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## When Biology Isn't Destiny: Implications for the Sexuality of Women Without Children

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Judith C. Daniluk

*University of British Columbia*

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### Abstract

Despite recent changes in the role options available to many women, a strong link between sexuality, maternity, and womanhood continues to be reinforced within most cultures throughout the world. Irrespective of women's other life accomplishments and creative labours, motherhood is still considered by many to be the hallmark of mature womanhood—a symbol of women's ultimate destiny and fulfillment. The implications of this maternal imperative for the sexual self-esteem and agency of heterosexual women without children are explored in this paper. Four recommendations are made for working with the increasing number of women who, for reasons of choice or circumstances, do not become mothers.

### Résumé

Malgré les récents changements concernant les divers rôles disponibles aux femmes, le renforcement d'un lien fort entre la sexualité, la maternité et la féminité existe toujours dans la plupart des cultures du monde entier. Quels que soient les autres accomplissements et travaux créatifs des femmes, la maternité est toujours considérée par beaucoup comme la marque de la féminité mûre — le symbole de la destinée ultime de la femme et de son épanouissement. Dans cet article, l'auteur examine les implications de ces obligations de maternité pour l'estime de soi sexuelle et le sentiment de puissance sexuelle des femmes hétérosexuelles sans enfants. Quatre recommandations sont offertes pour travailler avec le nombre croissant de femmes qui, pour des raisons de choix ou de circonstances, ne sont pas devenues mères.

Feminist theorists and clinicians (e.g., Ehrenreich & English, 1978; Greer, 1984; Hubbard, 1990; Ireland, 1993; Martin, 1987; Ussher, 1989, 1997; Vance, 1992) have identified many examples of the ways in which women's bodies and sexuality are controlled and constrained, making it difficult for women to walk freely in the world, live comfortably in their bodies, and as writer Audre Lorde (1984) says, "write the poetry of their own eroticism" (p. 247). In this paper I attempt to address another problematic aspect of the way in which women's sexuality and reproductive choices are controlled and constrained, in terms of the continued perpetuation of the cultural myth that all women should *want* to become mothers, and that motherhood represents women's ultimate personal and sexual fulfillment.

Motherhood has been, and continues to be, a significant and "transformative" experience in the lives of many women (Bergum, 1989; Chodorow, 1978; McMahan, 1995; Rich, 1976). For an increasing number of women, however, due to circumstances or personal preference, motherhood is not a viable role option. Recent estimates suggest that approximately 20% of women, through choice (one-third) or circumstance (two-thirds), construct their lives without children (Dumas, 1991;

Houseknecht, 1987; Morell, 1994; Veevers, 1980). According to Lisle (1996) "there are more women, married and unmarried, without children today than ever before" who are "intentionally or unintentionally violating epochs of female experience and even the laws of nature itself" (p. 167) in choosing not to have children.

The focus of this paper is on exploring the implications of this biological, social, and symbolic imperative in terms of the sexual self-esteem and agency of women who do not become mothers. I begin with a discussion of the religious, social, and political contexts within which women must negotiate our reproductive desires and choices. Based on the limited available literature addressing the needs and experiences of women without children (Houseknecht, 1987; Ireland, 1993; Lisle, 1996; Menning, 1988; Morell, 1994; Safer, 1996; Sandelowski, 1994; Veevers) and on 15 years of research and clinical work with women who by choice or circumstance do not have children, I discuss the ways in which the strong link between sexuality, maternity, and womanhood within our culture can be problematic for these women. Four recommendations are made on how we, as mental health professionals, can help women without children begin to wrestle sexuality from the grips of maternity and construct equally valid sexual identities and meaningful lives based on reinforcing the full range of women's other creative labours.

This discussion is limited to heterosexual, partnered women for two primary reasons. First, the heterosexual relationship is the only context within which motherhood is socially sanctioned. Once women partner with a man the social pressures to procreate are intensified (Chodorow, 1978; Lisle, 1996; Menning, 1988; Morell, 1994; Safer, 1996). A second and related issue is that, although single women and lesbian women are not immune from the range of messages that reinforce motherhood as women's ultimate and primary role, these women face additional and unique challenges in trying to exercise their reproductive rights—challenges that are beyond the scope of this paper (Jacob, 1997; Mattes, 1994). Finally, it is important for readers to remember that reproductive choice is a relative concept. The economic and personal survival of women of certain ethnic groups and socioeconomic classes is contingent upon their ability to produce children. For these women, the decision to forgo motherhood has enormous implications for their welfare and well-being.

#### THE MOTHERHOOD MANDATE

"Femininity and maternity have been entwined since the Garden of Eden" (Lisle, 1996, p. 168). This link is still reinforced by most traditional religions throughout the world. Despite vigorous attempts by women over the past century to reject the contention that our biology must indeed be our destiny (Greer, 1984), the notion that femininity equals

maternity is still closely connected to basic values and beliefs about the proper and normal way of life in most cultures throughout the world. Major changes have taken place in the last 30 years that have served to free women from the reproductive consequences of heterosexual intercourse, including more reliable birth control, greater access to abortion, and the purported "sexual revolution" in which recreation replaced procreation as a valid motivation for sexual interaction (Rubin, 1990; Vance, 1992). However, the pragmatic and symbolic link between the two still remains a powerful force in influencing the very notion of "reproductive choice" and in shaping women's sexual self-perceptions and experiences.

As this century comes to a close the Catholic church continues to sanction only heterosexual marriages in which couples intend to reproduce (Letson, 1987), some Eastern religions encourage men to take more than one wife when their partner is unable to bear a son, and the traditional Jewish faith continues to support the creation of life as women's highest achievement (Hurcombe, 1987). In North America, and especially in some of the more conservative states in the United States, the fundamentalist backlash is exerting significant social and political pressure in attempting to restrict women's reproductive rights and freedoms related to issues such as abortion. Some members of the medical profession continue to promote pregnancy and breast feeding as cures for a host of menstrual discomforts, and as insurance against strokes, various forms of cancer, and heart disease (Ehrenreich & English, 1978; Martin, 1987). Many infertile women are encouraged to relinquish their bodies to years of medical testing and experimentation in the hopes of achieving a desired pregnancy, with recent reproductive advancements pushing the age limits on the ability to bear children and making it increasingly difficult for some women to have "closure" on this aspect of their lives (Salzer, 1991; Sandelowski, 1994; Shapiro, 1993).

In terms of our discipline of psychology, theorists have characterized women without children as selfish, infantile, narcissistic, emotionally barren and suffering from "incomplete feminization" (Ehrenreich & English, 1978, p. 276). More traditional psychological theories promoting motherhood as 'essential' for women's psychological development (e.g. Benedek, 1952; Erikson, 1968; Freud, 1948) have been soundly criticized for their phallogentric and sexist assumptions, and their lack of empirical validity (e.g., see Benjamin, 1988; Chasseguet-Smirgel, 1976; Chodorow, 1978; Kaschak, 1992; Westkott, 1986). However, most theories of women's development continue to reinforce women's "natural" inclinations and desires for caretaking (e.g. Jordan, Kaplan, Baker-Miller, Stiver, & Surrey, 1991). "Maternal ambivalence is [still] seen in some way as pathological, as a woman's denial of her 'natural' impulses

and inability to come to terms with her 'real purpose'" (Ireland, 1993, p. 13) in life.

Contrary to these popular beliefs, a significant amount of evidence has been gathered underscoring the psychological health and well-being of women without children when compared to mothers (Baruch, 1984; Gerson, 1985; Houseknecht, 1987; Ireland, 1993; Mercer, Nichols, & Doyle, 1988; Morell, 1994; Veevers, 1980). However, even in the face of these data, women who deviate from the cultural mandate to reproduce are still perceived by many as conducting themselves in an "unwomanly" fashion (Morell, 1994).

Despite the long-held assumption that the desire to mother is instinctual for women, no evidence has been found to support a physiological or instinctual basis to women's reproductive choices and mothering behaviour (Ehrenreich & English, 1978; Hubbard, 1990; Martin, 1987). The unsubstantiated claims of sociobiologists aside, there appears to be "no gene for motherhood; no universal instinct" (Safer, 1996, p. 154). Research on women who choose not to adhere to the culturally prescribed mandate to reproduce appear to do so for a number of reasons. A small percentage of women, referred to in the literature as "early articulators," decide in young adulthood that their needs, desires, and personal dispositions are incompatible with the motherhood role (Morell, 1994; Safer, 1996; Veevers, 1980). These women make an active choice to ensure that their decision is irrevocable, usually through sterilization. Underscoring the ambivalence associated with this decision, it would seem that for the majority of voluntarily childfree women the choice to remain childfree is one that occurs through a series of postponements. The parenting decision is revisited for these women at various times throughout their reproductive years, but there never appears to be a "right time" to have a child. They repeatedly choose to postpone the choice due to their life circumstances (e.g., economic, occupational, etc.), their relationship status (e.g., they haven't found a partner they want to parent with, etc.), or their personal desires (e.g., they value their freedom and autonomy, etc.) (Houseknecht, 1987; Ireland, 1993; Lisle, 1996; Veevers, 1980), until motherhood is no longer a possibility.

Whatever a woman's motivations or circumstances might be for not assuming the mothering role, Hubbard (1990) reminds us that production and reproduction remain intimately connected to the economic and political realities of all women's lives—especially those from traditional, patriarchal cultures. In continuing to promote motherhood as women's destiny and primary justification in life (Rich, 1977), the social construction of mothering within patriarchal societies necessarily informs and shapes the experiences not only of women who mother, but also of women who do not. In the absence of societal reinforcement of women's many other life paths and creative labours, "pregnancy, child-



birth, and motherhood [remain] an intrinsic part of [all] women's experiences, regardless of whether or not we decide to give birth to children" (Ussher, 1989, p. 76). In spite of the substantial gains made by feminism and the women's movement in North America, the "woman-as-mother assumption [is] so closely connected to basic values and beliefs about the proper and normal way of life" (Russo, 1976, p. 148), that a woman's experience of herself as a sexual person and societal perceptions of her sexuality and normality are necessarily shaped by the reproductive choices she makes and roles she does, or does not, assume.

#### IMPLICATIONS FOR WOMEN WITHOUT CHILDREN

Whether a woman makes a conscious choice to forgo motherhood, or whether through a fate of biology or a series of postponements she finds herself "without child" (Glazer & Cooper, 1988), it is inevitable that her sense of herself as a woman and as a sexual person will be informed to some degree by the still prevalent belief that motherhood is an instinctual and inevitable path to a fulfilling and meaningful life, and by the absence of "alternative perspectives from which to view herself" (Ireland, 1993, p. 131). Women and men necessarily turn to prevailing discourses to understand what is expected of them, what is normal, and to make sense of their feelings and behaviours (Crawford, Kippax, & Walby, 1994). "Any failure to fulfill the motherhood role negatively affects a woman's perception of herself because the failure to biologically reproduce represents a failure to meet gender role expectations" (Nachtigall, Becker, & Wozny, 1992, p. 119).

The consequences of not having children may be even more extreme for women from highly traditional cultures, whose role options are very limited, and whose value and worth are judged primarily on the basis of their reproductive abilities. This is exemplified in the words of a 26-year-old, university-educated statistician of middle Eastern descent, who was about to undertake her *seventh* in vitro fertilization attempt. She was faced with the reality that her husband would likely exercise his option to take another wife if her procreative efforts failed: "Without a child of my own, I am nothing . . . in the eyes of my husband, my family, my religion, my culture—I have no value or usefulness if I am unable to bear a child." A professionally successful, unpartnered woman from Mexico also echoed these sentiments when she stated that she is "an anomaly within her family and culture. While some people understand [her] marital status, they can't appreciate or accept [her] parental status as a childless woman, irrespective of [her] other significant accomplishments." At 37 years of age, she is contemplating donor insemination as her only "viable" option to reduce the stigma and sense of failure she feels in having not become a mother.

A sense of personal failure is often particularly pronounced for women who desire children but are unable to reproduce. Being unable to conceive and bear a child is an experience that erodes a woman's sense of self-worth and diminishes her sense of femininity, womanliness, and sexual vitality (Daniluk, 1996; Fleming, 1994; Glazer & Cooper, 1988; Menning, 1988; Shapiro, 1988, 1993). After years of timed intercourse in their attempts to become pregnant, sex is robbed of its spontaneity and joy. The emphasis shifts from "making love" to "making babies." When a pregnancy is not achieved, their bodies' failures of production are experienced as sexual failures (Anton, 1992; Daniluk, 1991; Fleming, 1994; Shapiro, 1988, 1993).

Irrespective of the source of a couple's infertility problem, it is the woman who fails to become pregnant and who must live with the monthly reminders of her failure that play themselves out within her body (Daniluk, 1997; Greil, 1991). Given that medical treatment is based on the conceptualization of infertility as a disease, the cure for which is a viable pregnancy (Martin, 1987), menstruation comes to symbolize this disease, a monthly reminder of the infertile woman's "failure" to conceive (Glazer & Cooper, 1988; Salzer, 1991; Sandelowski, 1994). The words commonly used in reference to infertility, words like *barren* and *sterile*, and the disparaging medical terminology that is frequently applied to women's fertility problems (i.e., "incompetent cervix or uterus," "hostile cervical mucus," etc.) serve to further reinforce the infertile woman's sense of personal inadequacy.

Recent advancements in the diagnosis and treatment of infertility are a "mixed blessing" as women who desire to become mothers and to experience pregnancy and childbirth, are faced with costly and controversial medical options such as in vitro fertilization or third-party reproduction (e.g., using donor eggs or sperm; surrogacy; using a gestational carrier) (Cooper, 1997). Most of these options require the use of a range of powerful hormonal medications (Daniluk & Fluker, 1995), the long-term consequences of which remain uncertain. The struggles of infertile women to gain closure on this part of their lives are even further compounded by the ever increasing number of medical options, the availability of which make it very difficult for women to know when they have done enough in their pursuit of a child (Braverman, 1997; Fleming, 1994).

Infertile women must also contend with inferences frequently made by medical professionals and significant others regarding the role of unconscious female agency in the etiology of infertility (Sandelowski, 1994). Such inferences are implicit in the commonly held and scientifically unfounded belief that infertile women need only reduce their stress (i.e. "take a holiday;" "quit work") or adopt a child to be able to successfully conceive. In their comments and well-meaning advice, physicians, friends, family members, and colleagues often infer that these women

are somehow responsible for their inability to reproduce in terms of their personal or sexual inadequacy (e.g., “keep your legs raised after intercourse;” “have sex in a certain position;” etc.). Paradoxically, the underlying message appears to be that to be fulfilled all women should *want* to have a child, and that the infertile woman either *wants* it too much (i.e. she is trying too hard to get pregnant and is getting too “stressed out”), or that she *doesn't want* it badly enough to do what is necessary (e.g. give up her job or career; pursue all available medical options) to be able to produce a child. In either case the deficiency is hers, in being unable to achieve what so many other women appear to accomplish with relative ease.

Through adoption, infertile women may be able to ensure their adult status in the eyes of others by becoming mothers. However, they must always live with having never experienced pregnancy and childbirth—the social symbols of sexual success and mature womanhood in our culture. An infertile woman herself, author Barbara Menning (1988) exemplifies this dilemma when she states, “I am an infertile woman . . . the words seem mutually exclusive. I could be either infertile or a woman but not both.”

Within a world in which the majority of adults have children, women who are not mothers, whether by choice or chance, also experience a sense of marginalization—being cast in the role of “other” within the larger community of parents, and in particular in the lives of other women who are mothers. At social gatherings these women often find themselves excluded from the circle of other women who share stories and advice about diapers and playschools. Women who were once an important part of their social support networks, such as friends and professional colleagues, can no longer take time to get together socially outside of work now that their lives are filled to capacity with the additional demands of childrearing. As she ages, the woman without children increasingly finds her social world shrinking, as the majority of her peers make the transition to motherhood.

It is also not uncommon for women without children to have their lifestyles and choices challenged by other women who delight in motherhood themselves, or whose identities are strongly invested in the mothering role. Psychoanalyst and author of the book *Beyond Motherhood*, Jeanne Safer (1996) reports how, when she announced to her friends and colleagues her intentions to remain childfree, she:

got lots of comments from colleagues and other women with children; they'd say “why don't you—don't you like—you ought to—you need to—you really should—you'd be a happier person” . . . the underlying message was “What's wrong with you? You're not reinforcing my choice.” (p. 150)

She recounts how “. . . many of the childless women [she] spoke to encountered disturbing undercurrents of negative sentiment and unex-

pected prejudice against them. Strangers impugned their femininity, implying they were cold and unfeeling, and their own families questioned their morality and maturity" (p. 145). Some women also experience disjuncture in their relationships with their own mothers, who may desire grandchildren, or who perceive their daughters' parental status, be it voluntary or involuntary, as an invalidation of their own choice to reproduce and to devote a significant portion of their time and lives to the caretaking of children.

Not unlike others who deviate from social norms, a sense of "otherness," of being odd, different, unusual, is often the shared reality of women who have not assumed a mothering role (Ireland, 1993; Lisle, 1996; Sandelowski, 1994). It is not uncommon for voluntarily childfree women to find themselves doubting their normalcy in the face of their lack of maternal instinct or desire. However, while a sense of abnormality and deviance may well be reinforced by accusations and indictments from others that call into question their "denial of their womanhood," women who do not experience "maternal drive" need not be specifically told that they are odd or different (Ireland, 1993). Rather, after years of having been socialized to accept maternity as a desirable and inevitable part of all women's lives—as our feminine birthright—women who do not succumb to the social pressures to procreate "may identify with the ideas of emptiness or deviancy and make them [their] own . . . feeling somehow damaged and not fully women in their own minds because they [have] not had a child" (Ireland, pp. 131-32). Just as the new mother can't comprehend why she doesn't "automatically" know how to care for her child and be totally responsive to the child's every need, women who reject motherhood often question their own intuitive knowledge and wisdom regarding their lack of desire for maternity. These women often rework and revisit their decision to forgo motherhood in fear that this instinct or desire will somehow "kick in" later when it's too late. They fear they may come to regret having rejected their biological "destiny" (Morell, 1994; Veevers, 1980).

Women who reach menopause having not had children are also a sexual enigma. Neither Madonna nor whore, there is no place in the dominant sexual paradigms to account for these women (Janeway, 1980). As noted by Lisle (1996):

As long as a female is young and unmarried, her childlessness is unquestioned, even honored, since she represents the virgin archetype. When it is a matter of considered choice, however, the reaction is often different. The attractive lover of man, the Aphrodite or mistress type, is usually tolerated. But a nullipara who is old, isolated, or angry, or who is not sexual or maternal, runs the risk of being regarded as an anti-mother or an imperfect male and being cast out of human family.  
(p. 235)

It should not be surprising then, that women who forgo motherhood, by choice or circumstance, are often faced with formidable obstacles in

constructing valid alternate feminine and sexual identities and creating meaningful lives, in light of their reproductive status. This is especially true for infertile women but is not limited to those whose maternal hopes and expectations remain unfulfilled. Rather, the literature is consistent in underscoring the fact that even voluntarily childless women face considerable challenges in constructing efficacious and valid female identities, in the absence of other socially sanctioned and equally valued female role options (Lisle, 1996; Ireland, 1993; Morell, 1994; Safer, 1996). There are few stories of the life paths of childfree women, and relatively few role models of women leading satisfying and fulfilling lives outside of the role of mother. Indeed, as Ireland (1993) accurately points out, "something is missing in our definitions of 'woman' because there is no valid place for [the childless] in existing psychological theory" (p. 135). This makes it especially difficult for many women without children to "consolidate and construct their own atypical adult female identities—as women, but not as mothers" (p. 16).

#### RECOMMENDATIONS

So what is the woman without children to make of her sexuality in light of the messages she receives from significant others and from society at large underscoring the deviance of her reproductive status? How is she to construct and maintain a positive female identity in the face of so few socially sanctioned role options? How is she to feel like a valued and contributing member of society, when she is forced to live in the social margins—an outsider from the lived reality and experiences of the majority of women who become mothers—viewed with suspicion and stigmatized, based on her parental status? How can we as mental health professionals help women without children to navigate the waters of creating an alternative life path—one that reinforces their sexual vitality and self worth as women?

*Recommendation One: Working Through Loss.* It is important not to assume that all women without children suffer feelings of profound loss at not being mothers. Indeed, many women without children are very satisfied with their lives overall (Baruch, 1984; Ireland, 1993; Morell, 1994). In particular those who never felt compelled by a "maternal instinct" or drive, or who made choices based on the pursuit of other life goals, may be quite content with the course their lives have taken. However, whether women actively choose to forgo motherhood or come to their childfree lifestyle through repeated postponements or infertility, most women report some degree of loss associated with not becoming mothers. Few women would deny that motherhood is a "transformative" experience for women (Bergum, 1989). It is an experience that inevitably challenges and changes women; one that offers tremendous poten-

tial for personal growth, relational fulfillment, and great joy. While there are gains in living a childfree lifestyle, there are also losses.

In particular, women who have experienced reproductive losses and whose desire for motherhood remains unfulfilled, frequently experience grief over the many losses associated with being unable to achieve this important life goal (see Anton, 1992; Daniluk, 1991, 1997; Menning, 1988; Salzer, 1991; Sandelowski, 1994). According to Menning (1988) "failure—or more accurately, the inability—to grieve is the single most common presenting problem" (p. 104) in coming to terms with being unable to produce a child. These women may benefit from compassionate support to work through a range of issues related to healing their sexual selves and returning pleasure, spontaneity, desire, and agency to their sexual relationships (see Leiblum, 1997; Shapiro, 1993). While individual work can be very helpful, the inclusion of partners in this work is highly recommended (Daniluk, 1991). The inability to produce a child is a shared loss and the experience of infertility takes a tremendous toll on most relationships. Although men and women frequently express their pain in different, gender-specific ways (Nachtigall et al., 1992), in sharing their feelings and expressing their grief, their sexual and emotional relationships are often strengthened (Daniluk, 1997).

While the losses associated with involuntary childlessness are considerable, we should not assume that women who intentionally choose to forego mothering have "no regrets" or sense of loss about their choice. Indeed, while many intentionally childfree women are satisfied with their parenting decisions, benchmark events such as menopause can serve as catalysts for women in recognizing and experiencing a sense of loss at "the road not taken" (Ireland, 1993; Lisle, 1996; Morell, 1994; Safer, 1996). As Lisle points out, it is important to remember that whether we are mothers or not "there are no lives without limitations, no choices without losses" (p. 169). Indeed, Safer notes how the process of working through her conflictual feelings about motherhood was often difficult and painful. However, confronting the losses inherent in her decision not to mother "unleashed hidden reserves of creativity and femininity." In working through this decision-making process she ultimately emerged "liberated, energized, and strong" (p. 36).

*Recommendation Two: Development of Other Nurturing Relationships.* To assist in diminishing the sense of marginalization that is often the shared reality of women who are not mothers, that is, the sense of being outsiders from the vast majority of their female peers, it may be important to help these women develop and nurture supportive social networks of friends who accept and sanction their 'alternative' lifestyles. These may include other women and men without children, as well as those who are parents but who validate the rights of these women to create different life paths. Lisle (1996) suggests that these support networks are the "best

antidote for the feeling of disconnection” (p. 152) that so many women without children experience. Group work can be especially effective in validating the choices and lifestyles of women without children, and in facilitating the development of supportive relationships.

It is also important that we as mental health professionals do not assume that women without children, particularly those who had hoped to become mothers, desire or need to have other forms of contact, or relationships, with children. Certainly we can assist those women who do hunger for contact with children, to build this into their lives through their employment, through volunteer work, or through their relationships with the children of siblings or friends. However, sometimes it is less painful and more satisfying for women who cannot mother to construct a life that is focused on other adults rather than on children (Menning, 1988; Shapiro, 1993). Women who do not mother often have, or find, quite varied and satisfying outlets for their relational and nurturing desires, which do not necessarily include children (e.g., relationships with the elderly; having pets; gardening; working in a helping profession, etc.). Women who do not have children in their lives can be assisted in exploring the wide range of social roles and relationships within which they may find personal satisfaction, beyond the role of mother.

*Recommendation Three: Separation of Reproduction and Womanhood.* Within our culture “motherhood automatically brings status, structure, and a sense of purpose.” Unlike any other, this role confers upon women a “built-in identity” (Safer, 1996, p. 143). As such, women who are not mothers may require some support in constructing their identities as women, separate from the identity of mother, and in (re)defining themselves as competent and complete women in the absence of other appropriate and socially sanctioned role options (see Anton, 1992; Ireland, 1993; Lisle, 1996; Shapiro, 1993). It can be important to help sever the debilitating connection between women’s reproductive status and their sexual status, and to strongly validate women’s other, non-maternal, creative labours (e.g., professional and volunteer contributions; artwork; music; political activism; etc.). Involuntarily, childless women in particular, are faced with the often difficult challenge of separating their sexuality and sexual integrity from their reproductive status, so that these failures of biology do not continue to be perceived as personal and sexual failures. It is important to help infertile women let go of their “identification with [their] womb[s] as the place to nourish a child so another kind of creative child can be born” (Ireland, p. 154). To do so requires grieving the losses of infertility, so that there is psychological space to begin exploring other creative aspects of their lives.

Instead of living with the idea of an empty inner space, all women—especially childfree ones—can hold it as a symbol of internal fecundity, inner richness, and



the possibility of renewable life whether we are sexual or celibate, with or without child. (Lisle, p. 180)

Women who voluntarily reject motherhood can also benefit from our support and validation in their efforts to construct alternate feminine identities once they permanently renounce the traditional defining role of mother (Safer, 1996). As long as they see motherhood as being only deferred, these women can still perceive themselves as fitting within the dominant female identity paradigms. However, when they acknowledge that motherhood is no longer an option, they are confronted with their permanent difference from the majority of other women for whom motherhood is a defining role (Ireland, 1993).

As mental health professionals we can help women create identities based on a rejection of the deficiency model of childlessness and on more expansive beliefs about women's sexuality and creative labours. Without invalidating motherhood as a valid and meaningful avenue to self-fulfillment and self-definition, we can help women without children to create more "inclusive and positive female identit[ies]" (Lisle, 1996, p. 169) outside of the role of mother (e.g. as worker, lover, friend, sexually vital person, etc.). We can validate the many and varied ways in which women's "creativity" and sexuality takes form, and gives richness and meaning to women's lives and the lives of others in their world.

Not only in the selection of our interventions, but in our use of language, we should be cognizant of our own implicit beliefs and assumptions about the centrality of motherhood—and in particular, biological motherhood—in women's lives and self-constructions. Within the limits of our available language, we should exercise care not to use words that define and position clients without children "in relation to mothering;" words like "childless" or "nonmother" that infer absence or inferiority (Ireland, 1993, p. 156). A rather striking example of this type of bias is the common practice of referring to the biological parent of an infertile woman's adopted child as the child's "real" or "natural" mother. While words like *childfree* may not be adequate to describe the reality or self-perceptions of many women without children (in terms of the implication that these women have escaped an undesirable fate), at least they offer a more positive connotation of the parental status of women who are not mothers. Whatever words we use, it is important that our language portrays women without children as efficacious individuals, capable of making valid choices and living full and meaningful lives. It is important to reinforce the many legitimate avenues to creativity and many paths to a rich and meaningful life, with maternity and motherhood being only one valid role option for women.

*Recommendation Four: The Need for New Sexual Paradigms.* The link between fertility and sexuality can be replaced with the creation of more inclusive sexual paradigms that affirm all of women's reproductive

choices. In our varied roles and relationships we can help women create new paradigms that acknowledge the sexual and erotic potential of the mothering role as well as the many other roles women engage in throughout their lives (Kitzinger, 1985; Ussher, 1997). As Lisle (1996) points out:

A body that has never been pregnant can be regarded as potent, still in anticipation, invested with self-potential and self-possession. . . . Whatever the many ways we use our bodies . . . for lovemaking, dancing, running, or other forms of bodily exertion . . . it is important for those . . . who have never given birth to experience them as womanly, sensual, strong, energetic, and even eloquent. (pp. 180-81)

Body work and movement can be an especially powerful way for women to connect with their sexual energy, vitality, and personal potency (see Daniluk, in press, for examples of a range of activities that may be useful in facilitating a sense of sexual agency for women).

In our own lives and in our work with clients, it is important to honour female desire, eroticism, energy, and creativity in its many forms of expression. We can encourage women clients to listen to and value their own inner voices, that part of themselves that intuitively knows there is something deeper and richer to women's lives and sexuality than the dichotomous images that are promoted in our culture (Madonna/Whore; Mother/Non-mother; Good/Bad; Presence/Absence) (Janeway, 1980).

Consistent with a feminist perspective, we can reinforce the reproductive rights and choices of all women, irrespective of race, sexual orientation, age, class, and relationship or parenting status. We can make the "personal political." At a social level we can challenge inequities in the availability and provision of health care services to women, whether they are seeking reliable birth control, safe abortion services, or access to the more advanced reproductive technologies. We can respect the diverse cultural and religious beliefs and values of women, while also actively challenging gender role proscriptions and cultural practices (e.g., female circumcision; etc.) that limit women's reproductive options, and negatively affect their mental and physical health. Finally, we can support and celebrate the diverse range of contributions made by women within our society—socially, politically, and economically.

#### CONCLUSION

Current conceptualizations of mature womanhood and sexuality leave all adult women in a *no win* situation, whether we mother or whether we do not. In so closely linking sexuality with maternity and in defining motherhood as women's ultimate purpose and fulfillment, there is no place for true reproductive choice, and no room for women to freely explore the full range of our sexual and erotic potential. Without denigrating the value and importance of motherhood in the lives of many

women, in our theory building and in our clinical work with clients, it is important to construct life without maternity as an equally moral and valid life choice and path.

We can learn a great deal about “the nature of woman in all its dimensions” (Lisle, 1996, p. 168), by listening to the stories and honouring the lives and choices of women who are attempting to construct meaningful lives outside of the role mandated by society and imposed by biology—motherhood. In her in-depth interviews with 105 women who were not mothers by choice, delay, or infertility, Ireland (1993) asked the women if they were looking back, how they would like to have lived their lives. Their answer underscores the similarity of their hopes, dreams, and aspirations to those of the many women who are mothers:

... to have loved and been loved, to have been a contributing member of their community and been socially acknowledged for it, to have learned how to be playful and enjoy, and last but not least, to have lived an authentic life (p. 156)

As counsellors working with women, we can play an important role in validating the reproductive choices and realities of all women, those who have children and those who do not.

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### *About the Author*

Judith C. Daniluk, Ph.D., is a Professor in the Department of Educational and Counselling Psychology, and Special Education at the University of British Columbia. Her clinical and research interests are in the areas of women's sexual development and reproductive health. She is also a consultant to the *Genesis Fertility Centre* in Vancouver.

Address correspondence to: Judith C. Daniluk, Ph.D., Associate Professor, Department of Counselling Psychology, 2125 Main Mall, University of British Columbia, Vancouver, BC V6T 1Z4 Canada

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