study aims to be more diverse and contain a larger sample size than the study by McBain and Reeves (2019) whose study focused only on women and had a sample size of eight. Another gap in these studies addressed how some participants had children previously and were therefore dealing with secondary infertility. This study focuses on women who have never conceived or conceived but never achieved a live birth.

Another point addressed in the literature focused on how several studies dealt with disenfranchised grief of women who chose adoption and women who experienced pregnancy loss (Aloi, 2009; Hazen, 2003; Lang et al., 2011; Mulvihill & Walsh, 2014). The existence of these types of studies and the dearth of studies on the disenfranchised grief of involuntary childless women bear testament to how women who have never had a child are understudied. Therefore, exploring and highlighting the experiences of involuntary childless women addresses the gap and adds to the existing body of research on this topic.

Purpose Statement

The purpose of this phenomenological study was to describe the disenfranchised grief of involuntary childless women. Disenfranchised grief is defined as grief that is not publicly acknowledged or socially supported. The theories that guided this study are ambiguous loss theory and disenfranchised grief (Boss, 2010; Doka 1989). Pauline Boss (1999, 2010) developed ambiguous loss theory as an outgrowth of her work in family therapy. The concept of disenfranchised grief is the work of Kenneth Doka (Doka, 1989).

Significance of the Study

The significance of this study to the mental health and counseling profession is that it creates awareness on the issues surrounding loss and grieving that involuntary childless women face. This study examined the lived experiences of involuntary childless women exploring how they have dealt with their loss of motherhood. It also examined the impact on their mental and emotional health as they coped with their grief in environments that did not acknowledge or validate their loss. Women battling infertility tend to feel isolated as those in their social circle are often unable to understand or support them as they deal with their feelings of grief (McBain & Reeves, 2019). The theoretical and practical implications of this study are that there are mental health issues associated with disenfranchised grief (Ferland & Caron, 2013; Fieldsend & Smith, 2020; Hazen, 2003; James & Singh, 2018; Lang et al., 2011; McBain & Reeves, 2019; Mulvihill & Walsh, 2014; Sawicka, 2017).

This study aimed to create greater awareness so more sensitivity can be employed when interacting with women experiencing involuntary childlessness. It is crucial to bring awareness to this issue to educate those in the circles of involuntary childless women. This includes family members and friends who are often uncomfortable with involuntary childless grief and unable to provide meaningful support (Bell, 2013; Hazen, 2003; Hiefner, 2020; Golan & Leichtenritt, 2016). This study also brings awareness to the medical and mental health professionals with whom the involuntary childless woman may consult as a means of coping with the ongoing grief that often accompanies this issue. With increased knowledge and understanding about involuntary childlessness, the expectation is there is less stigmatization and more normalization around this issue.

Women who lost their babies before they were born experienced disenfranchised grief based on how medical professionals spoke to them, insensitive comments made by others, and a general perception that they were not supported (Mulvihill & Walsh, 2014). It is important that hospital personnel employ empathy and understanding when dealing with women going through pregnancy loss so as not to further disenfranchise their grief (Mulvihill & Walsh, 2014). There are also implications for counseling to be indicated for this population of women. Another aim of this study is to add to the body of growing research on the issues that involuntary childless women face.

From a Christian perspective, it is also prudent to create awareness in the religious circle to help clergy and others who serve in positions of authority in the church better serve the involuntary childless women in their congregations. Involuntary childless women have found very little understanding or support from their church family as they grieve their childlessness (Feske, 2012). They may also struggle to accept the idea that children are a blessing from God, as using this premise, involuntary childlessness could present as a curse. Espousing these beliefs can shake the foundations of one's faith as involuntary childless women begin to question what it is about them as individuals why they should be the ones receiving the curse while others receive the blessing.

Research Questions

This study explored the lived experiences of involuntary childless women. The first research question for this study was: what is the lived experience of grief of involuntary childless women? Women become involuntarily childless for several reasons; it was, therefore, important that each woman was allowed to relate the circumstances under which they became involuntarily childless. Involuntary childlessness can result from unexplained infertility (Mol et al., 2018; Ray

et al., 2012), infertility due to reproductive dysfunction (Borghet & Wyns, 2018; Bulletti et al., 2010; Ndefo et al., 2013), delayed childbearing (Cooke et al., 2012; Koert & Daniluk, 2017; Sobotka, 2017), miscarriages (Carolan & Wright, 2017; Hiefner, 2020; McBain & Reeves, 2019; Schwerdtfeger & Shreffler, 2009), and stillbirths (Adebayo et al., 2019; Cacciatore, 2013; Golan & Leichtenritt, 2016).

The second research question stated, how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief? It was essential to hear how involuntary childless women managed their grief and what disenfranchisement looked like for them. Although people can identify with each other due to a similar situation or experience, each one has a unique story and grieving experience. Individuals whose grief is disenfranchised encounter barriers to expressing their grief or receiving support; this is partly due to the grieving rules that govern society that invalidate their loss (Attig, 2004; Doka, 1989).

The third research question was how do involuntary childless women make meaning of their lives considering their experience of not having children? When individuals experience losses, they make meaning of what they have lost. This experience helps them to put things in perspective so that they can start the journey of healing. A qualitative study by Chauhan et al. (2021) of 176 involuntary childless women found that 53.5 % reported unhappiness about their childlessness, 27.2% noted that they were moving toward acceptance, and 19% stated they had come to terms with not having children.

Definitions

The following terms were significant to this study and are defined below: ambiguous loss, disenfranchised grief, infertility, involuntary childlessness, miscarriage, perinatal loss, primary female infertility, secondary female infertility, stillbirth, and unexplained infertility.

1. *Ambiguous loss* - a loss that is not clearly defined which has the potential to be traumatic (Boss, 2010).
2. *Disenfranchised grief* - “grief that is not openly acknowledged, publicly mourned or socially supported” (Doka, 1989, p. 4). Disenfranchised grief is a failure to understand the pain and anguish of one grieving and a failure to appreciate the extent of the meaning of their loss (Attig, 2004).
3. *Infertility* - a disease of the reproductive system characterized by the inability to conceive after 12 months of unprotected sexual intercourse (Yatsenko & Rajkovic, 2019).
4. *Involuntary childlessness* - “a woman who is unable to conceive after 12 months of unprotected sex and unable to carry a baby to term” (Letherby, 2002, p. 8).
5. *Miscarriage* - the sudden death of a fetus before the 20th week of pregnancy (Geller et al., 2010).
6. *Perinatal loss* - ectopic pregnancies, miscarriages, stillbirths, and neonatal deaths (Callister, 2006).
7. *Primary female infertility* - “a woman who has never been diagnosed with a clinical pregnancy” (Zegers-Hochschild et al., 2017, p. 1798).
8. *Secondary female infertility* - “a woman unable to establish a clinical pregnancy but who has previously been diagnosed with a clinical pregnancy” (Zegers-Hochschild et al., 2017, p. 1799).
9. *Stillbirth* - “death of a fetus after the 20th week of pregnancy” (Golan & Leichtenritt, 2016, p. 147).

10. *Unexplained infertility* - “the absence of conception despite 12 months of unprotected intercourse, not explained by anovulation, poor sperm quality, tubal pathology or any known cause of infertility” (Mol et al., 2018, p. 20).

Summary

Involuntary childlessness is an issue being faced by many women in society, however the level of awareness and the attention given to this problem is inadequate. The intangible nature of involuntary childlessness can be an ambiguous loss, often not apparent to others. With these circumstances surrounding involuntary childlessness, women who experience this issue are often ignored and marginalized, leaving them to grieve in silence without support, thereby disenfranchising their grief. Therefore, this study explored the lived experiences of involuntary childless women, identifying the issues they faced in dealing with their situations, the extent of emotional distress they endured, and how they have made meaning of their lives. Also, this study addressed the gap in the literature by adding to the growing body of research on this topic.

CHAPTER TWO: LITERATURE REVIEW

Overview

While there is substantial literature on childlessness, researchers have not always distinguished between voluntary childlessness and involuntary childlessness (Koert & Daniluk, 2017). Letherby (2002) suggested the lines between these two phenomena are blurred, and voluntary and involuntary childlessness are on a continuum as opposed to being two separate issues. Gobbi (2013) pointed out, voluntary childless individuals usually have no hindrances to becoming parents from a biological and financial standpoint but make a conscious choice not to have children. Conversely, involuntary childless women desire to have a child but have not been successful in achieving that goal (Ferland & Caron, 2013; Feske, 2012; James & Singh, 2018; Koert & Daniluk, 2017). The target population of this study was involuntary childless women, women who are childless not by choice, those who were never able to conceive, or those who conceived but were not able to carry a baby to term.

This chapter provides a detailed review of the literature pertinent to involuntary childlessness. First, the theoretical framework of ambiguous loss and disenfranchised grief is examined. The tenets of these concepts are explored, outlining the underlying assumptions and characteristics. Following this section, the nature of involuntary childlessness is discussed including infertility, miscarriage, and stillbirths. Next, is an investigation of the psychological impact of involuntary childlessness and how the grief of involuntary childlessness becomes disenfranchised. After, the sociocultural factors related to disenfranchised grief is discussed and the final section examines the role of counseling for involuntary childless women.

Theoretical Framework

The loss associated with involuntary childlessness is ambiguous. Knight and Gitterman (2019) observed that loss and grief are usually associated with the death of a loved one; when people experience non-death losses, they often encounter difficulty finding space that allows them to grieve this type of loss. Conceptualizing a loss that may be intangible can present as difficult to those experiencing such loss, and more so for those external to the loss as they have no point of reference. As such, ambiguous loss theory (Boss, 2007) applies to the issue of involuntary childlessness.

Researchers agree that the grief of involuntary childlessness is often disenfranchised (Hazen, 2003; Lang et al., 2011; Lechner et al., 2007; McBain & Reeves, 2019, Mulvihill & Walsh, 2014; Sawicka, 2017) as women are ignored and hindered from publicly expressing their grief or denied social support (Adebayo et al., 2019; Lang et al., 2011; Lechner et al., 2007, Mehta & Kapadia, 2008) Wherever an ambiguous loss exists, it is most likely that this loss is disenfranchised, as the loss will not be recognized, thereby invalidating the ensuing grief (Knight & Gitterman, 2019). On this premise, the concept of *disenfranchised grief* was used concurrently with *ambiguous loss* as the framework that anchored this study.

Ambiguous Loss Theory

Ambiguous loss theory refers to a loss shrouded in uncertainty that can be traumatic, confusing, and incomprehensible (Boss, 1999, 2010). Pauline Boss, a psychotherapist, developed this theory based on decades of research and counseling with families who were affected by war, natural disasters, chronic illnesses, and disabilities (Boss, 1999, 2007, 2010). The principle underlying ambiguous loss is that there is vagueness and a deficit of information on the status of

a loved one, whether they are dead or alive, absent, or present, thereby creating a traumatizing situation for those seeking answers (Boss, 2007).

While engaged in family therapy in the 1970s, Boss noticed that fathers who were physically absent from their children's lives were also absent psychologically (Boss, 2007). Boss later realized that the term psychological absence did not only relate to absentee fathers but could apply to other life issues; therefore, to generalize this concept to other situations, she coined the term *ambiguous loss* (Boss, 2007). Ambiguous loss can result from tremendous disasters or events in everyday life (Boss, 2007). Other types of ambiguous losses include immigration, addiction, divorce, and infertility (Boss, 2006).

There are two types of ambiguous loss, physical absence with psychological presence and psychological absence with a physical presence (Boss, 2010). Physical absence with psychological presence indicates when an individual is missing, meaning they may be lost, kidnapped, or have disappeared; however, family members and loved ones maintain their psychological presence by not giving up hope they will return (Boss, 2010, 2016). Parents whose children are adopted or placed in foster care may experience this type of ambiguous loss as their children are absent from them, but they may still nurture an emotional connection to them (Knight & Gitterman, 2019). Psychological absence with physical presence applies to illnesses such as dementia, stroke, brain injury, and depression (Boss, 2010, 2016). Betz and Thorngren (2006) believe this type of ambiguous loss creates confusion as individuals feel they are losing their bonds of attachment to the lost person. Fieldsend and Smith (2020) view the emotional struggles of involuntary childless women as ambiguous loss of physical absence with psychological presence.

Ambiguous losses defy closure leaving those affected in a state of uncertainty, as the regular rituals used in death-related losses such as funerals are not available to them (Knight & Gitterman, 2019). Ambivalence and feelings of hesitancy are common themes of ambiguous loss (McGee et al., 2018). The lack of closure and the state of not knowing for sure how the loss occurred can heighten the grief experienced by the bereaved. Grief can also become complicated due to the absence of validation and support, thereby creating an atmosphere of disenfranchisement (Kersting & Wagner, 2012; Lang et al., 2011). Knight and Gitterman (2019) observe there is a close relationship between ambiguous loss and complicated grief.

Assumptions of Ambiguous Loss Theory

There are ten underlying principles of ambiguous loss theory (Boss, 2016):

1. Even when a phenomenon defies measurement it can still exist.
2. Truth is not achievable therefore any information on the situation is not absolute.
3. Ambiguous loss is relational indicating an attachment to the loved one that is lost.
4. The way in which ambiguous loss is understood and dealt with depends on the cultural values and beliefs of an individual, group, or community.
5. The nature of the loss that occurred is pathologized as opposed to the type of grief.
6. Closure is not a reality, as such grieving may persist for a prolonged period.
7. Coping cannot begin until the stressor is named. When the stressor is identified as ambiguous loss, then ways of coping can be determined.
8. Although a loss may be vague and ambiguous, meaning can still come from the experience.
9. In the context of ambiguous loss resilience means an increased capacity to deal with ambiguity.

10. Families can be psychological as well as physical and they are sources of resilience.

Involuntary Childlessness and Ambiguous Loss

Unexplained infertility, one of the reasons for involuntary childlessness, is particularly ambiguous because a woman's inability to conceive is not attributable to any diagnosed reproductive dysfunction (Kamath et al., 2012; Mol et al., 2018; Romano et al., 2012). Ray et al. (2012) notes, unexplained infertility is a diagnosis that is given when medical personnel have tested semen and examined fallopian tubes and ovaries and are unable to find any abnormalities. Despite this appearance of normalcy, individuals diagnosed with unexplained infertility are still unable to get pregnant. One may ask how a woman with unexplained infertility says she had suffered a loss when she never conceived in the first place? Herein lies the issue with an ambiguous loss; it is not easily understood nor explained. The issue of unexplained infertility can be viewed as an ambiguous loss with psychological presence and physical absence (Boss, 2010). Although an involuntary childless woman experiencing unexplained infertility has never conceived, she could be part of a psychological family that she has created, hoping that the physical family would materialize as time went by. For example, it is not unusual for women to set up nurseries for the babies they are trying to conceive.

Miscarriages have also been viewed under the lens of ambiguous loss. McGee et al. (2018) suggested that miscarriage fits the category for ambiguous loss because there is a physical absence but a psychological presence. Some of the sources of ambiguity surrounding a miscarriage include lack of clarity on the reason for the loss, determining if one should create a ritual, and uncertainty about telling friends and family (McGee et al., 2018). Carolan and Wright (2017) stated that one of the difficulties experienced by women who suffered a miscarriage is making meaning of what was lost and why this loss occurred.

There are some death-related losses where someone may have been sick or involved in an accident. In those cases, one can declare that an individual died because of a disease, or an injury sustained in the accident, in other words, there is concrete reasoning behind the loss. With the uncertainty that that is often echoed by medical personnel as to the cause of a miscarriage, women who experience this loss end up having more questions than answers. When individuals face a loss and cannot find answers as to why their loss occurred, it becomes difficult to find closure. Boss (2006) states that while there is difficulty in achieving closure for ordinary losses, with ambiguous loss it is impossible because the loss was never recognized.

In a qualitative study conducted by McGee et al. (2018) with a sample of 10 women who had experienced miscarriage, it was noted they all struggled to find reasons for their loss; some sought to find medical reasons while others looked for spiritual reasons. The inability to find the underlying cause of their miscarriage, coupled with not having rituals in place to help them grieve their loss, caused these women to describe their grief as ongoing, in that they did not anticipate getting closure (McGee et al., 2018). In many instances of ambiguous loss, those concerned actively seek information that will illuminate their situation, despite no information being available (Boss, 1999). The ambiguity associated with miscarriage is a source of stress for women who have gone through this experience (Lang et al., 2011).

There is still some ambiguity in the case of a stillbirth wherein a woman would know that she gave birth to a dead baby. A stillborn baby is fully developed and able to live outside the womb, but for some reason, often unknown, is born dead (Cacciatore et al., 2008). Women who have experienced stillbirth use varying terms to refer to what was lost, such as child, baby, or fetus, indicating that defining the loss of stillbirth is ambiguous (Golan & Leichtenritt, 2016). Furthermore, ambiguity and uncertainty surround perinatal loss, such as whether individuals

considered the pregnancy as viable, the physical process of clearing the uterus of the fetus, and the sharing of the news of their loss with friends and family (Lang et al., 2011).

Another aspect of ambiguity surrounding stillbirths is that medical examiners and perinatal pathologists cannot explain the circumstances or cause of death (Cacciatore et al., 2008). The inability of medical personnel to provide grieving parents with the reasons why their child died in the uterus only adds to the pain they are already experiencing. Stillbirths also create ambiguity for the status of the mother and father of the dead baby, as they try to determine whether they are still parents to their child that has died (Cacciatore et al., 2008). The ambiguity surrounding perinatal loss is perpetuated by a lack of guidelines from a societal and cultural perspective (Sawicka, 2017). For instance, McGee et al. (2018) noted that organizations such as churches, funeral homes, and cemeteries provide access and opportunity for the bereaved to mourn losses related to death; however, these societal norms do not exist for those who are experiencing ambiguous loss. Walter (2020) stated, society's reaction to perinatal losses is based on the flawed belief that there is a natural order to life, wherein children should predecease their parents. When the reverse happens, it challenges consistency and emotional safety, and people have difficulty accepting the facts (Walter, 2020). The disconnect between the ambiguity of perinatal loss and the false sense of safety about the natural order of life promoted by culture causes individuals to avoid those persons experiencing a perinatal loss (Olivier & Monroe, 2021).

One study conducted by Golan and Leichtenritt (2016) found that women who had experienced stillbirths experienced ambiguity in the guidance and advice received from medical personnel. Regarding whether the women should view their dead baby and take a picture of him/her to create a memory for themselves, some medical practitioners thought it was okay

while others would not allow it (Golan & Leichtenritt, 2016). On the issue of whether the women could perform an independent burial for their dead babies, some women had this option given to them while others received no information on the matter (Golan & Leichtenritt, 2016). The lack of guidance from hospital personnel and the different ways in which the loss of their babies was handled only served to fuel the feelings of ambiguity that these women experienced regarding stillbirths (Golan & Leichtenritt, 2016).

Another area where some women experienced ambiguity about stillbirths is in the reaction of family and friends. In some instances, those in the support system of the bereaved women issued insensitive comments such as the baby was not a real child when they died or that the women could always have another child (Golan & Leichtenritt, 2016). Based on those negative dismissive comments, women who experienced stillbirth questioned their feelings of loss, further adding to the level of ambiguity they were already feeling (Golan & Leichtenritt, 2016). Because their grief was disenfranchised (Doka, 1989), it caused these women to second guess themselves and wondered if their reactions to the loss of their babies was reasonable or acceptable within their social circle (Golan & Leichtenritt, 2016).

Disenfranchised Grief

The concept of disenfranchised grief has its origins in a paper that Kenneth Doka wrote in 1984 that drew a comparison between the grief experience of gay partners and that of heterosexual partners (Doka, 1989). After Doka presented that paper, he received feedback from many people who identified with his findings, noting a remarkable similarity between his topic and other losses they had suffered in their personal and professional lives (Doka, 1989). He noticed the common thread among these individuals was that they experienced a lack of social support and validation (Doka, 1989). Therefore, it was apparent that gay couples were not the

only ones experiencing disenfranchised grief but that other people whose circumstances were utterly different were experiencing this phenomenon. Instances where others experienced disenfranchised grief, was among cancer survivors whose chemotherapy adversely impacted their sexual lives (Pillai-Friedman & Ashline, 2014); pregnancy loss (Hazen, 2003; Lang et al., 2011; Mulvihill & Walsh, 2014) and infertility (Ceballo et al., 2015; McBain & Reeves, 2019).

According to Doka (1989), disenfranchised grief is grief that is “not openly acknowledged, publicly mourned or socially supported” (p. 4). Every society has rules about grieving, such as how people should grieve, who is worthy of being grieved and how those in that society should respond to the mourner (Doka, 1989). Attig (2004) argued that these societal rules infringe on the right of the mourner to experience grief in a way that is acceptable to them, as people are not obligated to grieve in any one specific way. Furthermore, disenfranchisement of grief is harmful as it denies the mourner what they are entitled to, interrupts the grieving process, and imposes sanctions on their behavior (Attig, 2004).

These rules of grieving are present in human resource policies in workplaces that provide their employees with a certain number of days for bereavement leave based on the nature of the relationship between the bereaved and the loved one that died (Doka, 1989). The problem with the established grieving rules in society is that they do not always reflect the type of attachment or the feeling of loss that the bereaved person is experiencing (Doka, 1989). Although companies provide time off for individuals grieving death-related losses, Hazen (2003) suggests the grief of individuals experiencing pregnancy loss is minimized and stifled as their loss is perceived as trivial. There are also social expectations as to how people should respond when they learn that a friend or family member has suffered the loss of a loved one. For instance, people send sympathy cards or flowers when a loved one dies; there are also social gatherings such as wakes and

funerals. However, when there is disenfranchised grief, the bereaved individual may not be acknowledged, nor are they afforded space or the necessary supports to have their grief validated or processed (Baker et al., 2021; Burns et al., 2018; Dutil, 2019; Riggs & Willsmore, 2012).

Categories of Disenfranchised Grief

The concept of disenfranchised grief is complex: individuals can experience disenfranchised grief in non-death situations, such as divorce, relocation, foster care, or adoption, among others (Doka, 2002; Piazza-Bonin et al., 2015; Tullis, 2017). Not only does disenfranchised grief occur in non-death related instances, but there are several conditions under which an individual's grief may become disenfranchised. Doka (2002) has outlined five conditions: the relationship is not recognized, the loss is not acknowledged, the griever is excluded, the circumstances of the death, and the ways individuals grieve.

The Relationship is not Recognized. In many societies, including the United States, there is an emphasis on next of kin relationships (Doka, 1999, 2002) while completely ignoring those connections and networks formed socially. This approach can become problematic because the American family has changed drastically in the last decade (Defrain, 2018; Kennedy & Fitch, 2012). In modern society, the term family denotes those related by blood and people who have chosen each other as family. For some people, family means those with whom they are related by blood, while for others, family represents those with whom they have chosen to cultivate close relationships (Garland, 2012). Grief can therefore become disenfranchised when the relationship between the bereaved and the deceased is not one that society recognizes (Doka, 2002).

Some types of relationships that may not be publicly accepted and are questionable from a legal perspective include extramarital affairs, cohabitation of unmarried individuals, and same-sex relationships (Doka, 2002; McNutt & Yakushko, 2013; Patlamazoglou et al., 2018). Past

relationships such as ex-spouses or former friends can cause individuals to grieve when that person dies (Doka, 2002; Tullis, 2017). The premise underlying this grief is that their death is an additional loss to that previously experienced when the relationship broke down, and since they are now dead, there is no hope for reconciliation (Doka, 2002). These types of relationships can generate disenfranchised grief as those in the immediate circle of the griever may fail to understand why this is a loss, consequently, no support or validation will be forthcoming (Doka, 2002; Tullis, 2017).

The Loss is not Acknowledged. There are instances when a loss is not deemed as significant (Doka, 1999, 2002; Mitchell, 2018). Although perinatal deaths tend to evoke intense grief reactions, among healthcare professionals and society in general, this type of loss is often trivialized and seen as less traumatic than the death of an older child (Lang et al., 2011; Sawicka, 2017; Schwerdtfeger & Shreffler, 2009). Abortion is another loss that has the likelihood of being a severe loss; however, this is one loss that can occur without others having knowledge of it or considering it as a loss (Doka, 2002). There is the potential for mixed reactions, in that those who approve of the abortion may downplay the gravity of the loss, and those who acknowledge that a loss has taken place may not approve of the individual's decision to have an abortion; nonetheless, individuals who have experienced an abortion may not receive the support that is desired (Doka, 2002). Mortell (2015) observed, when a woman has an elective abortion, she may experience shame because of social stigma, causing her to refrain from sharing her loss, fearing that her grief will be disenfranchised

Infertility is another loss that is often not acknowledged (Doka, 2002; James & Singh, 2018; McBain & Reeves, 2019). Individuals who experience infertility lose their dream of having a child and may also suffer from low self-esteem and identity issues, and they may

develop problems in their relationships with their partners (Doka, 2002; Gana & Jakubowska, 2016; Loftus & Andriot, 2012). Infertility differs from other losses in that an event does not cause it, but by one recognizing that their efforts to produce a child have been unsuccessful, which may be medically confirmed later (Bell, 2013; Deshpande & Gambhir, 2017; Doka, 2002).

The Griever is Excluded. There are some cases where the characteristics of the griever cause them not to be considered as capable of grieving, thereby creating a situation where there is little to no recognition of their loss (Doka, 2002). Although there has been evidence to suggest otherwise, the perception is that the very young and the very old do not understand or respond to the death of significant people (Doka, 2002). Another group of individuals who experience disenfranchised grief is those with developmental disabilities or mental illness (Doka, 2002; McRitchie et al., 2014). The flawed belief that they are incapable of experiencing loss and grief leads to disenfranchised grief (Young & Garrard, 2016).

The Circumstances of the Death. Based on the circumstances of the death of a loved one, the bereaved may become disenfranchised. In this instance, some may view the nature of the death as one that is not worthy of being mourned, which can leave the bereaved bereft of support. Survivors of suicide often experience stigma believing that those around them view themselves and their family negatively, which may cause a reluctance to seek support (Doka, 2002; Staley, 2017). Another type of death where some experience disenfranchised grief is with AIDS-related deaths; because of the stigma associated with individuals with AIDS, those whose loved ones die from this disease may not be willing to publicly share their grief for fear of being judged or criticized (Doka, 2002; Reece, 2001).

The Ways Individuals Grieve. People grieve losses in diverse ways. An individual's culture or personality may contribute to how they grieve their loss. Furthermore, that may cause them to feel disenfranchised if that manner of grieving does not align with the expectations of their society (Doka, 2002). For instance, intuitive people express grief with deep feelings, while instrumental people use more physical, cognitive, and behavioral modes (Doka, 2002; Lange et al., 2020). There are some cultural modalities of expressing grief, such as indifference or loud bawling, which may fall outside of the grieving rules of a society or group of people, causing the griever to be disenfranchised (Doka & Davidson, 1998).

Involuntary Childlessness and Disenfranchised Grief

In analyzing the nature of disenfranchised grief, one should not ignore the reality that the failure to produce children is not a significant issue for some women who initially wanted them; however, there is a population of women in the involuntary childless category for whom this can be problematic. The inability to produce a child which is a seemingly normal task, leaves involuntary childless women feeling embarrassed and flawed (Ceballo et al., 2015). As these negative feelings become embedded in the psyche of such women their self-esteem and sense of well-being can be adversely affected. Ferland and Caron (2013) posit that lowered self-esteem and decreased life satisfaction are long-term effects of involuntary childlessness. As women go through these diverse emotions without adequate support, there are implications for disenfranchised grief to ensue (McBain & Reeves, 2019).

Involuntary childless women experience disenfranchised grief in different areas of their lives, such as their social and relational life, in their workplace, and in their society. One of the reasons why the grief related to the loss of an unborn baby is disenfranchised is that people do not believe that the mother could have formed an attachment to a child that died before it was

born (Hazen, 2003). Furthermore, perinatal grief is disenfranchised in the workplace because most individuals are uncomfortable with grief and people are not trained how to behave towards colleagues who are experiencing loss (Hazen, 2003). While many companies would have developed human resource policies that determine how many days bereavement leave should be given to employees when a close family member dies, there are no guidelines surrounding involuntary childlessness. The above statement points to the grieving rules that govern society which dictates the type of loss that is worthy of recognition (Doka, 1999, 2002).

Another aspect of disenfranchisement involuntary childless women face is in their interactions with medical personnel. Women who lost their babies before they were born experienced disenfranchised grief based on how medical professionals spoke to them, insensitive comments made by others, and a general perception that they had no support (Mulvihill & Walsh, 2014). It is particularly disconcerting when people in the helping profession of medicine who are supposed to be conveyors of healing are devoid of empathy and compassion. There is also a sense of isolation and silence that women experience in their social circles as their friends and family practice avoidance instead of lending support (McBain & Reeves, 2019).

The Nature of Involuntary Childlessness

Several issues can cause a woman to become involuntarily childless, with the leading issue being infertility (Ceballo et al., 2015; McBain & Reeves, 2019; Schwerdtfeger & Shreffler 2009). Involuntary childlessness can also occur due to miscarriage or stillbirth (Cacciatore, 2013; Carolan & Wright, 2017; Golan & Leichtenritt, 2016; Hiefner, 2020; McBain & Reeves, 2019); some women experience all these issues or a combination (Bray, 2015; McBain & Reeves, 2019). The following sections examined some of the leading causes of involuntary childlessness in greater detail.

Infertility

Infertility is generally defined as the inability to get pregnant after engaging in unprotected sexual intercourse over one year (Vitale et al., 2017). There are two different categories of infertility. Primary female infertility is described “as a woman who has never been diagnosed with a clinical pregnancy and meets the criteria of being classified as having infertility” (Zegers-Hochschild et al., 2017, p. 1798). Conversely, secondary female infertility is defined “as a woman unable to establish a clinical pregnancy but who has previously been diagnosed with a clinical pregnancy” (Zegers-Hochschild et al., 2017, p. 1799).

The word infertility is known to conjure up negative images and convey a sense of inadequacy. Smeeton and Ward (2017) link infertility to derogatory adjectives like “barren” and “sterile”. They also noted that the literature on infertility highlights the loss and grief associated with this phenomenon and the despair and distress experienced when women cannot produce a child (Smeeton & Ward, 2017). For women who desired to be mothers, infertility can have adverse effects upon their emotional wellbeing to the extent that it creates psychological distress (Gana & Jakubowska, 2016). Furthermore, infertility can lead to a multi-level crisis since it can affect several aspects of one’s life, including their social, sexual, and mental state (Gana & Jakubowska, 2016).

There are instances where infertility is related to reproductive dysfunction, such as premature ovarian insufficiency, polycystic ovary syndrome, endometriosis, and fibroids (Borghet & Wyns, 2018). There are also cases where doctors cannot determine the underlying reasons why a woman is unable to get pregnant. This problem is referred to as unexplained infertility (Anderson, 2018; Mol et al., 2018; Ray et al., 2012; Romano et al., 2012). Infertility can also

result from chronic illnesses such as cancer (Tinneberg & Gasbarrini, 2013), and delayed childbearing (Koert & Daniluk, 2017; Cooke et al., 2012).

Miscarriage

Miscarriage is defined as the abrupt loss of a fetus before a woman has achieved 20 weeks of pregnancy (Lou et al., 2020). Some of the characteristics of a miscarriage are vaginal bleeding and the loss of symptoms that denote pregnancy (Jurkovic et al., 2013). Geller et al. (2010) pointed out that miscarriages are common, noting that one in four women will experience a miscarriage at some point in their lives. Swanson et al. (2009) noted that in the United States, approximately 15% of clinically recognized pregnancies result in miscarriages. Although miscarriages are common, there is little discussion in the medical field, nor is there a healthcare protocol to deal with the emotional distress that often accompanies this problem (Geller et al., 2010).

In many cases, there is no adequate explanation as to what prompted a miscarriage. Neither is there a formula regarding how to prevent them. Despite miscarriages being common and occurring before a woman may even be showing that she is pregnant, to minimize this experience is insensitive since the loss of a future child is a significant event in a woman's life (Sejourne et al., 2010). Any hopes, dreams, and plans that a woman had when pregnant dissipates when she experiences a miscarriage (Sejourne et al., 2010).

Hui et al. (2012) stated that miscarriages are one of the complexities of pregnancy. The genetic causes of miscarriage are not well understood as such there is a need for more research in this area. With the lack of information outlining the reasons for this loss, women are left wondering how to move forward with their lives. Women who seek answers and information from medical personnel about their miscarriages encounter those who minimize their loss. At the

same time, others are flippant in their comments and give the impression that their loss was insignificant (Hiefner, 2020). This attitude can be particularly frustrating for women who have experienced multiple miscarriages and have not been able to carry a baby to full term.

One of the difficulties experienced by women who suffered a miscarriage is making meaning of what was lost and why this loss occurred (Carolan & Wright, 2017). Despite significant advancements in medicine and technology, there are still many unanswered questions about why women have miscarriages. The failure of medicine to adequately address the issue of involuntary childlessness leaves women feeling disappointed and hopeless. This lack of knowledge also adds to the frustration and distress that is inherent in involuntary childlessness. The advent of medical intervention in dealing with infertility still leaves many women who desire to be parents childless (Ferland & Caron, 2013).

Stillbirth

Another aspect of involuntary childlessness is stillbirths. The term stillbirth refers to the death of a fetus after more than 20 weeks of pregnancy (Golan & Leichtenritt, 2016). A stillbirth can be a very heart-wrenching experience as women realize that, through no fault of their own, the baby they were carrying in their womb has died. A stillbirth is a traumatic event that usually places a woman in the throes of profound and prolonged grief (Golan & Leichtenritt, 2016). Unlike a miscarriage, where there is often no physical being to represent the lost child, a stillbirth brings the woman concerned face to face with the death of her baby and can cause feelings of helplessness and hopelessness. Cacciatore (2013) argued, if a live birth can cause a woman to display trauma and psychological distress symptoms, then giving birth to a dead baby would give rise to far more severe consequences. To further delve into the issue of involuntary childlessness, the next section examined the psychological impact.

Psychological Impact of Involuntary Childlessness

Involuntary childlessness negatively affects women, resulting in significant physical and emotional consequences (Choudhary & Halder, 2019; Ferland & Caron, 2013; Greil et al., 2020; Nahar & Richters, 2011; Olajedi & Olaolorun, 2018). This type of loss has the potential to be very devastating in the life of a woman, as a task that seems so easy and normal for others becomes unattainable to her. James and Singh (2018) noted that the loss represented by involuntary childlessness is not confined to one point in time but is felt when women realize that they are unable to conceive, after several rounds of infertility treatments, and finally when it is apparent that conception will never materialize.

James and Singh (2018) proposed that infertility has adverse effects on the mental health of couples who desire to have children. Generally, when one considers involuntary childlessness, the physical aspect of having children comes to mind. However, it would be remiss for medical and mental health professionals not to consider how a woman's mental health is affected by this issue. Compared to involuntary childless men, involuntary childless women experienced more health issues, complicated grief, anxiety, and depression (Lechner et al., 2007). Infertility and perinatal loss, collectively termed *reproductive trauma*, occurs in 15% of women and is associated with depression, anxiety, and post-traumatic stress disorder (Bhat & Byatt, 2016). The testimony of some women experiencing infertility was that their lives lacked meaning, and as a result, they gave up on their goals (Sormunen et al., 2020). These women also reported that life no longer had joy, they felt like they were a shadow of who they used to be, and that the desire for a child was all-consuming, eroding the fabric of who they were from the inside out (Sormunen et al., 2020).

Identity

The reality of involuntary childlessness is that it affects women on several levels. One of these areas is her identity: a female who should be capable of giving birth. Many women fully believe that giving birth to a live baby is one of the hallmarks of womanhood. Living in a pronatalist society such as the United States, where the role of motherhood is a valued identity, the unspoken expectation is that women will at some point during their reproductive years produce children (Greil et al., 2020; Parry, 2005).

It is not uncommon for the involuntary childless woman to question her identity. When womanhood equates with motherhood and motherhood does not materialize, such an experience can create an identity crisis. To further illustrate this viewpoint, Ceballo et al. (2015) noted that involuntary childless women often feel that they are not real women due to the widely accepted idea that having a child is what makes one a woman. Therefore, one can understand the dilemma that many involuntary childless women face when motherhood becomes an elusive dream.

As the literature reveals, when an involuntary childless woman faces an identity crisis, she may find herself in a quandary as she seeks to discover who she is. That is one of the reasons Bell (2013) posited that involuntary childless women sometimes struggle with their identity because, within their social circles and the wider society, one of the identifying marks of being a woman is being a mother. This desire to have children and the inability to do so is a tension within every involuntary childless woman. When the dreams of motherhood do not come to fruition, women often feel that these dreams have now become a never-ending nightmare of which there is no escape. It is then that they are left to wrestle with feelings of failure and incompetence along with unanswered questions. To this end, there is a perception that childless women have failed to transition from adulthood to parenthood (Loftus & Andriot, 2012).

Loftus and Andriot (2012) argued that one's identity ties closely to the roles that they carry out in life. For women, one such role is that of a mother. Young girls learn from an early age about playing with dolls, which is indicative of the mothering role that they are expected to fulfill when they become adults. In childhood, girls are encouraged toward mothering roles (Deshpande & Gambhir, 2017); with this type of early socialization, it is apparent that motherhood is a societal expectation. As dictated by culture and tradition, the role of motherhood is a natural outcome of being a woman (Deshpande & Gambhir, 2017). When this life event of motherhood does not materialize, some women may begin to question their sense of self.

Self-Esteem

Many women who experience involuntary childlessness struggle with their self-worth based on messages received, which diminishes their value because they did not produce children (Ferland & Caron, 2013). The loss of a child is related to a treasured part of a woman's identity and a central aspect of the self (Wonch Hill et al., 2017). The literature shows when compared with women battling infertility who eventually brought a child to term, women whose infertility treatments were not successful had the most significant decline in their self-esteem (Greil et al., 2020). The feeling of failure can cause one to feel inadequate and less than those who were able to achieve what they were also hoping to achieve. Women dealing with infertility often experience feelings of inadequacy and failure (Loftus & Andriot, 2012). Some women experiencing infertility see their bodies as flawed and useless since they cannot produce a child (Sormunen et al., 2020). This feeling is not unusual, especially in cultures where a woman's purpose is perceived as bearing and raising children (Adebayo et al., 2019; Benyamini et al., 2017; Deshpande & Gambhir, 2017; Tabong & Adongo, 2013). It was also noted that the inability of women to have children made them feel worthless and bitter (Sormunen et al., 2020).

Because of the societal expectation that one of the attributes of being a woman is having children, involuntary childless women can sometimes have feelings of disingenuousness. In settings where womanhood equates with motherhood, women experiencing infertility can feel inauthentic (Loftus & Andriot, 2012). It is not uncommon for involuntary childless women to feel uncomfortable or incapable of contributing to conversations about children. The fact that they do not have the experience of having or rearing children can cause them to feel that they do not qualify to participate in such forums. Infertility is a loss of the role of motherhood and a loss of participating in social groups where motherhood is the focus (Loftus & Andriot, 2012).

The feelings that accompany involuntary childlessness are not just temporary but often persist throughout the lifetime. Lowered self-esteem and decreased life satisfaction are long-term effects of involuntary childlessness (Ferland & Caron, 2013). Wirtberg et al. (2007) conducted a qualitative study using interviews consisting of reflective open-ended questions with 14 involuntary childless Swedish women 20 years after their infertility treatments had failed. It was found that despite the number of years that had passed, the women related their experiences of surgeries and other treatments in detail and with much clarity (Wirtberg et al., 2007). All but one of the women stated they felt inferior to other women and suffered from low self-esteem; they all reported infertility treatments having adverse effects on their sexual lives, seven of them had broken relationships which they attributed to their involuntary childlessness, and everyone reported dealing with alienation. Becoming involuntary childless is a significant loss for many women as they go through life with the unfulfilled dream of being mothers.

Depression and Anxiety

Depression and anxiety are also closely associated with involuntary childlessness. Depression is a disorder wherein individuals lose interest in their everyday activities, giving way

to despair and other negative emotions. Sadness, viewing oneself negatively, decreased motivation, low energy, and hopelessness are all characteristics of depression (Matthiesen et al., 2011). Anxiety refers to feelings of worry, nervousness, and apprehension (Roy-Byrne, 2015). Involuntary childless women often experience anxiety primarily because there is uncertainty surrounding their situation (Seifer et al., 2021). Often, the passing of time precipitates the high levels of anxiety that involuntary childless women experience because they have not achieved success in becoming pregnant and fear of what the future holds for their chances of conceiving (Massarotti et al., 2019).

A cross-sectional study conducted by Sormunen et al. (2020) with 132 individuals, of which 129 were women, that examined the role of social media for those experiencing infertility revealed the stress of infertility was a source of anxiety. Data was collected using online questionnaires made up of open and close-ended questions (Sormunen et al., 2020). Close-ended questions were analyzed using Microsoft Excel, and open-ended questions were analyzed qualitatively using content analysis to develop themes from the data (Sormunen et al., 2020). Participants in this study indicated they had experienced anxiety and depression because of the inability to get pregnant and the stress of infertility treatments (Sormunen et al., 2020). Some of the manifestations of depression that these women experienced included bouts of crying and retreating from social life: the reason for not engaging in social life was to avoid uncomfortable questions about their fertility (Sormunen et al., 2020).

Women with fertility problems report lower levels of life satisfaction and higher levels of depression (Schwerdtfeger & Shreffler, 2009). One study found that couples facing definite involuntary childlessness had significantly higher levels of anxiety and depression, compared to couples without fertility issues who were exploring adoption, and couples struggling with

fertility who were seeking treatment (Galhardo et al., 2011). Involuntary childless women often experience a lack of control over their circumstances and are prone to negative thoughts.

Individuals going through infertility treatments tend to harbor feelings of shame, self-blame, and disconnectedness, making them more susceptible to depression (Galhardo et al., 2011). Fieldsend and Smith (2020) found that depression and anxiety were present in women dealing with failed infertility treatments and in those not going through treatment.

Depression does not exist in a vacuum; contributing factors can exacerbate the condition, such as the customs and culture of one's environment. For instance, one study showed a prevalence rate of 52.7% for depression among involuntary childless women in Nigeria (Oladeji & Olaolorun, 2018). A woman's capacity to bear children is a crucial part of the African culture since Africans take great pride in their children and view them as a manifestation of their power, they also view children as a safeguard for old age and a way to carry on the family name (Tabong & Adongo, 2013). With so much meaning and responsibility attached to having children, it is understandable that involuntary childlessness would cause such great distress for African women.

Deshpande & Gambhir (2017) found that in Indian cultures and customs, special favor and praise is given to women who have children while they shun and exclude childless women. Mehta and Kapadia (2008) conducted an ethnographic study in India with a sample of 55 people, 30 women and 25 men, who were seeking treatment at a fertility clinic. This study consisted of a gendered analysis aimed at understanding the experiences of involuntary childlessness from the perspective of men and women in a middle-class urban area of India; data were collected by interviews and analyzed qualitatively (Mehta & Kapadia, 2008). There was an observation that motherhood is etched in the psyche of young girls in early childhood as they are encouraged to

act as maternal figures to younger siblings and restricted to only playing with dolls (Mehta & Kapadia, 2008). Some of the areas that the researchers examined in the study were the importance of becoming a parent, feelings associated with childlessness, the impact of childlessness on the self and the marital relationship, and coping with childlessness (Mehta & Kapadia, 2008).

Some of the findings of the study were, women reported gaining their identity and value when they were able to give birth to a child, since children brought joy and fulfillment to a marriage, while men thought fatherhood was a role characterized by providing financial support and security that they could detach themselves from, as such it did not define who they were (Mehta & Kapadia, 2008). For women, having a child gave them a sense of completeness and served to solidify marriages and family, while for men, it was essential to have children to have continuity of the family name (Mehta & Kapadia, 2008). Although men perceived childlessness as a failure and a blight on their manhood, insecurity was more apparent for the women; women also reported having feelings of depression and emptiness because of their childlessness. Both men and women encountered stigma and pressure from their societies, women were called infertile, which is derogatory and excluded from social gatherings, especially baby showers or birthday parties for children, while men received negative comments about their masculinity (Mehta & Kapadia, 2008). Based on these findings, childlessness affects both men and women, it has a more significant impact on women leading them to experiences loneliness, insecurity, and depression (Mehta & Kapadia, 2008).

Grief

Grief is another aspect of the psychological impact of involuntary childlessness and denotes a response that is evoked when one suffers a loss (Kersting & Wagner, 2012). Grief is

noted as the most common emotion experienced by those unsuccessful at conceiving a child (James & Singh, 2018). In one study that included 93 involuntarily childless women, 42% of them experienced complicated grief (Lechner et al., 2007). The premise of involuntary childlessness is the loss of conceiving a child or the inability to bring a child to term as in the case of miscarriage or stillbirth. Involuntary childlessness evokes a grief response from women who had hopes and dreams of becoming mothers. James and Singh (2018) noted there are multiple losses associated with infertility, such as the loss of the opportunity to have one's child, the loss of transitioning from couple to family, loss of one's sense of identity, and the loss of achieving parenthood. In many instances, the losses associated with involuntary childlessness are invisible. With regards to women who have never conceived but have a desire for a child, unless this unfulfilled wish is expressed to another individual their loss remains obscured.

Because of the nature of perinatal losses, where people did not know or have a relationship with the person that was lost, there is much misunderstanding and insensitivity associated with this type of loss. For the mother who carried a baby in her uterus that subsequently died, this represents an ambiguous loss characterized by physical absence and psychological presence (Boss, 2010; Lang et al., 2011). Even though one's child died before it was born, this is an essential loss to the mother, resulting in feelings of distress and grief.

There are sympathy cards, flowers, and other acknowledgment forms for other types of losses that society deems acceptable. However, with the loss of an unborn baby, there are no established grieving practices or customs (Lang et al., 2011). Because of the lack of socialization, grief may become disenfranchised. Disenfranchisement of grief blocks the mourner from comfort and support as they seek to make sense of their world and find hope and healing

(Attig, 2004). The following section discusses disenfranchised grief and involuntary childlessness.

Disenfranchised Grief and Involuntary Childlessness

Throughout life, there are some losses that one can recognize, such as when a loved one dies; however other losses are not that readily identifiable. The loss associated with involuntary childlessness is one of those losses. In the same way that the loss remains hidden, for the most part, the unspoken rule in society seems to be that the grief that ensues from involuntary childlessness should stay hidden. McBain and Reeves (2019) noted that infertility grief does not fall in the category of loss supported by mourning rituals and customs. According to Doka (1989), disenfranchised grief refers to a loss that is “not openly acknowledged, publicly mourned or socially supported” (p. 4). Because of the ambiguous nature of involuntary childlessness, the grief that results from this loss, unfortunately, fits the criteria of disenfranchised grief. Attig (2004) stated that disenfranchised grief is damaging and hurtful as it fails to recognize the severity of one’s loss, the suffering and pain they are experiencing, and what that loss meant to them. The several ways in which the grief of the involuntary childless woman is disenfranchised is discussed below.

Grief that is not Openly Acknowledged

McBain and Reeves (2019) found that women experiencing involuntary childlessness were subject to hurtful comments, people in their social network would try to advise about what to do to get pregnant or minimize their loss by telling them they should relax so things can work out. Some individuals try to justify why pregnancy loss occurred, such as suggesting something was wrong with the baby (Mulvihill & Walsh, 2014). Also, family and friends of the involuntary childless woman are sometimes quick to advise them to adopt a child, not realizing that this is

not necessarily the path for everyone (James & Singh, 2018). When people cannot relate to a loss or cannot comprehend the depth of the attachment that the bereaved held towards that which was lost, they tend to downplay one's grief.

Another way in which the grief of involuntary childless women is disenfranchised is by being excluded or ignored, an example of exclusion is when friends or acquaintances do not invite them to certain social events (McBain & Reeves, 2019). Sawicka (2017) noted that women who had experienced a perinatal loss and conveyed their loss via text message did not receive a reply from the message recipients. A code of silence seemed to represent the disenfranchised grief of involuntary childless women: silence and isolation were prominent aspects of the lives of involuntary childless women as relatives and friends practiced avoidance (Ceballo et al., 2015). Sometimes, when people do not know how to respond to a sensitive situation, they tend to remain silent for fear of saying or doing the wrong thing; however, this behavior is not helpful for the involuntary childless woman grieving a loss.

Involuntary childless women who are grieving also face disenfranchisement in the form of the lack of empathy and compassion from those around them (McBain & Reeves, 2019). For women who experienced a miscarriage or stillbirth and were in the hospital, some reported that medical personnel came across as cold and impersonal as they sought to deal with their loss (McBain & Reeves, 2019). Women who lost their babies before they were born experienced disenfranchised grief based on the insensitive comments of medical professionals and a general perception that their grief was not being acknowledged (Mulvihill & Walsh, 2014).

Grief that Cannot be Publicly Mourned

Because involuntary childlessness is often not apparent, it becomes challenging to mourn this type of loss. When a loved one dies, people refer to the person by name when making the

death announcement. For an unborn child that the mother may have named who was not known by others, there is no point of reference: as such, the loss that comes with involuntary childlessness is invisible (McBain & Reeves, 2019). For those women who may or may not be going through infertility treatments without any success, their loss is even more intangible, as they may not have disclosed to anyone that they were in the process of being treated for infertility. Although these losses are outside the view of others, the grief experienced by the women concerned is genuine. McBain and Reeves (2019) suggest that the loss resulting from infertility is like death.

The implications of infertility loss are multi-dimensional. McBain and Reeves (2019) outlined these losses as “pregnancy, delivery, child-rearing, and the later stage of grandparenthood” (p. 161). Looking at this range of losses, it is understandable why some involuntary childless women experience grief throughout their lifetime. Some involuntary childless women in the mid-life phase view their lives as meaningless as they live with pain and prolonged grief (Fieldsend & Smith, 2020).

Grief that is not Socially Supported

Lending support to those who are grieving is a norm in society. For the involuntary childless women, however, social support could prove elusive. In churches where love and compassion are part of their preaching ministry, support for involuntary childlessness is often lacking. Involuntary childless women have found very little understanding or support from their church family as they grieve their childlessness (Feske, 2012). One of the issues in the church community is the inability to reconcile a loving God with the distress, pain, and grief that is symbolic of involuntary childlessness. The inability to produce a child, multiple cycles of

infertility treatments, and the distressing losses of a miscarriage or stillbirth can serve to mar the image of a God whom many view as loving, just, and faithful (Feske, 2012).

For some involuntary childless women, people who supported them previously in other areas of their lives were no longer available due to shifts in their relationships (McBain & Reeves, 2019). For instance, when female friends became pregnant, this creates an awkwardness in the relationship for the involuntary childless woman (McBain & Reeves, 2019), and pregnant women who are in the social circle of the bereaved involuntary childless woman are a constant reminder of their loss (Mulvihill & Walsh, 2014).

Sometimes women experience disenfranchised grief within the marital relationship due to failure to agree on how to react and deal with their perinatal loss (Lang et al., 2011). While women feel the need to talk about their loss over a more extended period, men are not so inclined, causing disagreement, therefore decreasing the level of support that they can give to each other (Lang et al., 2011). Some women feel that their husbands do not share the painful emotions they experience as they go through infertility treatments. This experience only served to heighten their sense of isolation (Ceballo et al., 2015). Since a partner is the one that should be the closest person to the involuntary childless woman, when this relationship becomes fragmented, it could serve to heighten the disenfranchised grief that they already feel. There are instances when a marriage ends in divorce because of the stress, strain, and marital dissatisfaction associated with involuntary childlessness (Bell, 2013).

Socio-cultural Factors Related to Disenfranchised Grief

The status of motherhood is favorably looked upon by society. Those individuals who cannot achieve this status are often frowned upon, marginalized, and viewed as defective. Despite the increasing number of women that do not have children, the cultural expectation of

producing children is very prominent in American society (McQuillan et al., 2012). The standards and practices dictated by socio-cultural tenets help promote the disenfranchised grief of involuntary childless women (Sawicka, 2017), especially in cultures where a woman's primary role is bearing children; those unable to meet this expectation are seen as useless and worthless.

In a qualitative study conducted by Adebayo et al. (2019) with 35 Nigerian women who had experienced pregnancy loss, women reported that their grief was not validated. Instead, they were encouraged to move on from the loss they had experienced. One of the cultural norms practiced when a woman has a stillbirth is to dissuade her from talking about her loss or viewing the body of her dead baby. As such, these babies are buried quickly in unmarked graves with location information hidden from the mother to prevent her from ever visiting the burial site (Adebayo et al., 2019). The cultural belief is that pondering on the memories of the dead will bring misfortune to family members as this interferes with how spiritual things are ordered (Adebayo et al., 2019). These actions on the part of the Nigerian woman's society serve to disenfranchise her grief as she is not allowed to process the loss she has endured. For the involuntary childless woman, grief intensifies as culture dictates that she does not meet the criteria of womanhood without the birth of a living child (Adebayo et al., 2019). Women battling infertility often experience societal stigma, which heightens their disenfranchised grief (Adebayo et al., 2019).

Entertainment is a huge part of American society, with films playing a considerable role in influencing its viewers. In film media involuntary childless women are often portrayed negatively, which gives the impression that they are lacking and disadvantaged (Archetti, 2019). It is common knowledge that what happens in media informs society's behaviors and beliefs. The negative representations of involuntary childless women in film inform how the public

views them and how they can, in turn, view themselves (Archetti, 2019). Additionally, one common emotion displayed throughout films featuring involuntary childless women was that of shame, which gives the impression that these women are inherently flawed (Archetti, 2019).

Although churches are religious institutions, there is also a social factor involved as members create community and belonging. The culture that exists in most churches, whether intentionally or inadvertently, is geared toward families and children. Many programs of the church center around families with children; as such childless members can feel like they do not belong (Feske, 2012). When a Scripture such as “children are a gift from the Lord, they are a reward from him” (Psalm 127:3, New Living Translation) is read, an involuntary childless woman could internalize this to mean that she was not worthy of this gift. Christians experiencing infertility and pregnancy loss often struggle to reconcile how a loving God would fail to answer their prayers for a child (Feske, 2012).

In seeking guidance from clergy, this support is usually not forthcoming due to a lack of understanding of the involuntary childless woman’s loss and grief; pastoral personnel are ill-prepared to provide much in the way of comfort and support. As a result, many women encounter silence and even dismissal (Feske, 2012). This type of response only serves to further disenfranchise the grief of the involuntary childless woman. Women battling infertility tend to feel isolated as those in their social circle are often unable to understand or support them as they deal with their feelings of grief (McBain & Reeves, 2019). It therefore becomes challenging for the involuntary childless woman to find her place in the church.

Feske (2012) conducted a qualitative study using narrative interviews and questionnaires with a sample of more than 30 individuals from the United States, Great Britain, and Canada, where she explored how infertility and pregnancy loss experience of individuals affected their

religious experience. She argued that the Christian woman's inability to conceive challenges what the church teaches about being created in the image of God and God being a loving and generous being who can do anything; infertility raises questions about the reasons a powerful God would choose not to intervene in the circumstances of the involuntary childless woman and bless her with a child (Feske, 2012). One of the interview questions asked of the participants was "how have they experienced the church in their experience of hope and loss?" (Feske, 2012, p. 3-1). The response of one participant was, "I think people are fairly insensitive when it comes to infertility, and they don't understand the deep emotional scars, fears, and death of dreams that come with it" (Feske, 2012, p. 3-1).

Another participant who reached out to a church leader, a professional counselor on the church staff, about starting a support group for involuntary childless women reported "she was well-meaning but said that not being able to have a child in the Bible meant that later we would have a special child" (Feske, 2012, p. 3-9). The participant stated that she found this response to be misleading and unhelpful. The experiences that have been related in this study illustrate the lack of understanding and expertise among church leaders about ministering to those who are involuntarily childless.

Role of Counseling

Most grief models in counselor education focus on loss related to bereavement wherein they mourn the death of a loved one (Humphrey, 2009). As such, grief that occurs because of non-death losses has not received much attention. Gitterman & Knight (2019) observed that people also experience grief based on loss that is not due to the death of a loved one.

Furthermore, "non-death losses trigger intense emotional, physical, and psychological reactions and are important areas for clinical, conceptual, and empirical attention" (Gitterman & Knight,

2019, p. 147). Although these reactions are in the literature, they are usually not labeled as grief; because grief is socially constructed and society determines the grieving rules, some acceptable losses are supported and validated while others are ignored and trivialized (Gitterman & Knight, 2019). Grief in response to a non-death loss has the potential to be disenfranchised, seeing that others may not even recognize it as a loss (Gitterman & Knight, 2019).

Some aspects of involuntary childlessness can be non-death losses, as in the case of infertility. Although no physical death of a child has taken place, there is still the loss of the opportunity to have had a child, which causes grief to involuntary childless women. Missed opportunities and experiences fall in the category of non-death losses, and grief needs to expand to include non-death losses, so disenfranchisement of grief can be reduced, and healing of those who are impacted can be promoted (Gitterman & Knight, 2019).

Since disenfranchised grief is not publicly acknowledged or supported in social networks (Doka, 1989), this type of grief is often internalized and can lead to complicated grief (McNutt & Yakushko, 2013): a grief that remains unsettled, and affects between 3-25% of the general population (Fujisawa et al., 2010). When complicated grief does not heal, individuals can end up with other mental health issues such as substance abuse or severe depression (Sung et al., 2011). It is prudent that individuals dealing with disenfranchised grief associated with involuntary childlessness receive mental health support to help them process their grief and acquire coping mechanisms. Galhardo et al. (2011) stated that the mental health of individuals struggling with infertility needs attention based on their propensities towards negative psychopathology.

Shannon and Wilkinson (2020) supported Stroebe and Schut (1999) dual-process model (DPM) as an appropriate tool for guidance counselors who are working with clients who have suffered a perinatal loss. The DPM promoted two coping styles: loss-oriented and restoration-

oriented (Shannon & Wilkinson, 2020). Loss-oriented coping involves assessing and ruminating on the experience of loss while restoration-oriented coping refers to the challenges involved in reordering one's life in an ever-changing world without the loved one who has died (Stroebe & Schut, 2010). Restoration-oriented coping does not imply the bereaved will be restored to how they were before they suffered the loss, however the objective is to recover autonomy and control over their lives (Shannon & Wilkinson, 2020).

The DPM includes areas found in traditional grief models, such as managing symptoms, expressing emotions, and making meaning of what has been lost (Stroebe & Schut, 2010). However, the concepts of loss-oriented and restoration-oriented modes of coping allow for a distinctive way of understanding how “validation, autonomy, complicated grief, disenfranchised grief, and specific gender differences” are essential considerations for counseling those persons dealing with perinatal loss (Shannon & Wilkinson, 2020, p. 141). Another area in which the DPM was helpful was showing how disenfranchised grief emerged from the popular belief and emphasis in society on the restoration-oriented aspect of bereavement (Shannon & Wilkinson, 2020). In some cases, where one is dealing with a loss, the tendency is for those in their network to encourage them to get over that loss as quickly as possible. Many people would like for things to return to normal promptly as they view grief as a disruption to life, thereby disenfranchising the mourner's grief.

The DPM bereavement model aimed to have those dealing with a perinatal loss juggle between loss-oriented and restoration-oriented moments to avoid developing complicated grief (Shannon & Wilkinson, 2020). This model provided the bereaved with an opportunity to ruminate on what was lost while seeking to find a way forward for the future. In moving away from the stage-oriented models such as Kubler-Ross five stages of grief, Smith, and Delgado

(2020) purport the dual-process model is useful for working with non-death losses. Based on Shannon and Wilkinson (2020) and Smith and Delgado (2020), the DPM was a valuable and appropriate bereavement model to use for those dealing with involuntary childlessness in that it is applicable in circumstances where there is death, such as in the case of miscarriage and stillbirth and it is also applicable in non-death situations.

Summary

The literature has been reviewed regarding involuntary childlessness and the disenfranchised grief that is associated with this phenomenon. The areas examined were the nature of involuntary childlessness, which included infertility, miscarriages, and stillbirths. The psychological impact, socio-cultural factors and the disenfranchised grief of involuntary childlessness were also explored. The theoretical frameworks of ambiguous loss and disenfranchised grief within which this study was situated were also outlined. The role of counseling was also investigated to highlight grief models that are appropriate for working with involuntary childless women.

The aim of this study was to address the gap in the literature and provide awareness of the disenfranchised grief that is faced by involuntary childless women. This topic of the disenfranchised grief of involuntary childless women has been examined by several researchers. Some of this research has focused on couples as opposed to just women while others have not examined the experiences of ethnic minorities. As such there is a need for more research in this area to highlight the several issues that are faced by this population of women, as they seek to navigate involuntary childlessness at different points of the life cycle. Although many women have this problem in common, their experiences are not all the same, hence the need to capture their stories from a more diverse perspective.

In chapter three the methodology for this study is outlined. The rationale for choosing a qualitative phenomenological approach is discussed, as well as the methods for collecting and analyzing the data. The procedures for the study are described, also the setting and criteria for selection of the participants.

CHAPTER THREE: METHODS

Overview

This study focused on the lived experience of disenfranchised grief of involuntary childless women. Several research studies have examined various aspects of the experiences of involuntary childless women; however, with this loss, there is limited research on the disenfranchised grief of involuntary childless women (McBain & Reeves, 2019). This study informs medical and mental health personnel who interact with involuntary childless women. Many women deal with involuntary childlessness without receiving the emotional support they need. Not meeting the emotional needs of people who continue to live with unexpressed and unprocessed pain leaves them at risk for several mental health conditions. One of the biggest problems that this population of women faces is the disenfranchisement of their grief (Hiefner, 2020; Lang et al., 2011; McBain & Reeves, 2019). Recognizing that involuntary childless women deal with disenfranchised grief for prolonged periods and often into old age should prompt counselors, clergy, and others who work with this population of women to understand how they can best provide acknowledgment, empathy, and support.

This chapter discusses the qualitative phenomenological design used in this study, addresses the research questions that guide the study and describes the study's setting. The sampling method, participants, procedure for recruitment, criteria for inclusion, and the role of the researcher are also outlined. The method of data collection and data analysis are included, and the final sections outline the ethical considerations of the study.

Research Design

Creswell (2007) observed that qualitative research is useful when there is a need to study a group or population of people or hear voices that have been silenced. Involuntary childless women have felt like their voices have been silenced due to the disenfranchisement of their grief, as evidenced by lack of acknowledgment of their loss and the lack of space to grieve such losses (Ceballo et al., 2015; Galhardo et al., 2011; Golan & Leichtenritt, 2016; Markin & Zilcha-Mano, 2018; McBain & Reeves, 2019; Sawicka, 2017; Watson et al., 2018). Another reason for conducting qualitative research is to establish a detailed understanding of an issue; this is achieved by talking with individuals who have experienced the issue and inviting them to tell their story without any preconceived notions or expectations based on what has been reported in the literature about the issue (Creswell, 2007).

One quantitative study by St. Clair (2013) examined the validity and reliability of a new instrument, Witnessing Disenfranchised Grief (WDG), using a convenience sample of 201 individuals who had suffered a loss due to death or miscarriage. The WDG has 22 items and uses a 5-point Likert scale that measures the extent to which an individual who has suffered a loss feels that their grief has been acknowledged by others (St. Clair, 2013). The possible scores range from 17-85; the higher an individual scores, the more they perceive their loss as witnessed by others (St. Clair, 2013). One assumption of this tool is that there would be an inverse relationship between the level of witnessing received and the grief experienced by the bereaved (St. Clair, 2013). The study results showed no significant negative correlation between witnessing and grief; despite this finding, the author noted that witnessing is an essential factor for individuals processing grief (St. Clair, 2013). There are currently no other studies that used the WDG to measure disenfranchised grief, which suggests adopting a qualitative approach is

more suitable when seeking to capture the essence of specific experiences such as grief. With this knowledge a qualitative approach was adopted for this current study.

Qualitative research seeks to understand the intricacies surrounding people's lives by exploring their views and perspectives given certain conditions (Heppner et al., 2016). Unlike quantitative research that uses statistics and instruments of measure, qualitative research is a process of inquiry that uses narratives to describe how an issue has impacted individuals. Creswell (2007) noted qualitative research is useful when a problem or issue needs exploring. A qualitative research design was considered as the best method to capture information based on the nature of the topic under investigation, which called for individuals to express their thoughts, feelings, and experiences about involuntary childlessness. Qualitative research intentionally seeks out those individuals who can best address the issue being studied (Creswell & Poth, 2018).

Heppner et al. (2016) stated that qualitative methods emphasize how people construct and assign meanings to what they live and experience socially. Although each participant experienced involuntary childlessness, their stories and their meaning of this issue were different. It was important that each person was given the opportunity to fully convey how this issue impacted their life. Qualitative research is like a complex fabric made up of tiny threads, several colors, textures, and blends (Creswell, 2007); as such qualitative researchers are committed to discerning the details that pertain to each person who participates in a study (Heppner et al., 2016). Although each woman who participated in this study is an involuntary childless woman, their stories are unique and representative of who they are; as such they are the only ones who could tell their stories the way they did.

Phenomenology

Using a phenomenological approach for this qualitative study was an appropriate method as participants described their experiences of involuntary childlessness and the meanings they attached to this issue. Qualitative research that uses a phenomenological approach concentrates on the lived experiences of individuals (Neubauer et al., 2019). The issue of involuntary childlessness and the disenfranchised grief that accompanies this issue was described by each person based on how they experienced it. A qualitative phenomenological approach seeks information anchored in constructivism and phenomenological philosophy (Heppner et al., 2016). Constructivism would suggest that individuals create their realities as they go through the different experiences in their lives. This method applies to involuntary childless women experiencing disenfranchised grief and is one of the main reasons for deciding on this type of qualitative research.

Neubauer et al. (2019) described two types of phenomenology research: transcendental and hermeneutic. In transcendental studies, also known as descriptive phenomenology, the researcher aims to be objective so as not to affect the information provided by participants (Neubauer et al., 2019). Heppner et al. (2016) noted that before one undertakes a phenomenological study, the expectation is that they will detach themselves from all feelings, beliefs, ideas, and judgments about the phenomenon to allow for a fresh new perspective to emerge.

Hermeneutic phenomenology examines how the individual relates to the world, other individuals, and their meanings from their experiences (Emery & Anderman, 2020). Researchers who use interpretive phenomenology do not employ an objective stance but are aware of their

biases and preconceived ideas and see their subjectivity as part of the research process (Neubauer et al., 2019).

This study used the transcendental phenomenology approach. According to Neubauer et al. (2019), in transcendental phenomenology, the researcher needs to take a stance wherein they do not allow their subjectivity to color the narratives that the study participants describe. To achieve this stance requires the researcher to achieve the state of the “transcendental-I” (Davidsen, 2013, p. 321). To meet this requirement, the researcher does not bring definitions, expectations, assumptions, or hypotheses to the study; instead, they show up as a blank slate, ready to use the participant's experience to help them understand the phenomenon under study. (Neubauer et al., 2019). Since the researcher has experienced the phenomenon of involuntary childlessness, she engaged in reflexive journaling, bracketing, used the services of an external auditor, and consulted with a therapist to deal with any biases or subjectivity that came to the fore while the study was being conducted.

Research Questions

1. What is the lived experience of grief of involuntary childless women?
2. How can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief?
3. How do involuntary childless women make meaning of their lives considering their experience of not having children?

Setting

The researcher conducted interviews via Zoom to best meet the needs and ensure an equal experience for all participants. While using this video conference platform, the researcher asked participants to situate themselves in a private location with a reliable internet connection,

where there was no risk of their information becoming public. The researcher was also in a private locked room where there was no threat of interference or anyone becoming privy to the conversations discussed. Based on the sensitive nature of the topic under discussion, involuntary childlessness, it was crucial that the participants' privacy was protected. The researcher offered to review the signed informed consent form with participants; however, they noted that they had read the form and were comfortable with the terms to which they had signed. Completion of these forms took place before the interviews were scheduled. Participants were assured of confidentiality and the right to opt out of the study or refrain from answering any questions with which they were not comfortable. They were also informed that interviews would be audio-recorded and transcribed afterwards by a professional transcription service and that they would have the opportunity to review their transcripts to ensure the accuracy of their information.

Participants

This study recruited 10 participants. According to Hill et al. (1997) eight participants are often considered as an appropriate number for qualitative research. Different authors have several ideas on what constitutes an appropriate sample size for phenomenological research; factually, between 6 and 20 individuals are adequate (Ellis, 2016). Convenience sampling was used to recruit participants from online social media platforms. The search for these groups included various terms such as childless not by choice, involuntary childlessness, childless by circumstances. With convenience sampling the researcher selects individuals who are willing and available to participate in a study, as such these persons can be easily accessed for data collection (Creswell, 2007, 2008). The criteria for selection included:

1. Women who are residents of the US.
2. Women who have experienced a stillbirth or miscarriage and are currently childless.

3. Women who have been trying to conceive whether naturally or by artificial means such as IVF and have been unsuccessful.
4. Women who delayed starting a family and are now experiencing difficulties getting pregnant.

The targeted age range was between 25-65 years old. This age group provided the researcher with a wide range of experiences of women at different points of the life cycle. The women in the sample had various ethnicities, educational backgrounds, income levels, and career fields. Participants received compensation in the form of a \$25 Amazon gift card, which was sent via email after they had completed the interviews.

Procedures

After receiving Institutional Review Board (IRB) approval, the researcher prepared a flyer and email outlining the purpose of the study and the criteria for participants to be accepted into the study. The researcher contacted the administration of several online childless not-by-choice groups to ask if they would advertise the study. On the outgoing documentation, enough detail was given to provide individuals with relevant and adequate information to make an informed decision. The contact information for the researcher, both email and telephone number, was also included in this correspondence, thereby providing prospective participants with the information they would need to contact the researcher with any questions they had about the study. After receiving approval from a few online administrators, the flyer was posted to their websites. As potential participants responded by email and phone expressing interest in the study, a demographic survey was sent to them by email to determine if they met the outlined criteria to be eligible for the study. Once participants were selected, they were asked to sign an informed consent form before an interview was scheduled.

Role of the Researcher

In qualitative research, the researcher is the primary instrument used to collect data; this causes them to be engaged in a prolonged, in-depth experience with participants (Creswell, 2007, 2014). The process of epoche is central to transcendental phenomenology (Moustakas, 1994). Moustakas (1994) viewed the concept of transcendental phenomenology as a fresh experience where one views things as if they have never seen them before. Epoche requires the researcher to be intentional and disciplined in setting aside any prejudgments about the phenomenon under study and to be completely open and receptive to the participant's description of their experiences (Moustakas, 1994). To allow for transparency, this researcher examined her assumptions and explored her beliefs, worldview, and background (Creswell, 2014) regarding the phenomenon of the disenfranchised grief of involuntary childless women.

The researcher is an African American female who is a doctoral student in Community Care and Counseling at a Christian university and identifies as Christian. The researcher is an involuntary childless woman who has experienced disenfranchised grief and has experienced this grief within her family and among friends and colleagues. She is aware of the adverse emotional reactions that can accompany involuntary childlessness, having experienced them herself. The researcher is also acquainted with other involuntarily childless women and engages in conversations with these women on the loss and grief that they feel from the non-event of motherhood.

To address the biases and values that this researcher espouses, she used bracketing to avoid projecting her beliefs and feelings about the topic to the participants. Bracketing is the process used in qualitative research to reduce the possibility of harmful effects of beliefs and

biases not acknowledged, which allows for more significant trustworthiness of the research project (Tufford & Newman, 2012). The assumptions of the researcher were:

1. Involuntary childlessness women may not be familiar with the terms of ambiguous loss and disenfranchised grief.
2. Participants relating their stories of involuntary childlessness may experience emotional distress.
3. Reconciling involuntary childlessness with the idea of a loving God may prove difficult for participants who identify as Christian.
4. Because of the personal nature of involuntary childlessness, participants may not be comfortable sharing their entire story.
5. Participants may not have recognized their emotional reactions to their loss as grief.

To further mitigate bias, the researcher used bracketing, reflexive journaling, and the services of an external auditor. As an involuntary childless woman, the researcher was aware of her biases regarding triggers, reactions, and feelings that could have emerged when interviewing the participants. As such, the researcher consulted with a licensed therapist in this regard.

Another step that the researcher took to deal with her biases was to journal her thoughts and feelings. Journaling while conducting phenomenological research helps the researcher bridge their preconceived ideas and beliefs about the phenomenon of interest (Vagle, 2009).

Data Collection

Data was collected over three weeks between December 2021 and January 2022. Interviews were the main form of data collection for this study. Qualitative interviewing is an in-person meeting or done over the telephone and is the primary mode of collecting data in qualitative research (Creswell, 2008, 2014). Data was collected using semi-structured open-

ended interview questions. Moustakas (1994) suggested that phenomenological research interviews should be done in a relaxed and collaborative manner using open-ended questions and comments.

Furthermore, open-ended questions allow the participants to give voice to their experience without being restricted by the viewpoints of the researcher (Creswell, 2008). During the interviews participants shared their experiences of grief associated with involuntary childlessness and reported how this issue impacted their lives. Heppner et al. (2016) noted that the qualitative researcher should seek to have participants describe their experience in their way; using open-ended questions allowed participants to express themselves freely without being restricted to checking a box with an answer that does not adequately embody their unique experience. Creswell (2007) stated that interviews reflect participants' voices, and their story is conveyed as the researcher engages in dialogue with them.

Interviews

Interviews ranged from 26-81 minutes, and the number of questions asked was 29. The researcher also used probes such as "Tell me more about that" and "What was that like for you" based on the participants' responses. In formulating the interview questions existing research was considered, as such three authors were contacted who granted the researcher permission to use two interview questions from each of their studies, documentation of permission is in Appendix F. Interview questions including those from the three studies mentioned above are in Appendix E.

The first four questions were used to establish rapport and to connect with the participants. Moustakas (1994) stated that the phenomenological interview should begin with a social conversation to create a relaxed environment. Heppner et al. (2016) found that when the

researcher creates rapport with participants, it increased trust resulting in detailed honest answers. These icebreaker questions put the participants at ease and allowed them to gain buy-in to the study. This approach also helped them to articulate their experience in their way without feeling inhibited or encumbered.

The remainder of the questions in the categories of Involuntary Childlessness, Coping, Feelings/Emotions, and Loss/ Grief were used to capture the participants' experiences from several different perspectives. Bolderston (2012) noted, in phenomenological interviewing understanding the experiences of the participants and how their experiences relate to the phenomenon under study is of primary importance to the research process. The questions in these categories spoke to the heart of the involuntary childless woman's experience as they examined the many ways that this phenomenon impacted their lives and the several emotions that resulted because of this issue. These questions also explored how significant relationships were affected by involuntary childlessness and revealed the grief that the participants experienced.

Before starting the interviews, the researcher introduced herself and thanked the participants for being a part of the study. She also stated the purpose of the study, explained the interview process to participants and informed them they could exit the interview at any time without repercussions. Next, they were invited to ask any questions that they had. Extending this invitation to participants to ask questions helped the researcher establish initial rapport with the participants, which helped them feel more comfortable during the interview. When the researcher uses interviews to collect data, the expectation is that they will seek to establish relationships with the participants (Heppner et al., 2016). Participants were informed that their real names

would not be used, as such they were asked to select a pseudonym that would be used to record their information.

The researcher reminded participants that the interviews would be audio-recorded based on the permission received from the informed consent forms. Participants were also informed that the interviews would be transcribed by a transcription company who would sign a non-disclosure agreement so that their information would be kept confidential. They were also told that the transcripts would be sent to them for review to ensure that their information was transcribed correctly. During the interviews the researcher took notes that helped bring further clarity to the information provided by the participants. At the end of the interviews participants were provided the opportunity to add any other information that the interview did not capture. Because the topic of grief associated with involuntary childlessness can trigger one's emotions and cause distress, the researcher provided mental health resources such as information for support groups and therapists to participants so they would have these on hand to use, should the need arise. To preserve confidentiality, the information gathered in the interviews was stored on a flash drive and kept in a locked office cabinet to which only the researcher had access. The computer on which the flash drive was used was also password-locked and only the researcher had this password.

Data Analysis

The data analysis for this study was conducted using transcendental phenomenology. According to Moustakas (1994), transcendental phenomenology is an appropriate methodology to analyze data in that this method places more of a focus on the narrative being given by participants and less on how the researcher interprets what is related. Using this method helped to validate the authenticity of the researcher's findings. Moustakas (1994) outlined four

processes involved in transcendental phenomenological analysis, epoche, phenomenological reduction, imaginative variation, and synthesis.

According to Moustakas (1994), the epoche represents the initial step in seeking knowledge, wherein one views things as they appear and not as how they hope it will be. “Epoche” is a Greek word that means to suspend judgment, to move away from the usual everyday way of looking at things (Moustakas, 1994). Therefore, the process of epoche involves putting away previous thoughts, ideas, and feelings on the subject under study. Moustakas (1994) described the epoche as “a way of looking and being, an unfettered stance” (p.85). This process can prove challenging as one exercises transparency about their beliefs, acknowledges them for what they are, and then allows themselves to look with new eyes at the things that present themselves to view (Moustakas, 1994). In the process of epoche, there is no position taken; everything that presents itself has equal value (Moustakas, 1994). The process of epoche can be challenging to achieve, especially when the researcher themselves has experienced the phenomenon they are studying. This researcher has experienced involuntary childlessness; as such she carried out the epoche process by reflexive journaling and debriefing with a licensed therapist. The researcher also conducted a self-interview using the same questions that she used to interview the participants.

The next step of data analysis was phenomenological reduction (Moustakas, 1994). Phenomenological reduction includes “bracketing, horizontalizing, clustering horizons into themes, and lastly organizing horizons and themes into a coherent textual description of the phenomenon” (Moustakas, 1994, p. 97). Bracketing required the researcher to reflect on her experience of involuntary childlessness before examining the data from the interviews. The objective here was to keep the focus on the phenomenon under study; next the researcher

engaged in horizontalizing. To better examine the data the researcher contracted with a professional transcription service to transcribe the data to gather a visual of what transpired in the interviews. The transcriptionist signed a non-disclosure agreement to ensure that the participants information would be kept confidential. After receiving the transcripts from the transcription service, the researcher checked them against the audio recordings to ensure that the transcriber captured an adequate reflection of the interviews. This task required the researcher to listen to the audio tapes several times while reviewing the transcript. Following this the researcher sent the transcripts to the participants for member checking. Three participants made minor changes to their transcripts while the other seven participants felt that their interviews were accurately represented, as such they did not make any changes.

Horizontalizing involves going through the data line by line, highlighting significant statements, sentences, or quotes that show how the participants experienced involuntary childlessness (Creswell, 2007). The researcher examined each participant's transcript several times going through the narrative one line at a time. Any sentence, group of words or quotes that pertained to the grief experience of involuntary childlessness was highlighted. Moustakas (1994) described this process as looking and describing, and then looking and describing some more, and once again looking and describing. In this stage of the data analysis, each participant's experience is examined individually, and a thorough description of the meaning and substance of their experience is developed (Neubauer et al., 2019).

Following horizontalizing, the researcher creates clusters of meaning from the data brought to the fore and develops these into themes; from these themes, the researcher creates a textual description of the participants' experiences (Creswell, 2007). As the researcher combed through the transcripts, she noted the similarities and differences between participants' responses.

A spreadsheet was created with possible themes under which the data was categorized. The researcher then reviewed the categories created, refined themes, or added and deleted themes as necessary. After theme development, the researcher wrote a textual description of each participant's experience.

Imaginative variation was the next step of data analysis. In this step, the researcher uses the previously highlighted statements to describe the context or setting of how participants experienced the phenomenon (Creswell, 2007). Imaginative variation requires the researcher to look for possible meanings using imagination, various frames of reference, positions, roles, or functions (Moustakas, 1994). The primary task of imaginative variation is to describe the crucial foundations of the phenomenon under study (Moustakas, 1994). Although each woman was involuntarily childless their experiences were all different. They each had a unique journey on how they became involuntarily childless. Using this information from the textual description and imaginative variation the researcher then described the context in which each participant experienced involuntary childlessness. Moustakas (1994) outlined this process as a structural description which is the 'how' of the phenomenon.

The final step in analyzing the data was synthesizing meanings and essences (Moustakas, 1994). Creswell (2007) noted that the researcher will "write a composite description that presents the essence of the phenomenon called the essential invariant structure" (p. 62). This narrative conveys the common experiences of the participants (Creswell, 2007). In this step the researcher combined the textual description and the structural descriptions for each participant. Next the researcher combined the textual and structural descriptions of all participants to create a composite description of the experience of the disenfranchised grief of involuntary childless women. The synthesis of this study showed that involuntary childless women have all gone

through a grief experience. Despite the differences in their stories, the commonality is that they have each suffered a loss which has caused them to experience grief. The aim of this synthesis is to provide the reader with an understanding of the experiences of the participants in the study (Creswell, 2007).

Trustworthiness

Unlike quantitative research that uses validity to determine the authenticity of a study, qualitative research uses the term *trustworthiness* (Stahl & King, 2020). Trustworthiness refers to the extent to which readers can determine if a researcher has been honest in carrying out their study and if the conclusions drawn from the findings are reasonable (Pratt et al., 2020). According to Lincoln and Guba (1985), trustworthiness includes credibility, dependability, transferability, and confirmability.

Credibility

Credibility refers to the degree to which the study's findings align with reality, like validity in quantitative research (Stahl & King, 2020). Member checking is one process that can determine credibility. To ensure accuracy of the data collected, participants were asked to review their transcripts and make corrections as necessary. Part of this review was to verify that what was recorded was meant by the participant. This approach ensured that the researcher captured the context in which the experience was reported. Member checking is the process by which qualitative data is authenticated, thereby lending credence to the results of a study (Doyle, 2007). Another aspect of credibility of qualitative research is triangulation. Curtin and Fossey (2007) state triangulation is collecting and analyzing data using more than one source. For this study, data was triangulated by the literature review, interviews, and the demographic survey participants completed.

Dependability and Confirmability

Dependability describes the consistency of the study's findings which allow for replication to take place; confirmability refers to the extent of neutrality and objectivity that is employed during the research process (Lincoln & Guba, 1985). Creswell (2007) notes that dependability and confirmability can be determined by conducting an audit of the research process. For this study dependability and confirmability was accomplished by using the services of an external auditor. The external auditor used is an educator at a local university who has previously conducted qualitative research and currently teaches students who engage in research. The researcher established the audit trail (Creswell, 2007) by documenting the steps involved in conducting this phenomenological study including the setting, procedures, data collection and data analysis. A reflexive journal was also used to document the researcher's feelings thoughts and reactions. This journal allowed the researcher to bracket any biases or presumptions that arose while interacting with participants.

Transferability

Like quantitative research that can claim to be generalizable to the population, qualitative research, though not generalizable, should be transferable (Curtin & Fossey, 2007). Transferability refers to applying the findings from one study to other contexts (Curtin & Fossey, 2007). To facilitate transferability the methods used to conduct the research and the time frame for data collection needs to be fully described (Stahl & King, 2020). Also, the information provided in the research study should be detailed enough to facilitate consideration of whether the study's findings can be applied to other situations (Curtin & Fossey, 2007). This researcher ensured that that the methodology and findings of this study were described with sufficient

details to help the reader determine whether the findings from this study are transferable to other populations or contexts.

Ethical Considerations

There are many ethical issues that qualitative researchers face as they carry out the different phases of their studies (Creswell, 2007). Before starting the study, the researcher should obtain the necessary permissions from those concerned such as gatekeepers (Creswell, 2014). The researcher should also ensure that they fully disclose the purpose and nature of the study to participants and allow them to make an informed decision as to whether they would like to participate (Creswell, 2014). The researcher also needs to assure participants of confidentiality and protect participants by using pseudonyms, also the researcher must avoid disclosing only positive results or only the results they agree with (Creswell, 2014). Researchers need to ensure that their biases and beliefs about the phenomenon under study do not color the findings that they present.

For this study the researcher contacted online administrators requesting that the study be posted on their websites to recruit participants. Before posting the study, the administrators had several questions about the study and one administrator asked to be provided with the IRB approval letter. Another administrator asked for the researcher's supervisor contact information to verify the study's legitimacy. The researcher responded to all questions that were asked satisfying the requests of the administrators, after which the study was posted to their websites. The nature and purpose of the study were fully stated and reiterated to both online administrators and participants. To protect participants' privacy pseudonyms were used to record their information. To mitigate bias the researcher consulted and debriefed with a therapist, bracketed her assumptions and feelings about the phenomenon, and engaged in reflexive journaling.

Summary

In this chapter an overview of the methodology used for the study was discussed. The phenomenological approach to qualitative research was outlined and the rationale for selecting this method was indicated. Phenomenology is an appropriate tool to capture the lived experiences of individuals. Research questions were restated, and the setting that was used to conduct interviews was private locations selected by the researcher and participants via Zoom. Participants were recruited from involuntary childless online support groups, and procedures entailed contacting administrators of these groups to request that the study be advertised on their websites, following approval from IRB. The researcher's role in the study as an involuntary childless woman was documented and it was noted data was collected using semi structured interview questions. Data analysis was done using Moustakas (1994) transcendental phenomenology, and to establish trustworthiness the researcher used member checking and an external auditor, it was also ensured that ethical issues such as confidentiality of participants was taken into consideration.

CHAPTER FOUR: FINDINGS

Overview

This chapter presents the analysis and findings of the research. The first section provides a descriptive summary of the study participants, with information obtained from the demographic survey and details from the interview. The following section discusses the participants' experiences and perceptions of the disenfranchised grief of involuntary childlessness and is captured using themes that emerged from the interview and excerpts from the narratives given by the women.

This study aimed to understand and create awareness of the psychological and emotional distress that involuntary childless women experience. Because of the implications for mental health problems, it was imperative that this issue was investigated. This study is significant to mental health and counseling professions to help understand the loss and grief experienced by involuntary childless women so that treatments and interventions can be better tailored to meet the needs of women dealing with this issue.

Participants

This section gives a description of each participant included in the study. Each participant was asked to select a pseudonym under which their information was recorded for confidentiality purposes. All participants met the inclusion criteria for the study: they must be residents of the United States, be between the ages of 25-65, and either never conceived or never brought a baby to term. There were 10 participants in this study with ages ranging from 33-53, and varying circumstances that rendered them involuntary childless. Three of the participants had failed fertility treatments, two had chronic illnesses, two were waiting to find partners before getting pregnant, one had reproductive issues, and the remaining two reached menopause in their early

forties. It was apparent that the topic under study was laden with emotion as during the interviews several participants were somewhat emotional as they related their experience of involuntary childlessness. The years of involuntary childlessness ranged from 3-24 years. Table 1 shows the demographic data of the participants.

Table 1

Demographic Data of Participants

Participant	Age	Educational Level	Ethnicity	Reason for Involuntary Childlessness	Years of Involuntary Childlessness
Kate	41	Master's degree	Caucasian	Failed IUIs	6
Amy	33	Some College	Asian/Caucasian	Reproductive issues	6
Bethany	53	Bachelor's degree	Caucasian	Early menopause	11
Sofia	40	Master's degree	Caucasian	Divorced, desires partner	12
Madeleine	49	Master's degree	Latina/Caucasian	Failed IUIs	7
Hannah	39	Master's degree	Caucasian	Single, desires partner	4
Ally	53	Some College	Latina	Chronic illness	24
Bailey	53	Master's degree	Caucasian	Early menopause	8
Daisy	35	Doctoral degree	Caucasian	Chronic illness	3
Diana	49	Bachelor's degree	Caucasian	Failed IVFs	8

Kate

Kate is a 41-year-old Caucasian woman who made eight attempts over 2 years to conceive by intrauterine insemination, including using a donor egg, all of which were unsuccessful. She has never attempted to get pregnant with a partner. Although Kate received a diagnosis of fibroids, her doctors did not expressly state that this condition was the reason for her infertility. Kate believes that she was not given enough information by her medical providers concerning why she could not become pregnant. When being treated by one provider Kate noted she felt objectified and did not feel that she was a part of the decision-making process about her

treatments. Later, she did have a more normalized experience with another provider where her medical team took the time to explain their procedures and outlined her role in the treatment protocol. Kate also tried adopting a child but was also unsuccessful in that effort. After the adoption fell through, she felt like her pathway to have a child was finally closed.

Amy

Amy is a 33-year-old Asian-Caucasian woman who is recently divorced. While she was married, she and her husband tried to conceive but were unsuccessful. Amy has a history of irregular menstrual cycles and believes that this contributed to her inability to get pregnant. Despite seeking help from several doctors, she was never able to resolve this issue or receive an answer on what was the underlying cause of her infertility. She considered seeing a gynecologist or other specialists who deal with reproductive issues but could not because of the associated costs and the high deductible on her health insurance. Amy's husband also experienced various health issues which acted as a barrier to them trying to conceive. With the worsening of her husband's illnesses and her irregular menstrual cycles over the years it became increasingly difficult for them to continue trying to have a baby.

Bethany

Bethany is a 53-year-old Caucasian woman. In her thirties she considered having children, however she encountered problems in her marriage, which eventually led to a divorce. She also realized that changes were occurring with her reproductive system, indicating that she may have problems conceiving. Bethany had several relationships after her divorce but was still unable to get pregnant. She experienced perimenopause in her late thirties and eventually went into menopause in her early forties. Before entering menopause, she underwent surgery to remove cysts from her uterus; however, after the surgery her medical team informed her that her

reproductive system was fine and that they did not see any issues that should cause concern or prevent her from getting pregnant. Bethany notes that she believes genetics played a part in her inability to get pregnant as she has family members who have either not been able to conceive or were not able to bring their babies to term due to miscarriages.

Sofia

Sofia is a 40-year-old Caucasian woman. During her twenties she got married hoping to become a mother. Before getting married, she and her husband agreed to have children, however, during the marriage her husband had a change of heart and decided that he no longer wanted to father children. Due to this conflict about having children and other problems, the marriage eventually dissipated, and at age 29 Sofia became divorced. Sofia's goal was to have children within a marriage relationship, not to become a single parent. Sofia believed that after her divorce she still had time to meet someone else, get married and then have children; however, this desire has not materialized. Sofia has been single for most of the last decade; she attributes her childlessness to the dissolution of the marriage and long-term singleness.

Madeleine

Madeleine is a 49-year-old Latina-Caucasian woman. She got married in her late thirties and started trying to conceive in her early forties. During her twenties and early thirties there were several circumstances that prevented her from pursuing motherhood. At present she is divorced, however, during her marriage she and her husband tried to conceive a baby the traditional way but were unsuccessful. They then decided to try assisted reproductive technology and sought help from a fertility center. Madeleine did four rounds of intrauterine insemination over a period of seven months but was still unable to get pregnant. Her inability to conceive was not clear since according to her doctors she did not have any apparent reproductive issues

preventing her from getting pregnant. Madeleine believes that her inability to get pregnant was related to her age.

Hannah

Hannah is a 39-year-old Caucasian woman who wants to have children in a marriage relationship. Although marriage and children are two of her life's goals, she has never been married, and as a result, she has not tried to conceive. Hannah has never been in a relationship and does not see any potential for one to develop any time soon. Based on her age and the fact that she does not have a partner, she feels that if she were to meet someone now, she would still need time to build the relationship before considering marriage and then children. Hannah is not interested in using assisted reproductive methods to help her achieve a pregnancy. She believes the window of opportunity for her to achieve the goal of motherhood is decreasing; she is therefore not holding out hope that her desire for children will become a reality.

Ally

Ally is a 53-year-old Hispanic woman. At age 29 she got a devastating diagnosis of cervical cancer. Because she had always wanted to have children, Ally asked her doctor about freezing her eggs, however due to the aggressive nature of her cancer, there was no time to do such a procedure. To eradicate her cancer, Ally had to do a radical hysterectomy wherein her entire reproductive system was removed. After getting married Ally and her husband considered adoption, however, they encountered several barriers to becoming adoptive parents. One significant barrier was their ages. When Ally was researching adoption options, she was in her early forties and her husband was in his late forties. Many adoption organizations have rules about the ages of persons seeking to become adoptive parents, where they require them not to be over a certain age or where their combined ages should not be greater than a particular number.

Ally and her husband also considered foster care as a route to adoption, but they decided to forego that option after careful consideration.

Bailey

Bailey is a 53-year-old Caucasian woman who has always wanted to build a relationship with a partner and have children within that relationship. As much as she wanted children, the desire to have them within the context of a family that consisted of two parents was more of an overarching goal for her. As such, Bailey never wanted to be a single parent, therefore she never pursued adoption or assisted reproductive methods. Bailey has never met the right partner with whom she could cultivate a relationship conducive to having children. Although she has had several relationships, there always seemed to be an issue of timing wherein when she perceived that the time was right to try to have a baby, she did not have the right partner in her life, and when she had someone whom she felt was right for her, they were not in the frame of mind to become parents. Bailey became menopausal in her mid-forties; at that point she realized that the dream of becoming a mother would never be fulfilled.

Daisy

Daisy is a 35-year-old Caucasian woman. Early in her childhood her doctors told her that she might have difficulty having children because of a rare chronic illness that she has had since birth, which causes fertility issues in women. Because of this information she became extremely interested in adoption and thought that she would do an international adoption at some point in her life. After getting married she checked with her doctors again about having a baby. They told her that because of her illness, if she managed to get pregnant, she would be prone to have multiple miscarriages and would have a very high mortality risk. Second and third opinions were sought from other doctors to ensure they had explored all their option; however, the consensus

was that it was not advisable to conceive. As Daisy and her husband explored what options may be available to them to have children, they found out that her husband had male factor infertility. This new revelation only served to complicate an already difficult situation and led them to conclude that their family would not include children. Although Daisy had considered adoption in her younger years, she and her husband decided not to explore that option.

Diana

Diana is a 49-year-old Caucasian woman who started trying to conceive in her late thirties. When Diana and her husband realized that they were not getting pregnant, they decided to seek help from a fertility clinic. Diana spent 4 years going through invitro fertilization (IVF) and spent approximately \$80,000 but was unsuccessful in conceiving a child. Diana's doctor told her that she could continue doing more IVF, but she declined. During these treatments, it was discovered that Diana had endometriosis. Toward the end of these treatments, they discovered that immunological and genetic issues prevented her from conceiving. Diana and her husband had an incompatible combination of a specific set of genes that would not allow her body to create immune tolerance to her embryos. There were 24 embryos in total that were transferred to Diana's uterus. Her and her husband had an option to use an egg donor to assist them in getting pregnant, but they decided against this approach.

Results

The findings from the participants' experience of disenfranchised grief of involuntary childlessness are presented in this section under the areas of Theme Development and Research Question Responses. Themes were developed based on the commonalities that existed between the participants' experiences. Theme Development describes the steps taken to analyze the data and discusses the emergent themes from the participants' experiences. Research Question

Responses outline the three research questions that drive this study with associated responses derived from the data collected from the interviews with the study participants.

Theme Development

The first step taken in data analysis was a self-interview, wherein the researcher answered the same questions used for the interview protocol for the participants. In doing so, the researcher described her experience with the phenomenon thereby bracketing her experience of involuntary childlessness so that she could approach the data analysis with a fresh perspective. The researcher then examined the interview transcripts going through the data line by line, and highlighted the significant statements, quotes and sentences that emerged. The aim of this was to note all the information relevant to the experience of the disenfranchised grief of involuntary childless women. To thoroughly exhaust the data and ensure that critical information was not missed, the researcher went through the transcripts line by line several times. This allowed for more significant data to emerge than what had materialized the first time the data was explored.

In developing a theme, the researcher noted words and phrases that were common among the participants' experiences, using highlighters of different colors to color code similar pieces of data. After conducting a comprehensive examination of the data, the researcher developed clusters of meaning into themes. The process of theme development was concluded when the researcher got to the point of saturation where there were no new themes emerging. Six themes and six sub-themes emerged from the data analysis; these represent the experiences of the disenfranchised grief of involuntary childless women. The researcher discovered that there was some overlap between themes due primarily to the nature of the grief experience being involved, complex and interconnected as opposed to being linear or sequential where each step is independent of the other. An overview of these themes and sub-themes is presented in Table 2.

Table 2*Themes and Sub-Themes*

Themes	Sub-Themes
1. Lack of Acknowledgement and Support	a. Unsolicited and unhelpful advice b. Insensitive comments c. Social challenges
2. Emotional Issues	a. Identity, self-worth, and purpose b. Painful emotions c. Comparison to other grief
3. Questioning Faith	
4. Family Tension	
5. Coping Mechanisms	
6. Meaning Making	

Lack of Acknowledgement and Support

This theme describes the several ways in which involuntary childless women felt that their grief was unrecognized and unsupported. Across the participants, regardless of the circumstances surrounding their involuntary childlessness, everyone reported how challenging it was for friends, family, and others in their social circle to understand the grief they were feeling. Sofia summed it up when she said, “Yeah, there’s nothing in society that acknowledges this grief, not at my church, not at work, nowhere.” Each woman in the study had high hopes of becoming a mother, but none of them were successful in conceiving. They conceptualized that people in their social networks had great difficulty coming to terms with their grieving for someone/something that they never had. Sofia reported that she had participated in a naming ceremony in the Childless not by Choice online community during World Childless Week, where she named her unborn children. She stated, “I can’t imagine that ever being out in the real world. I don’t know what people would think, like what are these childless women doing? They’re having a ceremony for a child they never had?”

Similar to Sofia, Bailey spoke about how challenging it was for those in her circle to understand the grief of her involuntary childlessness. She said, “I don’t think they see it as grief.” She further noted why she only discussed her grief with a few people and went on to say, “I don’t think people can truly understand and appreciate the type of grief and sadness that I carry.” Hannah had a similar feeling to Bailey, she noted, “It feels like people either pity me or I’m going to battle for why this is a true form of grief.” Madeleine’s comment was, “I think it’s very few friends who ever would have asked, ‘hey, how do you feel about the fact that you hit 45 and haven’t had babies, even though you’ve wanted them forever?’ It’s invisible or it’s unspeakable.” Diana related to this lack of understanding by noting, “Initially I got very little understanding. I’ve been able to educate a lot of the people around me and cultivate some support and understanding, but there’s even times still today I have to fight for it.” Ally stated, “Anyone who’s a parent, I honestly think cannot understand the pain and the grief that goes with being involuntarily childless.” Hannah’s view on people understanding her grief was “I feel like I can’t go out in public and mention it, and people would understand in any way, shape or form, or even try to understand in any way, shape or form.” Bethany also noted “They didn’t understand the depth of emotion I was going through, and I think it was just too much for them to handle and to hold a space for me.” This theme gave rise to three sub-themes which are discussed below: unsolicited and unhelpful advice, insensitive comments, and social challenges.

Unsolicited and Unhelpful Advice. While people could not understand the loss and grief of involuntary childlessness, participants reported that they received advice as to what they should and should not do to resolve the grief they were experiencing. One common piece of advice given to several participants was “you can just adopt.” This advice would usually be unsolicited and given without asking the women if this is an option that they were open to.

According to Bethany, “They’re always trying to solve it for you like you’re a problem that needs to be solved because they feel uncomfortable with it.”

After trying to conceive through intrauterine insemination and being unsuccessful, Kate tried to start a family through adoption but was also unsuccessful in that effort. However, unlike Kate, several of the women were very clear that they were not interested in adoption. Bailey explained, “I never pursued the route of adoption or in vitro or those things because to me, it was more about building a family with someone and having those kids instead of just having a child.” Similarly, Sofia stated, “They absolutely think that they always have a solution. You could do IVF; you could adopt and there’s no acknowledgement that that’s not what I wanted, and they didn’t do those things.” Daisy also noted, “Whereas I’ve said, we’re not pursuing adoption, my husband really doesn’t want to adopt.” Despite communicating this to friends and family, she has received several text messages providing her with the names of adoption agencies. Like Kate, Ally was interested in adopting a child, however her and her husband discovered some several rules and restrictions were in place that made it prohibitive for them to proceed with this option. She stated:

And as we started researching things for adoption, you find out all of these rules. You go to one country, oh well, one significant other can’t be beyond this age, so then that canceled us out there. You go to another country, oh, well, both of your ages cannot exceed this threshold, so then we’re out there because now we’re older, right? My husband’s older and I’m obviously in my early forties now, and he’s more like his late forties, maybe early fifties at this point. So, then we decided to do domestic adoption and that didn’t work out for various reasons, and then I started looking into adoption through foster care.

While five of the participants received advice on adopting a child, some had different experiences. For instance, Amy stated:

I was in therapy for quite a while for other things, but when it came up that my husband and I couldn't have kids, the therapist posed the question of just leaving my husband and finding a man who could give me kids.

Diana was told "just relax and take a vacation," while Bailey was told that "you could have one on your own." Bethany was asked the question "Well what about doing..." and Hannah noted that she got a similar question "Well have you done that?" Since Daisy and her husband decided against pursuing adoption, she was advised "Get a foster kid." Hannah noted her frustration with advice-giving by saying "I'm not looking for whatever advice you think will work. I just need somebody to actually sit there and be in that space with me, whatever that space is for the day."

Insensitive Comments. Eight of the ten participants reported that they endured hurtful comments from others. For example, Amy reported, "My mom just kind of told me to suck it up." Hannah and Bethany were told they were young in age and had time to conceive. When Ally went to see a therapist seeking help with coping with her involuntary childlessness, she was asked "You're here because you can't have children." She noted that after she got that response, she recognized that her grief would not be understood so instead of continuing to see a therapist who could not understand her situation she internalized her feelings.

Bailey was told "You don't understand because you don't have kids." The women noted that some of the comments they received made them feel that their grief was minimized, thereby invalidating their experience. Sofia stated that someone said to her "It's not the same as somebody who lost a real child, you have to accept that this is not as bad." She was also told that there are worse things in life, and she needs to have more faith in God. Daisy expressed hearing

“At least you haven’t had a miscarriage” while Diana was told “At least now you can travel.” Daisy was also told “You’re so lucky, you have such an awesome life, why are you even sad about this?”

The women noted how difficult it was for them to be subject to these insensitive comments as they sought to find ways to deal with their grief. Ally related an experience she had at her workplace:

I’ve actually been asked at work, why I did not make comments about a coworker’s baby when that individual brought their baby on a Zoom call, so I got called out for that. ‘So, what is it? You don’t like babies? Everyone’s commenting, it was noticed you were not commenting. Do you have a problem with this person?’

Diana reported that while going through IVF treatments she was spoken to in an uncaring, inhumane manner by medical personnel. She stated:

My overall experience with the fertility business was that it was really aggressive, pushy, and I felt like my whole emotional process was completely, completely disenfranchised. I mean, I could go on about that, but a lot of the things that were said to me and certain ways that I was treated all throughout, but especially at the end were just callous and you’re not a human being unless you get pregnant.

Social Challenges. When asked how the grief of involuntary childlessness had impacted their social lives nine participants reported experiencing adverse effects. Diana’s response was “There’s not one relationship or interaction with a human I feel like it doesn’t affect.” Kate notes that she does not have much of a social life. She stated “Just always feeling like an outsider. All the mom conversation all the time, you’re just on the outside.” She also noted that she does not go out much and feels lonely and isolated, seeing that most of her friends are at the stage of life

where they are spending more time with their children. Amy explained that she had a tiny social circle. She mentioned that she had an unpleasant experience at a conference. While getting herself familiarized with her surroundings, she saw a group of women standing close to her and decided to stop by as she believed that this could probably be a good networking opportunity, however when they asked her if she had children and her response was no, she got an icy reception. They did not ask her any other questions, however they physically turned away from her and continued their conversation, completely ignoring her. She concluded “You either lose female friends because of motherhood, or you never make them in the first place.”

Sofia related that almost all her friends had gotten married, had children and they did not connect the way they used to. She explained that invitations to social gatherings have dwindled, and she feels completely alone and abandoned. She further noted, “My grief is off-limits because it makes people uncomfortable, I decline a lot of invitations because I just can’t deal with it.” Madeleine noted that although she had girlfriends who have children and some who did not who were able to provide support for her, she also lost some friends. She stated, “There definitely are friends that I have allowed to drift, or I have drifted away from because they just seemed so wrapped up in their kids and didn’t seem to have the space to hold, to sit with me holding my pain.” Hannah noted that she has no social life outside of her support group and that she does not address her grief with people outside of this group. She further stated, “When it seems like the whole world talks about their children or they expect children to be the focus of conversation, and that's not my life it can just feel isolating.”

Ally’s response was like Hannah’s where she reported not having a social life outside of her support group. She expressed:

And it's like, you can't get around the topic of children, it's everywhere. At my age, I'm 53 now, I'm done going to baby showers. I used to go to baby showers even after my cancer diagnosis just to appease other people. Now I just don't go, I just choose not to participate, and I don't care what people say, whereas when I was younger, I did, or I did those things because that was the correct thing to do.

Daisy noted that her social circle is very limited. She stated, "I haven't been able to like fully cut ties with people, but there's been great distance put between even some of the people who were bridesmaids in my wedding, so it's hard."

Emotional Issues

This theme describes the emotions, thoughts, and feelings that participants had as they went through their grief experience. All participants reported battling a range of emotions and feelings about their womanhood, identity, self-worth, and purpose as they sought to make sense of their situation. There are three sub themes represented under this theme, identity, self-worth and purpose, painful emotions and comparison of grief.

Identity, Self-worth, and Purpose. Regarding the question of how involuntary childlessness impacted how they felt about themselves, there was much reflection on identity, self-worth, and purpose. The reflections came in the form of concerns such as being viewed negatively by society, not fulfilling the role of motherhood, not being sure how to find purpose in life, not having status in their culture, and not fulfilling one's potential. Eight of the participants discussed their self-worth and purpose. Some of the expressions used by the women were "feeling less than," "not fully a woman," and "feeling inadequate." Amy stated:

I think it's made me question everything, who am I if I'm not going to be a mom? And for a while a lot of other things went into this, but I think not being a mom was a big part

of, what am I going to do with my life? And how am I going to feel worth something if I'm not raising a child? And it's really made me question what... I'm only 30, so what am I going to do with myself?

Sofia reported:

I oftentimes feel like I'm not fully a woman because I have never been pregnant. I have never given birth. I'm not a mother. I never will be a mother and I think people look at you differently if you don't experience those things. What is my purpose if I don't have any children or grandchildren to pass things on to?

Bethany explained:

I certainly felt like I was less than, I wasn't as good. I felt like I didn't belong. And the thing that I've learned is that a lot of the suffering that I went through wasn't just about the fact that I missed being a mom, but it was also very much about the fact about what not being a mom meant to me, that it meant not having belonging in our culture. It meant a lack of status.

Ally noted that she felt inadequate and so much less worthy. To elaborate on her point, she gave the following illustration:

It's like if you are on the Titanic, 'well, are you going to let this mother and child go first?' And it's like, 'well, she's childless, just let her go down with this ship.' It just makes you really feel like your life just isn't as worthy as people who do have children.

Daisy related how crushing it was to know that she was involuntarily childless. She said:

You can't watch a commercial. You can't watch a movie, you can't read a book, without there being some reminder that you don't have something that you're supposed to have.

And you're made to feel like you're less than. You're made to feel like there's something wrong with you.

Madeleine stated:

It's too simple to say it made me feel like I was of less value than other women, it's so nuanced. But just in different ways, different situations, I was disappointed in myself, I was disappointed in my body surely that was disappointing to others.

Painful Emotions. Participants reported having a range of emotions and feelings related to their involuntary childlessness. Table 3 gives an overview of these.

Table 3

Emotions/Feelings

Participant	Grief	Anger/ Rage	Sadness	Loneliness	Guilt	Shame	Depression
Kate	x	x	x	x			
Amy	x	x	x	x			
Bethany	x	x	x	x			x
Sofia	x	x	x		x		x
Madeleine	x	x	x			x	
Hannah	x	x	x	x			x
Ally	x	x		x	x	x	
Bailey	x	x	x	x			x
Daisy	x	x	x	x	x	x	
Diana	x	x	x	x			

All 10 participants had feelings of grief associated with their involuntary childlessness. While the years of involuntary childlessness ranged from 3 to 24 years and the women were at various stages of their grief journey, everyone agreed that involuntary childlessness was a painful loss that elicited a grief response. Sofia stated, "This loss is so impactful, it's a lifelong loss, the grief is real." Hannah also noted that involuntary childlessness was a lifetime loss. As she described some of the emotions, she has felt she said, "it's the typical cycle of grief and it spirals all

around, so levels of denial, I was very angry with God but also had anger about a lot of different things in general, definitely deep sadness, and depression at times.”

When asked about the emotions that she experienced because of being involuntarily childless Bethany replied, “Just major grief, sadness, lots and lots of crying.” Ally noted that after dealing with the many obstacles that adopting a child presented and deciding not to go the route of fostering to adopt, she recognized that she would be childless. At this point as she saw all the pathways to becoming a mother closing, she started to experience extreme grief. She stated, “... I don’t know, it must have been about six years of just deep grieving, yeah, crying every day, not being able to stop.” When asked what it was like for her not to have a baby Bailey replied, “As I got older and as I could see that door closing it caused anger, it caused grief, it caused pain, it caused resentment.” She also noted, “I do have this pain and grief, that is just always inside of me.”

All participants reported feeling angry about being involuntarily childless. These feelings of anger were mainly about the circumstances surrounding their inability to conceive. Kate expressed, “I’m just angry and stuff about not being able to get pregnant.” Daisy stated, “I think there’s a lot of anger, especially because a lot of this is rooted in a chronic illness. I feel like a lot has been stolen from me.” Bethany said:

I had a lot of anger, definitely a lot of anger for a long time. But it’s just kind of like, yeah, why did this happen to me? Why did my life turn out this way? Like I was the victim of my biology, I was the victim of my culture, I was the victim everywhere.

There were, however, some participants whose anger was related to people in general or God. When asked what emotions came to the fore when her grief was disenfranchised, Hannah replied:

Probably anger is the one that comes up most easily. And there's a combination of frustration, and bitterness, and resentment with that but it honestly can be very infuriating to just feel like somebody dismisses you. They can't hold that space for you.

Sofia stated:

I've been extremely angry at what feels like an injustice. You'll see something on the news about some awful parents that are abusing their kids or whatever and you think, Why the heck did they get to have kids? How come I couldn't have kids?

Ally noted that she was "angry at people's lack of social awareness." Sofia, Daisy, and Hannah reported that they felt angry at God for not allowing them to become mothers. Sofia stated "from a religious perspective, you question how much of a role did God play in this and that can bring up feelings of anger and abandonment. Why did God abandon me? Why is He letting me suffer this?" Hannah stated, "It would have been about two years ago at this point I was incredibly angry at God for how things were going and why things weren't working out and couldn't set foot in church." Two participants, Madeleine and Diana were angry and reported that they also had feelings of rage.

Sadness was also a prevalent emotion among the participants, with nine participants expressing that this was a part of their experience. Bailey noted:

The thought that my body could produce a human being and I could give life to another being and I didn't get that opportunity, that's a great source of sadness for me, that I didn't get to fulfill that one most amazing function of life which is creating life.

Sofia stated, "I just wanted something very simple that everybody else seems to have. You get married. You have kids. Everybody else does it. How come I can't do it? So, yeah, really, really strong feelings on sadness." Diana reported "I feel sad a lot. I just feel a lot of other things now

at this point too, but I've noticed over the last six months that I feel sad a lot." Hannah noted "Definitely deep sadness, depression at times, there were times where it just felt like what's the point of trying to even share anything about myself because nobody's going to get it?"

Loneliness was another prominent feeling among the women; eight participants noted that this was part of their experience. This feeling of being alone was expressed as several of the women noted that their social circle had become smaller because of the inability of their friends and family to understand their involuntary childless grief. Kate explained, "I do feel lonely, isolated, I feel left out." Diana also noted feelings of loneliness and isolation. Bethany explained that she had feelings of aloneness which she recognized was not due to the lack of a romantic relationship but to the space that childlessness had created in her life. Amy reported:

I think it's partially just because I felt so alone, and I got so many cues from people I'd meet or women I was around, even a close friend of mine after a while that, well, I'm a mom, so my life is difficult, and I'm doing something. And I think underneath all that, just subconsciously, out of the blue, I thought, well then what am I? Who am I?

When asked what emotions she felt when her grief was disenfranchised, Bailey's response was:

Loneliness, I'd say that I feel very alone with not having anyone who understands at that just visceral level of what that feeling is. I have a counselor that I spoke to who doesn't have kids but that's a choice that she and her husband have made not to have kids. So that experience isn't even the same.

Comparison to Other Grief. When participants were asked how involuntary childless grief compared to other grief they had experienced, for example, a loved one that passed away, six participants stated it was different, one thought it was the same, one said there were

similarities but also differences, one found it hard to compare and one said it was comparable.

Their responses are depicted in Table 4.

Table 4

Comparison of Involuntary Childless Grief to Other Grief

Participant	Different	Same	Similarities & Differences	Hard to Compare	Comparable
Kate		x			
Amy	x				
Bethany				x	
Sofia	x				
Madeleine	x				
Hannah	x				
Ally	x				
Bailey					x
Daisy	x				
Diana			x		

Several participants who stated that involuntary childless grief was different from other grief that they had experienced commented on other grief being recognized by society while childless grief was not. Sofia stated:

They're totally different because if you lose a loved one, society accepts that as they understand like, oh, she's depressed, she's angry. She doesn't want to participate in holiday events this year. They get that, but they don't understand if you do those same things when you're grieving being childless.

Hannah explained:

The only thing I can feel like is people recognized it. I didn't have to say anything. I didn't have to do anything special. I had two cats until last year and one of them died in December, and nobody was like, oh my goodness, I don't know what to do. I don't know how to engage with her. Like people could understand that that was going to be a difficult time for me, again, it's that recognition. It's not that it lasts forever. People move on but

there was some acknowledgement of the fact that, yes, you are going through a loss. This, I feel like most people that I've said it to either make hurtful comments or they kind of look at you like, 'hm,' and move on. Or they acknowledge it for like five minutes and then they don't know what to do after that. They never ask you anything ever again about it.

Some of the other participants who stated that involuntary childless grief was different from other grief noted the difference being grief that is related to the future.

Amy stated:

It's a different kind of grief because it's a grief for the future. When you lose somebody, at least for me, when I lost my dad, it was kind of a closing of a chapter in my life. And so it was kind of a finality, a thing that wouldn't be with me anymore. But this is different because this is kind of like mourning a life that you even thought you were going to have in the future. To me it feels like a different kind of pain because you're realizing that a future that you thought you were going or that brought you hope is now done, and you have to mourn what you thought you were going to have. And so it feels different this time.

Madeleine noted:

It's different because it's a thing of losing a known entity versus an imagined entity. My cat of almost 15 years died in May of 2020, just a few months into lockdown. And that was... I've been lucky I haven't lost that many people close to me. So even with having lost grandparents, that cat was the first really, really excruciating grief that I've lived through. And it was different not to say worse or more extreme. But the muscle memory is part of the grief and the daily habits, that this other being was in the home.

Bailey stated that the grief was comparable, she said:

I think sitting on this side of it, I could probably say it's comparable. I think people that aren't on this side of it may not understand that. I think because it's like losing someone that doesn't go away. Even though I never had the child, the grief never goes away, like going to baby showers when I was younger, that was hard. Now it's going to graduation parties and my friends' kids are getting married and my friends are becoming grandparents. I mean, it's just a constant reminder at each of those stages that that's not going to happen.

Kate responded that it felt the same, she stated:

Yeah, I mean, I think it's the same. The whole thing of, even though it's not something that was present to you, it's the loss, you still are impacted by it, you're still sad. You're still unsure what's next, and the connections, and all that, so I do think they're the same.

Bethany replied that it was hard to compare, she said:

Wow. It's hard to compare if I compare it to when my mom died, because I was so young, I had no tools, so little awareness. I actually started going to therapy then. Because it was like, why am I not feeling sad about the fact that my mother died? I didn't have the capacity to feel it. It was too big. And so, childlessness, everything else going on at the time, I had the capacity to feel and boy, did I feel it. And so, other grief, I would say that again, it's hard to compare, but I'd almost say there's no grief I've felt that was as bad as my childless grief.

Diana noted differences and similarities, she stated:

I think both. I think what's been really interesting for me are the similarities. One of my best childhood friends was unexpectedly widowed about three years before, two and a

half years before our final failed treatment. And so, the similarities fascinate me, but I think it's both. I think the differences are very crucial too.

Questioning Faith

This theme describes how the participants felt their faith impacted their involuntary childless grief. Three participants indicated that they did not practice any faith, and one participant said she was a former Christian but walked away from her faith ten years ago; however, this was not related to being involuntary childless. Six participants indicated Christianity as their religion on the demographic survey. When asked what role religion played in helping them manage their grief, Daisy responded that it did not help her. She stated:

I stopped going to church for probably a year, I really struggled with that because while I was going through the process of trying to have a child, I was like saying novenas, and the rosary, I mean, you're trying all the crazy tricks to have something happen. And what's hard too, is like with the Bible is that there's all these miracle pregnancies of people being really old, and they have babies.

Daisy also noted that she has gone back to church at a different location and has contacted her pastor about starting a support group for involuntary childless women as she believes this will be helpful to her and others in helping them cope with their grief.

Hannah replied:

When I was angry a couple of years ago it played zero part because I was too frustrated with everything to be even able to go there with the religion side of things. Or I'd be sitting in church, and somebody would say something, and it was like, no, that's so not true. I just couldn't even engage with it. Since the pandemic hit and church is reopening, I haven't been able to bring myself to go back into a church because I just don't want to

deal with how family-focused they feel. It feels like it's all about couples and their small children and making sure that's all built up. I'm like, But where's the rest of the message for the rest of us? That's not everything that Christianity is about.

Bethany noted:

Yeah, well it gave me a lot of comfort except on Mother's Day. I just stopped going to church on Mother's Day. Because not only was I childless, but my mother had also died, so it was like a double whammy and like, why am I here? But it would provide me a lot of comfort, to have that community. But at the same time, because churches tend to be very family focused, it also kind of emphasized my difference and that I didn't have those things and it hurt. It would be still like, even as I worked through that, even if I go to church and there's all these families, there's still this sense of like, Yeah, I don't necessarily belong here, so I actually don't go anymore.

Ally also responded that religion did not help her manage her grief. She also said:

After I went through my cancer, I just stopped going to church. I don't know if I believe in God. I still consider myself a Catholic, but just even going to church on Mother's Day, and I'm sitting there, and I understand it's a big celebration and you have people I don't even know, standing behind you when they say, 'all the mothers, please stand up.' And people are behind you saying, 'stand up, stand up.' And I'm like, 'I don't even know you and you're expecting me to stand up because you're assuming, because I'm a woman I have children.' How hurtful it was going to church on Mother's Day and how I'd have to leave that church and I'm crying literally behind a bush, so no one sees me because of how hurtful it is So after years of dealing with that, I just finally said, Frankly, I'm done. I haven't been back.

Sofia responded:

Well, I definitely feel like there is no place for single childless people in the Catholic church at this age. There's nothing geared towards you. I mean, the homilies are always around families and marriage and kids. I rarely, rarely hear single childless people even mentioned. So, yeah, you just feel invisible and left out and when I go to church, I look around and it's either families or elderly people and I'm like the only one that's standing there by myself. And again, you don't get to take part in any of those rituals. You're never going to have a child be baptized or make their first communion. It's just you can't really fit into the community because you don't have that connection. Children is what glues everybody together in church, right?

Despite having these feelings, Sofia also notes:

Because faith has always been important to me, I think if I didn't have faith in my life and some hope I don't know where I'd be if I didn't at least have that to be able to say, 'okay, I know God loves me.' I know He does have some purpose for me even though I may not understand right now what that is. I do cling to that still.

Family Tension

This theme identified the different ways that family relationships were impacted as involuntary childless women navigated their grief journey. All participants reported that they experienced issues in their families. Kate observed that she was treated differently from her sister who had children, her parents however did not agree with her observation. She stated, "I think even with family, they don't really understand that not having children does affect how you feel about family or siblings who do." Bethany expressed that when her nephew passed away her

family came together to provide support for her sister. She however felt that she was not supported in dealing with her grief. She said:

We all rallied to be around her and to support her in her pain. I remember being there. We'd stay overnight at her house. We were just there, we rallied. I remember feeling so much resentment in the moment like, 'so your pain was valid, but mine wasn't.' That was really intense and hard for me to stomach because it was hard because I felt terrible for my sister at the same time. And I didn't want to feel that way because I just wanted to be compassionate. I showed up and I was compassionate, and I was there. And at the same time, I was going through all this my own pain of like, 'so you all support her, and in my childlessness, no one even got it. In fact, I kind of felt like you dismissed me.' And so that was so, so hard, so hard for me.

Sofia noted "It's caused a wedge between family members and me. I don't share as much and I used to be very close to certain people in my family, but now I just can't talk to them anymore." Despite Sofia's feeling of distance between her and her family she also spoke about having feelings of guilt. She stated, "I feel guilty about the fact that I'm not going to give my parents grandchildren, especially my mom. I know that's something that really brings her pain and so I feel like I'm the person that's causing her that pain." Bailey also expressed feelings of guilt regarding grandchildren:

Even with my family, my parents, they never had the opportunity to have grandkids and I know it's not my job to supply them grandkids, but I do carry around some guilt that I never helped to provide that for them. So, I feel that they're missing out and I feel some responsibility for that.

Daisy notes that some of her family relationships are hard to navigate because there are some people who are unable to let go off the dream of her having a baby. She also stated:

This is a situation where not even your own mother will ever be able to relate to you because obviously, she's your mother, so, it's really hard. I feel like there's a lot of guilt there of not giving her a grandchild.

Other types of family problems were discussed by the rest of the participants. Amy noted that while they were trying to conceive, the stress and strain of not getting pregnant caused tension between her and her husband. Hannah reported that the relationship between her and her sister who has children is complicated, because her sister does not understand her involuntary childless grief and thinks that she is selfish. She wishes that her sister did not take things personally and was able to understand that she is dealing with a tremendous loss. She also stated:

And in situations that I feel like I go through, especially with my family, it's like I'm supposed to hold this space for them for whatever it is that they're dealing with, but I can't ever be that person in return. Like it's just their problems or their whatever are always ... I guess it feels like more real, for whatever reason, than whatever I'm dealing with.

Madeleine reported that she does not have many conversations with her parents about her involuntary childlessness grief. She notes "It's not something we talk about, in part because I know they have their own grief about it, and I cannot carry their grief as well as mine." She further pointed out that while she knows that her parents would have loved grandchildren, she has not been pressured by them.

Ally explained that after she got engaged, she and her fiancé went to her family's house for Christmas dinner to announce their engagement but did not receive any acknowledgement or

congratulations from them. The next day when she called and asked why, she was told “Well, why would you get married? We didn't think you'd ever get married because you can't have kids.” She stated that she was hurt by these comments to the extent where she would feel like not speaking with them for weeks or even months. Diana mentioned that she also had issues with some of her family members:

I had to put a lot of work in and there are things still with my brother and my father that don't go well, and when I point things out or express my needs, it's still at times, not well received.

Coping Mechanisms

This theme describes the several ways that the participants sought to manage and cope with their grief. Participants reported four methods of managing their grief, counseling, online support groups, rituals, and writing. The coping method that was most common among the participants was online support groups. Participants noted that this coping mechanism was the one that had provided the most help for them. Although 70% of participants had engaged in counseling, they did not find this method to be as helpful as their online support groups. Forty percent of participants engaged in rituals while 30% journaled or wrote blogs. Table 5 illustrates these coping mechanisms.

Table 5

Coping Mechanisms

Participant	Counseling	Online Support Group	Rituals	Journaling/Writing
Kate	x	x	x	x
Amy		x		
Bethany	x	x		
Sofia	x	x		
Madeleine		x	x	x
Hannah	x	x		
Ally		x		

Bailey	x	x		
Daisy	x	x	x	
Diana	x	x	x	x

Seven participants noted that they had counseling in the past, or they were currently in counseling. At the time of her interview, Kate had just started counseling and had only had one session, so she was not able to evaluate if was helping or not. When asked what coping strategies she employed when her grief was disenfranchised Bethany stated:

Lots of money paid to therapists and coaches and holistic doctor and whatever else I needed. I still have a cranial sacral therapist I work with. I did DNMS, developmental needs meeting strategy. That made a huge difference for me. I did some cognitive behavioral therapy for years, but at some point, I was just like, that doesn't... I need to get underneath the hood here a little bit deeper and work more in a spiritual sense to clear out those things that are hooked and connected and... like unforgiveness.

In responding to the same question Sofia said:

I do see a therapist once every two weeks and I originally started going to her for something different, but in the past year, I've been sharing with her about being childless and single and that's been interesting as well because for the most part, she's been very supportive and understanding, but there have been a few bingos from her too. It was more like I know she's trying to be hopeful, but there were a few times where she said, 'well, it could still happen for you,' and I had to explain to her, 'I'm 40 years old. There's no man in my life. I have to be real here. It may not happen for me, and I need help processing that. How am I supposed to live my life if this is the rest of my life?' I did not expect to live this way. It's like I needed her to accept it so that she could help me accept it.

Daisy notes that she highly recommends therapy and that she has a therapist that she sees on a

regular basis to help her work things out as it pertains to her involuntary childless grief.

Madeleine reported that she saw a therapist for two sessions, however that relationship was short-lived as the therapist redirected her to online support groups, she explained:

She took a pretty traditional intake and then, not meanly, not dismissively, she said, ‘well, I understand that you have this grief, but you seem really well adjusted, and it sounds like you have a good support network.’ And then she said, ‘have you considered looking online for support groups?’ There are support groups for people who’ve lost infants, there must be support groups for this. So that was my homework.

All participants are members of online support groups and have noted that they were very happy to have found other women who could relate to their grief. Hannah stated:

I would say first and foremost finding connections through my online support group has been the biggest coping mechanism. It has been life changing for me to know that I have women that I can reach out to and say, this happened today, or guess what triggered me today? And they get it, and they don’t try to solve it, they don’t try to tell me not to care about it or whatever else I was getting from family in particular.

Madeleine attested to the tremendous support that she has received from her online support group by relating an experience that she had. She noted that she had a Facebook friend who did not have children who she thought was an ally in involuntary childlessness. One day while going home from work she happened to glance at Facebook and saw that this person had announced her pregnancy. She stated:

The feeling I had was nothing I ever accomplish in my life will compare to her pregnancy announcement, and it just cut me off at the knees. Oh yeah, society is always going to respond to an announcement like that with bells and whistles. I could start a business,

write a book, get 10 degrees and society is not going to get excited on Facebook about that. Thank goodness I have my online support group; I think I went to my car and cried and then sent a group text. Then I had 10 women circling around like, 'we get it, we get it, we get it.'

Sofia also reported how helpful her online support group has been. When asked how she coped with the emotions that she felt when she received disenfranchising responses from others, she said:

Now that I have my online support group, I reach out there and some of us have formed our own WhatsApp group, like even quicker response, right? Because you're on your phone and I can text them right away and say like, 'oh my gosh my friend just said this to me,' and right away I get a bunch of responses like, 'oh, I can't believe they said that. That's awful and we're so sorry, we're here for you, we get it,' and then I feel embraced by these people that are essentially strangers, some of them I've never even met in person, but I feel such a deep connection with them versus my own family and friends because they just get it. They're never going to tell me, 'oh my gosh you're overreacting.' They understand in a way that nobody else can.

Daisy noted that her online support group had made a positive difference in her life. She stated:

My online group has been having monthly support Zoom calls during the pandemic, and I've participated. I would say, that's been the most helpful to me. Also, that my personal and work life has remarkably improved since meeting other people who are childless and being able to talk about it, because you realize that you're not crazy and that this is something that people feel grief about.

Four participants had engaged in some form of ritual as a means of acknowledging their grief. Kate noted that she had a sign made to commemorate her involuntary childless journey. She also mentioned that she wrote a letter to her unborn children indicating that she had reached the end of the road with regards to trying to have children. Madeleine also stated that she had written a letter to the children she had hoped to have, burnt it, and did something significant with the ashes. Diana's ritual involves a garden, she stated:

I have these little rituals that are surrounding white flowers. I have a white flower garden where we bury the pictures of our embryos. And so, my mom will get me like a white bulb in the winter so that I have a white flower to go through the winter with. And she participates in those rituals, and she'll acknowledge some of those days and things like that. I have a white hydrangea bush in there and so, when the season is done for those, I clip them and they're no longer white, but that's okay. So, I'll make some dried flower arrangements to get through until my mom orders me that white amaryllis and then, on January 31st, which was the final date of our last treatment, I will go buy flowers every year for our children, basically. And then, I have 24 white candles that I arrange into the shape of a heart. And so, we have the candles and the flowers, the bought fresh cut flowers on the dining room table and I'll keep them out for a week or 10 days. And then, soon after that, the white crocuses come up.

Three participants have used writing as a means of coping with their grief. Kate noted that she has done a bit of writing as a means of releasing her grief. Madeleine stated, "I journal, sometimes I go through seasons of journaling, this has helped me a whole lot." Diana reported that she has written a blog about infertility honesty, she notes:

When I put my first post out, it was about a month before the final fertility treatment failed. So, I really wrote about the grief process, the trauma recovery process, a lot of things in there about the social challenges. I feel like I need a stronger word, but I think the social devastation really, and just the constant onslaught of impossible social situations. And then I also write a lot about when I see childlessness misrepresented or infertility misrepresented in an article in the New York Times or something I'll write about broader social issues and how it interlaces with childlessness too.

Meaning Making

This theme explored how participants made meaning of their lives since they wanted children but could not have them. Nine participants had varied responses such as they were still working it out, or hoping to find meaning by helping people, doing meaningful work, and nurturing friendships. One participant questioned whether she had found meaning in her life.

Kate stated:

I'm hoping to be moving into a new field. I'm studying Exercise Science now, and I'm hoping to still be able to work with people, eventually, in several years. I hope to volunteer and do things with children, and I have a niece and three nephews, I so value those relationships.

Amy reported:

Well, I've tried to do some soul searching as far as how to feel, I tried to tell myself that my life still has meaning, because I'm still helping people and still trying to care and be caring and nurturing and understanding and be there for people. Even though I'm not there for a child, I still try to find meaning in helping the people that are in my life and that does mean something to me.

Madeleine stated:

I place a lot of value on the quality of my friendships with other women. I make effort and I find women who also believe in making effort in friendships. I think I've never had a clear vision for my professional path, I'm not a career woman, but I've always found work that feels meaningful in one way or another. So that has continued to hold true now. Even out of college, I didn't know what I wanted to do, but I decided I would work for nonprofit, whatever nonprofit would have me. So now I work in community relations, I organize a farmer's market, I organize outdoor summer movies and outdoor summer music. So, I am about bringing people together and making community.

Bailey replied:

I'm very career oriented. I have friends with kids that I try to influence, be that positive extra adult in their life, that trusted person in their life that they can talk to and call and ask questions of and be there for them.

Hannah noted:

That is still an ongoing struggle. I've recently come to know, and believe, I will be okay. I just have no clue what okay will look like. What is going to give me that sense of purpose, sense of meaning that I envisioned motherhood, marriage was going to give me? I try to think that okay, my enjoyment of pets and all my little hobbies that I have, and these connections that I am making that hopefully someday will turn into actual friendships in real life, are going to help create purpose and meaning but I honestly don't know.

Diana stated:

I'm still working on it. I think that's always going to be a work in progress, but I take a lot of meaning and importance from trying to be of service in some way to those who come after and even if it's just one or two minds and hearts, in informing the people around me the best I can, so that they look at involuntary childlessness differently and then maybe the next person who comes along in their orbit is going to get treated a little bit differently with a little more compassion, a little more acknowledgement, a little more curiosity. And then, teaching my nephew about it too.

Ally responded:

I really sometimes wonder if I do have meaning in my life. I'm married, I think that's meaningful, and honestly, it's my two dogs. I feel like they really give me a lot of purpose because we got them as they were puppies, so it's like my little... they're my kids. You take care of them every day, sick or healthy, I love it when they snuggle on the couch with me at night, when they go down. They've really helped... I think if it wasn't for my dogs, I'm not really sure where I'd be with everything.

Research Question Responses

This section discusses the answers to the research questions that guide the study using the themes and sub-themes generated from the data analysis. The three research questions are: (a) what is the lived experience of grief of involuntary childless women? (b) how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief? and (c) how do involuntary childless women make meaning of their lives considering their experience of not having children? Table 6 outlines the research questions and the themes and sub themes that address these questions.

Table 6*Research Question Responses*

Research Questions	Themes/Subthemes
1) What is the lived experience of grief of involuntary childless women?	A. Lack of Acknowledgement and Support I. Unsolicited and unhelpful advice II. Insensitive comments III. Social challenges B. Emotional Issues I. Identity, self-worth, and purpose II. Painful emotions III. Comparison to other grief C. Questioning Faith D. Family Tension
2) How can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief?	E. Coping Mechanisms
3) How do involuntary childless women make meaning of their lives considering their experience of not having children?	F. Meaning Making

Research Question One

The first research question is what is the lived experience of grief of involuntary childless women? The themes lack of acknowledgement and support, questioning faith, family tension, and emotional issues provide a detailed description of the grief experience of involuntary childless women. The theme lack of acknowledgement and support showed how the participants' grief was invisible, misunderstood, and trivialized. This theme has three sub-themes, unsolicited and unhelpful advice, insensitive comments, and social challenges, which are discussed below. Unsolicited and unhelpful advice illustrated the various pieces of advice given to the participants that people thought would be helpful to them. However, the effect of this advice giving was that the participants felt minimized and dismissed. The general feeling was that if the participants took the advice given, then those around them would no longer have to hear about their grief or feel obligated to provide support.

Insensitive comments highlighted how some persons in the social circle of the participants chose to respond to their grief. These comments were hurtful and only served to further disenfranchise the participants' grief. Based on the comments that were received it was clear that people did not understand the nature of the grief the participants were experiencing. The fact that they could not align this feeling of grief to a person they knew and interacted with was a major factor driving the lack of understanding. Social challenges outlined the several ways in which the participants' social life was affected as they tried to deal with their grief. Many of the women lost friendships as when their friends became mothers, the relationships became strained and difficult. They were also excluded from social events such as children's birthday parties; in some cases, they declined invitations because they felt they could not fit in or contribute to the conversations about children. This lack of or decreased socialization caused them to feel alone and isolated.

The theme of emotional issues describes the feelings and emotions that the participants experienced as they dealt with the grief of involuntary childlessness. This theme consists of three subthemes, identity, self-worth and purpose, painful emotions, and comparison to other grief. Identity, self-worth, and purpose addressed feelings of devaluation and unworthiness. A lack of purpose was also expressed by participants, noting that since they were not mothers, they were not sure what their purpose was. Painful emotions outlined the different emotions felt by the participants when they received disenfranchising responses from others, with grief, anger, sadness, and loneliness being the most common. Comparison to other grief described the participants' feelings on how other grief, such as the passing of a loved one, compared to involuntary childless grief.

Questioning faith is the theme that describes the issues that participants faced as they sought to reconcile their belief in God with their involuntary childlessness. Participants noted that they felt anger towards God as they could not understand how he would give them a maternal instinct and then allow them to be involuntarily childless. Some participants stopped attending church because they felt that they could not find a place to belong. The belief that was driving that feeling is that churches are centered around children and family

The theme of family tensions revealed the difficulties the participants experienced in their families of origin. There were strained relationships with siblings who had children, and with parents who did not know how to hold space for the grief that the participants were navigating. Participants also experienced guilt because they could not provide grandchildren for their parents.

Research Question Two

The second research question is how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief? The response to this question is addressed by the theme of coping mechanisms. Four coping mechanisms were outlined by the participants, counseling, online support groups, rituals, and writing. Several participants noted that they either had counseling in the past or were currently undergoing counseling. All participants were members of online support groups and stated that they found this coping mechanism extremely helpful as being a part of a group provided support and helped them not feel so alone in their grief. Four participants had engaged in some form of ritual to acknowledge the children that they had hoped to have, including writing letters to their children, and creating a white flower garden. Three participants also engaged in writing, two journaled, and one wrote a blog about infertility honesty.

Research Question Three

The third research question is how do involuntary childless women make meaning of their lives considering their experience of not having children? The theme meaning making answers this question. Some participants noted that they derived meaning from helping others, nurturing friendships, and being influential and helpful to the children in their social circle. Several participants stated that finding meaning was still a work in progress for them as they had not yet determined what gave them meaning. One participant was not sure that she had found meaning in her life.

Summary

This chapter discussed the findings of the lived experiences of grief of involuntary childless women. There were 10 participants in this study who all identified as involuntary childless women who had either never conceived or never brought a baby to term. The responses from the participants were obtained using semi-structured open-ended interview questions. There were six themes and six sub-themes that emerged from the analysis of the data. The six themes were lack of acknowledgement and support, emotional issues, questioning faith, family tension, coping mechanisms and meaning making. The theme lack of acknowledgment had three sub themes, unsolicited and unhelpful advice, insensitive comments, and social challenges. The theme of emotional issues also had three sub themes, identity, self-worth and purpose, painful emotions and comparison to other grief. Responses to the three research questions were also outlined in this chapter. The first research question was answered by the themes of lack of acknowledgement and support, emotional issues, questioning faith, and family tension. Research question two was addressed by coping mechanisms and research question three was answered by the theme meaning making.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this study was to further understand and create awareness of the psychological and emotional distress that involuntary childless women experience. This study informs medical and mental health personnel to meet the needs of involuntary childless women in a more holistic manner. This chapter presents a summary of the findings of the study. These findings are then discussed in the context of existing literature and the theoretical framework of ambiguous loss and disenfranchised grief. The methodological and practical implications of the study are also addressed. The final sections of this chapter outline the limitations and delimitations of the study as well as recommendations for future research.

Summary of Findings

The focus of this study was to describe the lived experience of grief of involuntary childless women. As discussed in chapter four six themes and six sub-themes emerged from the data analysis that was conducted using Moustaka's (1994) transcendental methodology. These themes and sub themes suggest that the participants had a shared experience of grief associated with their involuntary childlessness. The six themes are lack of acknowledgement and support, emotional issues, questioning faith, family tension, coping mechanisms and meaning making. The theme lack of support and acknowledgement had three sub themes, unsolicited and unhelpful advice, insensitive comments, and social challenges. Emotional issues also had three subthemes, identity, self-worth and purpose, painful emotions and comparison to other grief. Three research questions guided this study (a) what is the lived experience of grief of involuntary childless women? (b) how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief? and (c) how do involuntary childless women make

meaning of their lives considering their experience of not having children? These research questions were answered by the themes and sub themes that were generated from the data analysis.

The first research question for this study was: what is the lived experience of grief of involuntary childless women? This question was answered by the themes lack of acknowledgement and support, emotional issues, questioning faith and family tension. Lack of acknowledgement and support showed how participants felt minimized and dismissed by their social networks instead of having their grief recognized as real and painful. Minimization and dismissal came in the form of unsolicited and unhelpful advice, hurtful comments, and their social circle decreasing as they lost friends who could not relate to their grief.

Emotional issues described the range of emotions and feelings that the women experienced as they navigated their grief journey. Several participants questioned their identity, self-worth, and purpose, seeing that they were not mothers. Grief, anger, and sadness were reported as three of the most common emotions experienced by the participants. When asked how involuntary childless grief compared to other grief, most of the participants noted that it was different, with one participant stating that this was the worst type of grief she had ever faced.

Questioning faith described the struggles that participants faced as they sought to hold on to their faith in God in the face of the adversity of grief. It was noted how as they read the bible, every story that depicted a childless woman ended with God opening the wombs of these women and blessing them with children. Participants questioned why a loving God would not do the same for them since they believed that he was the one who had placed the desire for children in their hearts in the first place.

Family tension portrayed how some family relationships became strained and conflictual when the participants' grief was not understood. Some participants reported that they were treated differently from siblings who had children. It was also mentioned that some of the women carried feelings of guilt that they could not give their parents grandchildren.

The second research question states, how can involuntary childless women grieve their losses in an environment where they experience disenfranchised grief? This question was answered by the theme of coping mechanisms, which showed that participants attended counseling, joined online support groups, created rituals, and engaged in writing to help them manage their grief. Several participants noted that they did not discuss their grief outside of their support group because they did not want to deal with disenfranchising responses that people usually give. The third research question was how do involuntary childless women make meaning of their lives considering their experience of not having children? The theme of meaning making responded to this question. Some participants noted that they made meaning of their lives by helping others, while other participants reported that they were still working on finding meaning in their lives.

Discussion

This section discusses the findings of this study in the context of the theoretical and empirical literature reviewed in Chapter Two. The findings from this study support previous research on the grief that often accompanies involuntary childlessness, thereby extending the body of literature on this topic. Also, this study lent credence to the theories of ambiguous loss and disenfranchised grief showing the difficulty that can arise in recognizing non-death losses, which creates an atmosphere where the grief of those concerned is ignored, trivialized, and marginalized.

Empirical Literature

Several themes generated from this study align with existing literature on the various aspects of a woman's life that can be impacted by involuntary childlessness. One of the main ways in which women are affected is psychological. Researchers agree that involuntary childlessness negatively affects women resulting in significant physical and emotional outcomes (Choudhary & Halder, 2019; Ferland & Caron, 2013; Greil et al., 2020; Nahar & Richters, 2011; Olajedi & Olaolorun, 2018). The theme of emotional issues with sub themes of identity, self-worth and purpose, painful emotions, and comparison to other grief is consistent with these findings. Some of the issues captured under this theme are identity, self-worth, and grief.

Identity

In society one of the defining marks of a woman is motherhood; women who fail to achieve this feat can struggle with their identity (Bell, 2013; Ceballo et al. 2015). Several participants questioned their identity as they contemplated their involuntary childlessness. For instance, Amy stated "who am I if I'm a woman, but I don't have kids to show or to relate to anybody, or any other woman that I meet." This question was very pertinent based on Amy's recent experience where she tried to meet some women at a conference and was rudely dismissed when they learnt that she was not a mother. This feeling of "who am I" in the face of involuntary childlessness can be particularly salient, especially when living in a society that promotes pronatalism (Greil et al., 2020; Parry, 2005). Adebayo and colleagues (2019) note, some of the ways in which disenfranchised grief is manifested in involuntary childless women is identity loss.

Another participant Sofia stated, "I oftentimes feel like I'm not fully a woman because I have never been pregnant. That's what a woman does, she has children, she becomes a mother."

This sentiment expressed by Sofia is addressed by Ceballo et al. (2015) and Bell (2013), who both agree that it is widely believed that having a child is what makes one a woman. Hannah had a similar feeling to Sofia, she stated, “I think there's so much messaging out there that women are supposed to have children and so when you don't then you're not fully actualized as a woman.” Deshpande and Gambhir (2017) also note that motherhood is seen as a natural outcome of being a woman in some traditions and cultures. With these societal expectations it is not difficult to understand why involuntary childless women often face an identity crisis. Individuals who experience infertility lose their dream of having a child and may also suffer from low self-esteem and identity issues, (Doka, 2002; Loftus & Andriot, 2012).

Self-Worth

Self-worth which is closely tied to identity was another issue faced by several participants. It has been established that involuntary childless women are prone to experience feelings of inadequacy and low self-worth and see their bodies as flawed and useless because of their inability to produce children (Ferland & Caron, 2013; Loftus & Andriot, 2012; Sormunen et al. 2020). Using various terms 80% of the participants reported how they felt about themselves seeing that they could not have children. For example, Madeleine noted, “I was disappointed in myself; I was disappointed in my body.” Bethany expressed, “I certainly felt like I was less than, I wasn't as good.” Daisy stated, “I feel like my self-esteem took a major hit.” Bailey noted, “I feel discounted” while Ally stated, “I feel so much less worthy, I feel less than.” To emphasize her point, Ally said she felt that as an involuntary childless woman, if she were on the Titanic, there would not be much effort made to save her, instead she would be allowed to go down with the ship because she would not be valued. Studies show that in involuntary childless women lowered self-esteem is a long-term effect that can persist for over 20 years (Ferland & Caron,

2013; Wirtberg et al. 2007). Ally has been involuntarily childless for over 24 years; however, she still deals with feelings of inadequacy; as such her experience bears testament to these previous studies.

Grief

James and Singh (2018) suggested that the emotional strain and stress that occurs when individuals become disappointed about their unmet expectations of having a child can lead to infertility grief. It is not surprising that all participants in this study experienced grief in relation to their involuntary childlessness. Every woman in this study had high hopes of becoming a mother; however, due to varying circumstances they could not fulfil this dream. Since involuntary childlessness denotes the loss of the opportunity to become a mother, a grief response is often the outcome for this population of women (Ceballo et al., 2015; James & Singh, 2018; McBain & Reeves, 2019). Diana described her grief as “Early on, it felt like I was missing a limb. I literally felt like I had an amputation, very raw grief, I feel sad a lot.” Bethany explained, “there's no grief I've felt that was as bad as my childless grief.” James and Singh (2018) note that grief is the most common emotion felt by individuals dealing with involuntary childlessness. Furthermore, there are multiple losses associated with infertility, such as the loss of the opportunity to have one's child, the loss of transitioning from couple to family, loss of one's sense of identity, and the loss of achieving parenthood (James & Singh, 2018). For Bailey whose goal was to have children in the context of a relationship, involuntary childlessness represented multiple losses. She stated:

Even though I never had the child, the grief never goes away, like going to baby showers when I was younger, that was hard. Now it's going to graduation parties and my friends'

kids are getting married and my friends are becoming grandparents. I mean, it's just a constant reminder at each of those stages that that's not going to happen.

Bailey's comment speaks to how grief can be prolonged across the life cycle as the children of their counterparts achieve different milestones. Hannah and Sofia also noted that involuntary childlessness is a lifelong loss that produces grief over a lifetime. In the mid-life phase some involuntary childless women view their lives as meaningless as they live with pain and prolonged grief (Fieldsend & Smith, 2020).

McBain and Reeves (2019) posited that in many instances, involuntary childless women have difficulty finding people who understand the nature of their grief. Bailey made this same point when she stated, "I don't think people see it as grief." Sofia was told that her grief was not as bad as someone who really lost a child. Diana stated, "while society fails in the grief department with everything, the way that I was received, I mean, this was a life altering traumatic loss, and it wasn't treated like that in any way." Because of the lack of understanding of how devastating the loss of involuntary childlessness can be in many instances the associated grief is minimized and dismissed, thereby causing the grief of the individuals affected to become disenfranchised. Doka (1989) defines disenfranchised grief as grief that is not deemed worthy of public acknowledgement or social support. Disenfranchised grief is further explored in the section below on theoretical literature.

Theoretical Literature

The theories that guided this study are disenfranchised grief and ambiguous loss. Disenfranchised grief is the work of Kenneth Doka while Pauline Boss originated ambiguous loss. Knight and Gitterman (2019) proposed that wherever an ambiguous loss exist, it is most likely that this loss is disenfranchised, as the loss will not be recognized, thereby invalidating the

ensuing grief. This study supports existing research on disenfranchised grief and ambiguous loss. The themes lack of acknowledgement, questioning faith, and family tension reflect several aspects of these theories. Lack of acknowledgement has three sub themes, unsolicited and unhelpful advice, insensitive comments, and social challenges.

Disenfranchised Grief

Doka (1989) defined disenfranchised grief as grief that is not openly acknowledged or supported by one's social networks or grieved publicly. Every society has rules about grieving wherein it is determined who should be mourned, how they should be mourned and how people should respond to the mourner's grief (Doka, 1989). Because involuntary childlessness can be largely invisible it is usually not deemed a loss that is worthy of grieving. In many instances people tend to discount that which they do not understand. If they have no point of reference for the loss it can be easily dismissed.

Grief that is not Openly Acknowledged. When participants were asked how their involuntary childless grief compared to other grief, they had experienced one of the major differences that was pointed out is the acknowledgement that came with grieving the death of a loved one or a pet, versus the lack of acknowledgement surrounding involuntary childlessness. In Chapter two it was noted that infertility is a loss that is often not acknowledged (Doka, 2002; James & Singh, 2018; McBain & Reeves, 2019). Hannah pointed out that when her cat died people recognized her loss and offered support; however, it was quite different with her involuntary childlessness. She stated, "they kind of look at you like, 'Hm,' and move on." Sofia concluded "Yeah, there's nothing in society that acknowledges this grief, not at my church, not at work, nowhere." Bethany also noted "I felt like my family was not there for me in the way I would have needed. No-one even got it, in fact I kind of felt like they dismissed me."

While those in the social circle of the participants failed to acknowledge their grief, they were quick to offer advice on what to do. One common piece of unsolicited advice given to several participants was to adopt a child. James and Singh (2018) noted that family and friends of the involuntary childless woman are often quick to advise them to adopt without regard to whether this is an option they would like to pursue. For instance, Daisy and her husband decided against adoption, despite making this decision known to friends and family she noted that several people who would text her the names of adoption agencies on an ongoing basis. While there are participants like Kate who were interested in adoption, Bailey was very clear about not wanting to adopt. She stated, “I never pursued the route of adoption or in vitro or those things because to me it was more about building a family with someone and having those kids instead of just having a child.”

Participants also noted that they dealt with insensitive comments from friends and family members. McBain and Reeves (2019) found that women experiencing involuntary childlessness were subject to hurtful comments, and minimization of their loss. Several participants in this study were the recipients of insensitive comments. Amy noted “My mom just kind of told me to suck it up.” Sofia was told that there were worse things in life, and she needed more faith in God while Daisy was told “at least you did not have a miscarriage.” Ally’s family members told her they did not expect her to get married seeing that she would not be able to have children. Such comments only served to disenfranchise the grief of the participants further.

Grief that is not Supported. Ninety percent of the participants noted that they received little to no support from their social circles. In many instances their friends and colleagues dwindled leaving them to face isolation and loneliness. As indicated by McBain and Reeves (2019) one of the reasons for the shrinking social circle is when female friends became pregnant,

this created an awkwardness in the relationship for the involuntary childless woman. Sofia can relate to this situation, she stated “Almost all of my friends have gotten married, have kids and we just don't connect the same way anymore.” Hannah noted “When people expect children to be the focus of the conversation and that's not my life it can feel kind of isolating.” For example, Daisy stated, “There's been great distance between even some of the people who were bridesmaids in my wedding.” Madeleine expressed “I have allowed friends to drift because they were so wrapped up in their kids, they could not hold space for me.”

For many people faith and religion can be an anchoring force in their lives, providing support, comfort, and solace during challenging times. In Chapter two Feske (2012) pointed out involuntary childless women have found very little understanding or support from their church family as they grieve their childlessness. The theme questioning faith confirms the findings of this study and shows how involuntary childless wrestle to hold on to faith, sometimes succeeding while at other times turning away. All five participants who indicated that they were Christian expressed having some form of struggle with their faith as they contemplated their involuntary childlessness. Feske (2012) noted that infertility raises questions about the reasons a powerful God would choose not to intervene in the circumstances of the involuntary childless woman and bless her with a child. Also, many programs of the church center around families with children; as such childless members can feel like they do not belong (Feske, 2012).

Sofia attested to this research finding when she said “I definitely feel like there is no place for single childless people in the Catholic church. I feel invisible and left out and when I go to church, I look around and it's either families or elderly people.” Hannah made a similar remark, she stated “I haven't been able to bring myself to go back into a church because I just don't want to deal with how family-focused they feel. It feels like it's all about couples and their

small children.” Ally spoke about encountering difficulties going to church on Mother’s Day which resulted in her crying and leaving church, as such she no longer attends church. Daisy noted “And what’s hard too, is like with the Bible is that like, there’s all these miracle pregnancies of people being really old, and they have babies.” Daisy had stopped attending church for a year but eventually went back to another location and is now trying to start a group for involuntary childless women. When asked if their religion helped manage their involuntary childless grief, they all responded that it did not.

Grief that is not Publicly Mourned. For the most part involuntary childless grief is invisible, as such there is no public mourning or rituals that are in place to help the mourner to come to terms with their loss. Doka (1989) noted that societal rules govern grieving; however, these rules do not always reflect the type of attachment or the feeling of loss that the bereaved person is experiencing. Doka’s point is applicable to involuntary childlessness as the feeling of loss that is often experienced by women undergoing this issue is usually not understood, therefore their grief becomes invalidated. Hannah stated, “I think the fact that I feel like I can’t go out in public and mention it, and people would understand in any way, shape or form, or even try to understand in any way, shape or form is huge.” Sofia related an experience of a ceremony that she participated in in her online support group, she expressed “I can’t imagine that ever being out in the real world. I don’t know what people would think, like what are these childless women doing? They’re having a ceremony for a child they never had?” Attig (2004) argued disenfranchisement of grief is harmful as it denies the mourner what they were entitled to, interrupts the grieving process, and imposes sanctions on their behavior. Sofia attests to this finding when she noted “Sofia noted “I used to be very vocal about the grief of my involuntary

childlessness, and I quickly found out that that was not a good idea because I just got shut down.”

Ambiguous Loss

Ambiguous loss theory refers to an uncertain loss that can be traumatic, confusing, and incomprehensible (Boss, 1999, 2010). This type of loss questions whether an individual suffered a loss and what was the nature of their loss if they did. There are two types of ambiguous loss, physical absence with psychological presence and psychological absence with a physical presence (Boss, 2010).

Fieldsend and Smith (2020) viewed involuntary childless women’s emotional struggles as ambiguous loss of physical absence with psychological presence. Although a physical person did not exist, in the minds of those who suffered the loss this person has a psychological presence. This idea is supported by Sofia when she stated, “There’s no physical person in their eyes that was lost, but to a childless person, we imagined our children. They existed in our hearts, they are still there, and it is a real true loss.” This type of reasoning is not always validated by persons who have not had an experience of involuntary childlessness, as to them there is no point of reference for this loss. The fact that they cannot tie this loss to a person that was living that they saw and knew makes it incomprehensible to them that a loss could exist in such a case. When one does not believe that a loss exists it becomes very difficult to express empathy or compassion to those who are grieving these losses.

Knight and Gitterman (2019) observed that loss and grief are usually associated with the death of a loved one; when people experience non-death losses, they often encounter difficulty finding space that allows them to grieve this type of loss. This idea is in line with Madeleine’s

statement that involuntary childless grief is invisible or unspeakable and in people's minds this type of grief does not exist.

Implications

The findings of this study have implications for several groups of people. This study is helpful to clinicians, researchers, medical and mental health personnel, and clergy. These implications are examined from several contexts, namely theoretical, empirical, and practical.

Theoretical Implications

This study has theoretical implications for researchers exploring disenfranchised grief related to non-death losses. These types of losses have a high probability of being disenfranchised because they do not line up with what society typically views as a loss that is worthy of grieving (Doka, 2002; Piazza-Bonin et al., 2015; Tullis, 2017). Doka's concept of disenfranchised grief served as an appropriate framework within which to examine the grief of involuntary childless women whose grief is often minimized, overlooked, or ignored. According to Doka (1989) disenfranchised grief is grief that is not acknowledged openly, socially supported or mourned in public. Furthermore, there are five conditions under which grief becomes disenfranchised, the relationship is not recognized, the loss is not acknowledged, the griever is excluded, the circumstances of the death, and the ways individuals grieve (Doka, 1989).

The findings of the study revealed that the condition of the loss is not acknowledged aptly described the experience of the involuntary childless women in the study. Also, the several themes that emerged from the data analysis corresponded with the definition of disenfranchised grief. The themes lack of acknowledgement and support, family tension and questioning faith are congruent with grief that is not openly acknowledged, not socially supported, and not mourned in public. Participants experienced disenfranchised grief in the form of unsolicited and unhelpful

advice and insensitive comments that were received from friends and family. They also dealt with shrinking social circles which left them feeling lonely and isolated. Another issue that emerged from the data was tension and conflict in their families of origin due to lack of understanding and support. Also, for those participants that were Christians they failed to find comfort and solace in their faith which left them questioning and struggling with their faith.

Ambiguous loss is defined as a loss that is shrouded in uncertainty which can also be confusing and traumatic. As pointed out by Gitterman and Knight (2019) wherever an ambiguous loss exists it is highly likely that this this loss will not be acknowledged thereby rendering it disenfranchised. This study revealed that involuntary childlessness is an ambiguous loss, as such people do not understand the associated grief. Participants noted that those in their social network could not understand their loss because they could not tie it to a person that they had seen or interacted with.

This lack of understanding and acceptance of their loss was manifested in comments such as “your grief isn't as bad as someone who really lost a child” or “at least you haven't had a miscarriage.” These comments were hurtful to the participants and served to further heighten their grief. These types of comments also spoke to the ambiguousness of involuntary childlessness. The loss and grief associated with involuntary childless is intangible and invisible, as such involuntary childless women in this study have not lost someone who was once living, however they have lost the opportunity to become mothers which was a life goal that was meaningful to them. It is notable that the comparisons in the comments refer to ‘a child’ and ‘miscarriage.’ Therefore, it is apparent that the individuals who made these comments could relate to these experiences causing loss and grief but failed to understand how loss and grief could occur from a lost opportunity. The general idea here is that one cannot miss what they

never had, however this is a flawed way of looking at things and completely ignores the fact that unmet expectations can present as a loss for some individuals.

These theories of disenfranchised grief and ambiguous loss are complementary. When used together, they can help to highlight loss and grief that has the propensity to be invisible. Therefore, this study adds to the body of research that shows how ambiguous losses are often the precursor to disenfranchised grief.

Empirical Implications

There are also empirical implications for this study. For those conducting research on how infertility affects women, this study examined the psychological impact that involuntary childlessness has on the lives of women who have never conceived or never achieved a live birth. It was found that women dealing with involuntary childlessness questioned their identity and self-worth as they tried to come to terms with being a woman who does not have children. Because of the general idea in society that the normal and natural thing for a woman to do is have a child, involuntary childless women can feel like anomalies presenting great difficulty for them to find places to belong in society. They also felt inadequate, flawed, and diminished in the eyes of those in their social circle. These women felt that they had lost the opportunity to become mothers and as such they experienced grief from this loss. It was difficult however to find support for their grief because of a lack of understanding on the part of those in their support networks, as such they experienced disenfranchised grief. It should also be noted that involuntary childless grief tended to persist over the lifetime for some women. Their experience becomes that much harder to navigate when their grief is disenfranchised.

The findings from this study helps to create awareness on how the mental and emotional health of involuntary childless women can be adversely affected. The issue that currently exists

is that although there are several studies on involuntary childlessness, very few examine the disenfranchised grief experiences of women (McBain & Reeves, 2019). This study helps to fill the gap in the literature on the grief experience of involuntary childless women.

Practical Implications

This study has practical implications for clinicians, mental health professionals, medical personnel, and clergy. It can help to create awareness on the loss and grief experienced by involuntary childless women thereby providing the framework for treatments, interventions and programs that better suit the needs of these women. It was interesting to note that in this study several women did not receive the help they needed from the therapists they were seeing. One participant had a therapist who asked her “you're here because you can't have children?” Whether or not this was intended to come across as offensive the participant was disturbed by the question since she reported that she did return for another session. Another participant had a therapist who directed her to online support groups without providing her with any help. Yet another participant had an experience where the therapist suggested that she leave her husband for someone who could give her children. Based on their experiences these therapists were ill-equipped to deal with the grief of these involuntary childless women. It is possible that there was an issue of participant and therapist not being a good fit for each other which created a barrier to them developing a therapeutic alliance. Typically therapy should be helpful for individuals who are dealing with grief, as they can be helped to grieve their losses while coming to terms with what has been lost, as outlined in the DPM model of bereavement (Shannon & Wilkinson, 2020). With the right trainings counselors can be better prepared to provide the necessary help for involuntary childless women who are grieving.

Before engaging in the interview process participants were sent a list of mental health referrals that they could use to help them in case they were emotionally triggered by anything that was discussed in the interview. Because of the sensitive nature of the loss and grief of involuntary childlessness it was prudent to provide this resource to these participants. At the end of the interviews the researcher reminded the participants that they had received this list previously and that they should feel free to use this resource if needs be.

By becoming aware of the loss and grief of this population of involuntary childless women mental health personnel can become trained on how to employ sensitivity, empathy and compassion when working with these women. It is necessary for counselors to educate themselves on how to work with individuals who are grieving non-death losses so that the needs of such individuals can be more adequately met. It is also important that medical professionals gain awareness of involuntary childless women's emotional and psychological needs. One participant who did several rounds of IVF noted that "the fertility business was aggressive, pushy and I felt like my whole emotional process was completely, completely disenfranchised." She further went on to say the feeling she got from these fertility treatment providers was "you're not a human being unless you get pregnant." These comments show that medical personnel who treat involuntary childless women should seek to administer more holistic treatments. As such they need to consider that the emotional needs of an involuntary childless woman undergoing fertility treatment is important to her wellbeing and should not be ignored but addressed in a manner that is helpful to her. It is vital that healthcare professionals who treat women experiencing infertility provide them with recommendations for counseling services while they are undergoing treatment and after they have completed treatment (Lindsey & Driskill, 2013).

This study also has practical implications for clergy and other individuals who have leadership positions in churches. The church is often seen as a place of refuge for all people regardless of parental status. To ensure that everyone including the involuntary childless woman can find belonging in the church community leadership needs to start acknowledging the loss and grief of these individuals. It is critical that church leadership understands that not everything is spiritual; people also have emotional needs that need to be met. They should seek to develop programs and groups geared towards ministering to the needs of this population of women. In so doing they can help to decrease the stigma that is often attached to involuntary childlessness and create an atmosphere of inclusivity.

To better equip counselors and clergy to serve the population of involuntary childless women seeking counsel on how to deal with their loss and grief, education is necessary. As such information on involuntary childlessness and how it can affect the mental health and spiritual well-being of those affected should be included in coursework and programs that are taken by these two groups of stakeholders. Education should also include how best to counsel individuals who are struggling with the loss and grief of their involuntary childlessness. Another area that education should cover is reducing the stigma that is often associated with involuntary childlessness and creating more normalization around this issue.

Delimitations and Limitations

Delimitations are those intentional decisions that the researcher makes regarding the study's parameters. One delimitation of this study was that participants were women between the ages of 25-65 who had either never conceived or never brought a baby to term. Since the researcher was studying a sensitive topic such as involuntary childlessness, the participants needed to be adults who could give informed consent about sharing such personal details of their

lives and understand that they may be emotionally triggered by participating in this study. Another delimitation is that participants had to be residents of the United States. It was believed that it was prudent to have the participants be residents of the USA to narrow down the geographic area under consideration to facilitate providing an equal currency gift card as monetary compensation. This study was also delimited to being a phenomenological study as it is believed that this research design would best capture the lived experiences of grief of involuntary childless women.

Limitations are those potential weaknesses in the study that were outside the researcher's control. One of the limitations of this study was the demographics of the sample which was 70% Caucasian. As such it may not be possible to generalize the findings to people of color. Since people of color was not represented in this study it may be an indicator that this population is understudied. This study was limited in that it was done with only women, as such the male perspective of involuntary childlessness was not explored. Another limitation is that the researcher is an involuntary childless woman herself. The researcher bracketed her feelings and assumptions on the topic before and during the study to account for biases.

Recommendations for Future Research

The current study focused on the disenfranchised grief experiences of ten involuntary childless women living in the United States. This study adds valuable information to the body of literature on involuntary childlessness; however, it is necessary to conduct further research. Since this study was limited to only women living in the United States, engaging in research with participants from other geographic regions would provide more and possibly different perspectives on this phenomenon. Since the practices, cultures and customs of a country usually

informs the behavior of individuals conducting research with participants from other countries would possibly include cultural and societal practices that are different from those in the USA.

Also, since the participants in this study were mainly Caucasian, future studies should focus on other ethnicities seeing that there may be aspects of their experiences that were not addressed in this study. Another recommendation for future research is to do a study on involuntary childless men or couples as it is believed that information that is pertinent to these different demographics would add to the literature. Future research should also examine the attitudes of counselors and other mental health professionals who have worked with involuntary childless women. Another area that future research should focus on is the training that counselors have received that equip them to work effectively with involuntary childless women. It would also be beneficial to conduct quantitative research on the issue of involuntary childlessness to gain perspectives from large groups of women.

Summary

This transcendental phenomenological study examined the grief experiences of involuntary childless women within the context of ambiguous loss theory and the concept of disenfranchised grief. Six themes emerged from this research, lack of acknowledgement and support, family tension, questioning faith, emotional issues, coping mechanisms and meaning making. The findings from this study show that involuntary childless women experience disenfranchised grief within their social relational and professional networks. It was also found that counselors were unable to provide the help that was needed to address the infertility grief which resulted from the non-death losses involuntary childless women experienced.

The implications from this study are far-reaching, as such they extend to a wide cross section of stakeholders such as mental health providers, medical personnel, infertility specialists

and clergy. It is important that counselors become trained in how to provide meaningful support to individuals dealing with non-death losses and the resulting grief so they can better serve involuntary childless women who are grieving. It is also critical that infertility specialists become more aware of the emotional stress that often accompanies infertility treatments so that they can employ empathy and compassion when working with involuntary childless women and seek to provide care from a more holistic perspective. One consideration for providing holistic treatment would be to have counselors who are trained to work with women dealing with infertility as part of their staff complement. The findings from this study provide vital information highlighting the need for awareness to be created surrounding the loss and grief of involuntary childlessness. It is the hope of this researcher that as awareness is developed there will be a manifestation in improved therapeutic methods, holistic medical treatments and more meaningful spiritual interactions that will enhance the health and well-being of the involuntary childless woman.

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Appendix A: Recruitment Flyer**RESEARCH PARTICIPANTS NEEDED****An Analysis of the Disenfranchised Grief of Involuntary Childless Women**

- Are you a woman between the ages of 25-65?
 - Do you reside in the United States?
- Have you never conceived or brought a baby to term?

If you answered **yes** to all three questions you may be eligible to participate in study on the experiences of involuntary childless women.

The purpose of this research study is to further understand, and create awareness, of the psychological and emotional distress that is experienced by involuntary childless women. Participants will be asked to describe their experience of involuntary childlessness in an online/virtual interview and review their interview transcripts. Interviews will be audio recorded. Participants will also receive a \$25 Amazon gift card on completion of the interview.

The study will be conducted via Zoom.

A consent document will be emailed to you.

This study is being conducted by Neressa Darroux a doctoral candidate in the Community Care and Counseling Department/School of Behavioral Sciences at Liberty University.

**For more information please contact Neressa Darroux at [REDACTED]
[REDACTED] or [REDACTED]**

Appendix B: Demographic Questionnaire

Instructions: This questionnaire is designed to collect personal information to determine your eligibility to participate in a study focusing on An Analysis of the Disenfranchised Grief of Involuntary Childless Women. The purpose of this study is to better understand and create awareness of the psychological and emotional distress that is experienced by involuntary childless women. This questionnaire is the first part of the process, once the necessary criteria is met you will be invited to participate in an interview. Please note this information may be discussed in the interview to provide clarity to the researchers. All information will be kept confidential.

1. Name: _____

2. Preferred method of contact:

a. Email _____

b. Phone _____

3. Age:

Under 25	
25-35	
36-50	
51-65	
Over 65	

4. Country of Residence _____

5. State of Residence _____

6. Race/Ethnicity:

African American	
Asian	
Caucasian	
Latino/Hispanic	
Two or more	

Other _____

7. Marital Status:

Single	
Cohabiting	
Married	
Separated	
Divorced	
Widow	

Other _____

8. Employment:

Full-time	
Part-time	
Self-employed	
Unemployed	
Retired	

9. Religion:

Christianity	
Muslim	
Buddhism	
Hinduism	
Judaism	

Other _____

10. Education:

High School Diploma	
Some College	
Bachelor's degree	
Master's degree	
Doctoral degree	

Other _____

11. Income:

Less than \$25,000	
\$25,000-\$50,000	
\$51,000-\$75,000	
\$76,000-\$100,000	
Over \$100, 000	

12. Have you ever conceived a child? _____

13. How many pregnancies have you had? _____

14. Which method of conceiving have you tried? Check all that apply.

Vaginal intercourse	
In vitro fertilization	
Donor Insemination	
Surrogacy	

Other _____

15. How many pregnancies made it to term? _____

16. How many did not make it to term? _____

17. How many resulted in miscarriage? _____

18. How many resulted in stillbirth? _____

19. How long have you been involuntarily childless? _____

Appendix C: Request to post Flyer on Website

Dear _____

I hope this email finds you well. I am a graduate student in the Community Care and Counseling Department/School of Behavioral Sciences at Liberty University, and I am conducting research as part of the requirements for a doctoral degree. The current title of my qualitative research project is *An Analysis of the Disenfranchised Grief of Involuntary Childless Women*. The purpose of my research is to further understand, and create awareness, of the psychological and emotional distress that is experienced by involuntary childless women.

I am in the process of recruiting participants for my study, as such I am writing ask if you would post the attached flyer on your website.

Participants will be asked to complete an interview and review their interview transcripts. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering this request. If you choose to advertise my study on your website, please respond by email to [REDACTED]

Thank you for your time and consideration.

Sincerely,

Neressa Darroux
Doctoral Candidate

Appendix D: Consent Form

Title of the Project: An Analysis of the Disenfranchised Grief of Involuntary Childless Women

Principal Investigator: Neressa Darroux, Doctoral Candidate, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a woman between the ages of 25-65, must reside in the US, and must have never conceived or brought a baby to term. For the purposes of this study involuntary childlessness means the inability to get pregnant or bring a baby to term. This study is confidential, your name or any other identifying information will not be used. Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to further understand and bring awareness to the psychological and emotional distress that is experienced by involuntary childless women. In many instances, the loss and associated grief of involuntary childlessness is ignored, overlooked, and minimized. This study aims to explore the experiences of involuntary childless women and provide an opportunity for their stories to be heard.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Participate in one, 45-60-minute interview via Zoom. The interview will be audio-recorded and transcribed afterwards by a transcription service.
2. Review the interview transcript to ensure that what has been recorded accurately reflects the experience that was discussed. This should require a minimum of 10-15 minutes.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include creating awareness in the counseling and mental health profession of the negative psychological impact that can ensue from involuntary childlessness, thereby helping counselors to tailor their interventions to suit the needs of involuntary childless women. Another societal benefit of this study is that it will fill a gap in counseling literature and add to the growing body of research on the grief associated with involuntary childlessness.

What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The risks involved in this study include the possibility of being triggered, emotionally, resulting in distressed feelings. If you become emotionally triggered and experience emotional distress,

you can refuse to answer the question that triggered you, reschedule the interview for a later date or withdraw from the study. You are free to opt out of this study at any time. You are not obligated to answer any question with which you are not comfortable. The researcher will provide participants with a list of mental health resources that they can use, should they feel the need to so.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher and the transcriptionist will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Participants will be asked to choose their pseudonyms at the beginning of the interview. Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer, flash drive, and locked office cabinet. After three years, all electronic records will be deleted and all physical records will be shredded.
- Interviews will be recorded and transcribed by a professional transcription service. Recordings will be stored on a password-locked computer and flash drive for three years and then erased. Only the researcher and the transcriptionist will have access to these recordings. The transcriptionist will sign a non-disclosure agreement prior to the transcription of the data.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study in the form of an Amazon gift card of \$25. The gift card will be emailed out once the participants have completed the interview.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Neressa Darroux. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] and/or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Tracy Baker, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

Appendix E: Interview Questions

Standardized Open-Ended Semi-Structured Interview Questions

Thank you for agreeing to be a part of this study, *An Analysis of the Disenfranchised Grief of Involuntary Childless Women*. The purpose of this study is to further understand and create awareness of the psychological and emotional distress that is experienced by involuntary childless women. The following questions will help to guide our conversation as you share your experience. Please note that this interview will be recorded and then transcribed, you will have the opportunity to review the transcription to ensure that it accurately reflects your answers to the questions. You can choose to discontinue this interview at any time, and to also refrain from answering any questions with which you are not comfortable. Please be assured that your privacy is of utmost importance to me. Please choose a pseudonym if you so desire, this will be used to document your experience. Please feel free to ask any questions that you may have. Thank you.

Introductory

1. Please tell me about yourself
2. What do you like to do in your leisure time?
3. Please tell me about your most significant achievement
4. Where would you like to visit on your next vacation?

Involuntary Childlessness

1. Please describe your experience of involuntary childlessness
2. How has involuntary childlessness impacted how you feel about yourself?
3. How has involuntary childlessness affected your identity of being a woman?
4. How has involuntary childlessness affected your relationships?
5. What is it like for you not to be able to have a baby?
6. What, if you are aware contributed to your infertility?
7. Did you ever discuss your difficulty getting pregnant with a medical professional?

Coping (Religious, Social)

1. Are you religious, and if so, how has your religion affected involuntary childlessness?
2. Are there any coping mechanisms that you have used to help you cope with your loss?
3. What kind of support have you received from those in your social circle?
4. What do you want your friends and family to know about your involuntary childlessness?

Feelings/Emotions

1. What are some of the emotions that you have experienced in relation to involuntary childlessness?
2. How do these emotions affect your daily functioning?
3. How do these emotions affect your social life?

Loss/Grief

1. Disenfranchised grief is grief that is not acknowledged openly, not mourned in public or supported by one's social networks, how would your grief experience measure up against this definition?
2. What are some disenfranchising responses that you have experienced?
3. What emotions do you feel when your grief is disenfranchised?
4. How do you cope with these emotions?
5. What are your thoughts on grief counseling?
6. What role does religion play, if any, in helping you manage your grief?
7. How do you feel about creating rituals as part of your grief process?
8. How does grief related to your infertility compare to other forms of grief you have experienced in the past?
9. How are you able to express grief related to your infertility to others, if at all?
10. How important was it to you to become a mother?
11. Based on the importance that motherhood held for you, how have you created meaning in your life in the light of the fact that you were not able to have children?

We have come to the end of our interview. Thank you so much for deciding to take part in this study. I know that this may have been a difficult conversation with different emotions coming to the surface. If you feel the need for support, please refer to the list of mental health resources that were provided to you previously.

Appendix F: Permission to use Interview Questions

Laura C Taylor (lctylor1) <[REDACTED]>
Tue 7/20/2021 12:43 PM

Hello Neressa,

Yes, you have permission to use the following questions from my article in your research:

1. What is it like for you not to be able to have a baby?
2. What, if you aware contributed to your infertility?

Good luck on your research endeavors. Do not hesitate to reach out if you have questions.

Take care!

Laura C Taylor, PhD, LCSW

On Jul 20, 2021, at 10:06 AM, Darroux, Neressa <[REDACTED]> wrote:

Dear Dr. Taylor,

I hope this email finds you well. I am a graduate student in the Community Care and Counseling Department/School of Behavioral Sciences at Liberty University, and I am conducting research as part of the requirements for a doctoral degree. The current title of my qualitative research project is, *An Analysis of the Disenfranchised Grief of Involuntary Childless Women*, and the purpose of my research is to further understand, and create awareness, of the psychological and emotional distress that is experienced by involuntary childless women.

I am writing to request your permission to use two interview questions (listed below), from your article, *The Experience of Infertility Among African American Couples*:

1. What is it like for you not to be able to have a baby?
2. What, if you aware contributed to your infertility?

I believe these questions will gain great insight from the target population. I would like to incorporate these questions as part of the interview questionnaire for my study that will begin after my dissertation proposal this year. Thank you for considering this request. If you choose to grant permission of the use of these two interview questions, please respond by email to [REDACTED].

Thank you for your time and consideration.

Sincerely,

Neressa Darroux
Doctoral Candidate

External] Re: Permission request-Interview questions

Tristan McBain <[REDACTED]>

Tue 7/27/2021 10:47 AM

To: Darroux, Neressa <[REDACTED]>

Dear Neressa,

Yes, you may use these questions. I wish you the best of luck in your research.

Dr. McBain

On Tue, Jul 27, 2021, 8:47 AM Darroux, Neressa <[REDACTED]> wrote:

Dear Dr. McBain,

I hope this email finds you well. I am a graduate student in the Community Care and Counseling Department/School of Behavioral Sciences at Liberty University, and I am conducting research as part of the requirements for a doctoral degree. The current title of my qualitative research project is *An Analysis of the Disenfranchised Grief of Involuntary Childless Women*, and the purpose of my research is to further understand, and create awareness, of the psychological and emotional distress that is experienced by involuntary childless women.

I am writing to request permission to use two interview questions (listed below), from your article, *Women's Experience of Infertility and Disenfranchised Grief*:

1. How does grief related to your infertility compare to other forms of grief you have experienced in the past?
2. How are you able to express grief related to your infertility to others, if at all?

I believe these questions will gain great insight from the target population. I would like to incorporate these questions as part of the interview questionnaire for my study that will begin after my dissertation proposal this year. Thank you for considering this request. If you choose to grant permission of the use of these two interview questions, please respond by email to [REDACTED]

Thank you for your time and consideration.

Sincerely,

Neressa Darroux
Doctoral Candidate

Rosario Ceballo <[REDACTED]>

Wed 8/4/2021 3:09 PM

To: Darroux, Neressa

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Dear Neressa,

It's absolutely fine with me if you use those 2 interview questions in your research.

Good luck with your study!

with best wishes,

~ rosie

Rosario Ceballo, Ph.D. [On Sabbatical Leave 2021-2022]

Associate Dean for the Social Sciences - Academic Affairs - Office of the Dean

Professor of Psychology & Women's and Gender Studies

College of Literature, Science, and the Arts | University of Michigan

500 South State Street | 2254 LSA | Ann Arbor, MI | 48109-1382

Phone: 734.647.2115 | Fax: 734.764.2344 | Email: [REDACTED]



Darroux, Neressa

Tue 8/3/2021 8:33 AM

Dear Dr. Ceballo,

I hope this email finds you well. I am a graduate student in the Community Care and Counseling Department/School of Behavioral Sciences at Liberty University, and I am conducting research as part of the requirements for a doctoral degree. The current title of my qualitative research project is *An Analysis of the Disenfranchised Grief of Involuntary Childless Women*, and the purpose of my research is to further understand, and create awareness, of the psychological and emotional distress that is experienced by involuntary childless women.

I am writing to request your permission to use two interview questions (listed below), from your article, *Silent and Infertile: An Intersectional Analysis of the Experiences of Socioeconomically Diverse African American Women with Infertility*:

1. Did you ever discuss your difficulty getting pregnant with a medical professional?
2. How important was it to you to become a mother?

I believe these questions will gain great insight from the target population. I would like to incorporate these questions as part of the interview questionnaire for my study that will begin after my dissertation proposal this year. Thank you for considering this request. If you choose to grant permission of the use of these two interview questions, please respond by email to [REDACTED]

Thank you for your time and consideration.

Sincerely,

Neressa Darroux
Doctoral Candidate

Appendix G: IRB Approval**LIBERTY UNIVERSITY**
INSTITUTIONAL REVIEW BOARD

November 23, 2021

Neressa Darroux
Tracy Baker

Re: IRB Exemption - IRB-FY21-22-322 An Analysis of the Disenfranchised Grief of Involuntary Childless Women

Dear Neressa Darroux, Tracy Baker,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d): Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of

continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

Appendix H: Mental Health Referral List

Dr. Vula Baliotis

Licensed Psychologist

3201 Wilshire Blvd., Ste. 310, Santa Monica, CA 90403 | 3510 Torrance Blvd., Ste. 100,
Torrance, CA 90503

Email: talkaboutit@drvula.com | **Phone:** 310.963.2724

Website: drvula.com

www.psychologytoday.com

www.faithfulcounseling.com

www.sondermind.com

www.choosingtherapy.com

[In-person & Online Counseling Therapy: Find a Psychiatrist, Psychologist \(thriveworks.com\)](#)

[Inclusive Therapists | BIPOC LGBTQ Therapy Near Me Online and In Person. Find Identity Affirming Mental Health Care](#)

<http://therapistfinder.com/>