

## **Mourning Involuntary Childlessness**

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### **Introduction**

“The world is full of women who have children, and women who don’t, but there is a silent band of women who almost had them. I was one of those. I was a mother. And then I wasn’t.” This simple, matter-of-fact statement from Rachel Joyce’s novel, *The Love Song of Queenie Hennessey*<sup>i</sup>, contains within it the horrible reality affecting thousands of women who have experienced a pregnancy loss.

They have suffered an immense but invisible loss; in many cases it is known only to their partners and close family. Their grief is disenfranchised – a loss that “is not or cannot be openly acknowledged, publicly mourned or socially supported”<sup>ii</sup>. Their silence is not only a reflection of the numbing nature of grief but arises too from the social discomfort of pregnancy loss and involuntary childlessness. It is a grief that demands and requires recognition and a safe space where it can be acknowledged so that healing and acceptance can begin to take place.

I argue that counselling has a particularly powerful role in facilitating the grieving process and exploring the reality of life after such a loss. This article draws on research I undertook for my MA dissertation in which I explored the impact of pregnancy loss and involuntary childlessness for women who had delayed childbirth, whether through choice or circumstance. One in five women over the age of 45 in the UK are childless, compared to one in nine women in 1946<sup>iii</sup>. Childlessness is becoming a more common aspect of the female experience in the UK (and in the wider western world). While a growing proportion of women are making a voluntary choice not to have a child, a significant percentage remain involuntarily childless<sup>iv</sup>. It is these women’s experience that I wanted to explore, with the aim to raise awareness of the grief and pain associated with these losses.

### **The miracle that becomes a curse**

What became clear as my six participants shared their stories with me was the multi-layered nature of that silence. (I have altered their details and stories here to protect anonymity). It began for some participants when the process of trying to conceive a child became problematic. Tessa recalled the sense of huge disappointment when ‘every month you think maybe this is it, your period is one day late, you get the pregnancy test out...hmm’. Sylvia recalled how the process of trying to conceive shifted from a ‘fantastic sense of possibly creating something... and as the months went on, there was despondency and a lot of anger’. Maria recalled her confusion: ‘It was very frustrating... you carry on trying to conceive and nothing is happening.’

The decision to try for a baby is usually made between a woman and her partner. When there were unexpected challenges to conception, the struggle and the accompanying emotional stress remained hidden and, in most cases, contained within the relationship. The sense of anticipation followed by crushing disappointment every month was a private, often unspoken, sorrow. In some cases, this was compounded by confusion. Sylvia, for example, questioned her right to grieve, ‘because I hadn’t actually – with a negative pregnancy test,

what had I lost, you know? Was there a grief? Was I, should I be grieving?' Recognising the silent pain of women who struggle to conceive prior to their pregnancy and loss may enhance an understanding of the layers of grief experienced in the immediate post-pregnancy loss period.

Pregnancy losses were powerfully described. Zaina spoke of her pregnancy as a 'miracle' that turned into a 'curse'. She had a strong sense of having been given a wonderful gift, only to have it snatched away – an experience she described as cruel. Colette spoke about her disbelief and anger when the doctor told her 'the pregnancy was not viable but the baby was alive and [he] played me the heartbeat. I just remember wanting to shout "Shut the f\*\*k up. I don't want to hear that. You just told me that this baby is going to die and now you are proving to me that it is still alive".'

Tessa spoke of her unbearable pain when, two weeks after her miscarriage, her friend had a baby: 'At some point during that period, I got a knife out and it wasn't to kill myself, it was to hurt myself.' Sylvia spoke about her powerful sense of failure when surrounded by other women who had just given birth: 'My picture of myself in that scenario is of this tiny little dot in amongst all these giants of women, these goddesses who had given birth and there I was, this shrivelled up kind of, spot....I was a nobody.'

The pain endured by these women who had struggled to conceive and who were aware, during the process of loss, that they would be unlikely to have a child, was immense. Offering sensitive recognition of the enormity of the specific losses and the wider existential crisis accompanying them may facilitate a process of healing, especially in the wider social context of awkwardness and/or silence.

### **Communication rupture**

All the women spoke about their desperate sense of isolation. An element of this was connected to the taboo surrounding pregnancy loss. Zaina spoke about her family: 'All they asked was, are you OK? And I said, "well, no, not really, it's quite hard," and then it just goes quiet and then the conversation starts about something else because I think they were embarrassed. They didn't know what to say.' Colette also remembered how her family descended: '...just so many conversations but none of them understood and it was just awful. It was really, really awful.' The feeling of not being heard was exacerbated by unhelpful comments. Sylvia recalled her anger: 'The common thing that people say is well, how far gone were you? And I wanted to say, it doesn't bloody matter. The fact is that I lost something that you will never understand what it meant to me.' The lack of understanding served to deepen the isolation.

Equally, finding the words to explain how they were feeling was challenging. Zaina spoke of her confusion: 'You want them to talk about it but what do you want them to say? Actually, you might not want to talk about it, but then why didn't they ask me about it?'. Maria described her reluctance to talk as rooted in the fact that she felt her experience was a 'very private, private thing'. What was evident from the participants was the breakdown of communication: they found it hard to articulate their own sense of grief and loss, and those closest to them were unable to grasp the full significance of what had happened and so made inappropriate comments or remained uncomfortably quiet. Offering an environment

that is safe, where the pace is unhurried and where confusion is accepted, may provide a much-needed space in which the isolation of grief can be eroded.

Added to the pain of pregnancy loss was the hidden grief associated with involuntary childlessness. A central aspect of this was the continuing perception that being a 'real woman' involves being a mother. As Ireland writes: 'There is an implicit assumption that motherhood is intrinsic to adult female identity. This assumption then implies an absence for any woman who is not a mother.'<sup>9</sup> Terms used by the participants in this study, such as 'not real' and 'non-identity', pointed to a sense of incomplete self. As Sarah recalled: 'For a long time I felt that I was somehow being judged as being not worthy, somehow faulty.' Sylvia spoke passionately about her sense of failure: 'I felt as if I had failed...at the most profound and fundamental level, at being a woman.' She recalled feeling hatred of her own body for failing her 'and the anger was directed against me...I hated, yes, just hated my body.'

The common stereotype about women who do not have children is that it is their 'fault' because they focused on their education or career rather than having a child at an earlier age. For some women, then, alongside the deep sadness, is a sense of guilt that somehow they are to blame for their childlessness. Zaina explained: 'People might say well...you chose to try and wait and wait until Mr Right came along, so it's your fault.' Colette talked about her experience of being judged: 'There is this whole other thing about your being, your worth as a woman if you don't have a child and being selfish and all those things.' She often felt the need to justify to others that, although she is childless, she had tried to have a child.

While generally the participants were aware they were not to blame for their childlessness, the feeling of being slightly estranged from wider society lingered for a number of them. Sylvia talked about being 'on the edge of things' and Zaina spoke of 'not belonging'. The feeling that they were somehow 'not normal' remained with a number of the women after the rawness of their grief had subsided. Creating a non-judgemental space where women can articulate these feelings may be an important part of the process of exploring their childless future.

### **Hiding the pain**

Dealing with pregnancy in close friends and family and the presence of other people's children was another challenging aspect of being involuntarily childless. Maria recalled her discomfort at her 'jealousy' when her younger cousin gave birth to the first grandchild in the family. Tessa spoke of her 'complete relapse into that really uncomfortable place' when a childless friend she had been supporting became pregnant and gave birth. Zaina talked about being unable to attend a family party because she 'couldn't bear seeing other people's children'. Colette and Sylvia were concerned about how they would feel when close family members gave birth. It was uncomfortable for the participants to talk about their feelings of jealousy, and yet these feelings were an important aspect of their emotional response to their childless status. Therapeutic relationships invite us to share the full range of our distress without judgment and with acceptance; they can provide a crucial place to relate, explore and challenge feelings that are hard to express elsewhere.

All of the women had had to find ways to manage the reality of other people's pregnancies and children in a context where they were silently grieving their own loss of motherhood. Hiding their pain was one element of this. Sarah talked about how she responded when she heard of a friend's pregnancy: 'I can do all the "Oh, isn't that lovely" and all the rest of it and then, then I come away and cry.' Tessa had learnt when to walk away from situations that distressed her, and Colette was aware that, while she could be happy when friends announced their pregnancy, she was not yet able to attend a baby shower.

The women described these experiences as part of their journey from the raw pain towards a place where the sadness could be better integrated. Sylvia, for example, recognised that her 'grief has changed shape but I am aware of it still being there.' Acknowledging it continued to exist and could return in specific moments or at particular times was very much recognised as part of the journey. As Sarah explained: 'I still do get upset yes, but I know that I am sort of several miles further down the road.'

### **The role of counselling**

In the context of silence and isolation, counselling provided these women with a powerful space for reflection, grieving, connection, challenge and a redefining of self. The multiple losses experienced by the participants were connected not only with grieving for a child but also to a questioning of self, identity, relationships with partners and family, their place in the wider society and the future. Colette found counselling helpful because it validated her experience, thereby, 'making it real'. For Sarah, 'having that person who listens and who will challenge sometimes but you know that they are always on your side' had been fundamental in helping her look forward to a different future than the one she had imagined. As she explained: 'Once you stop thinking about this little family you are not going to have, you start thinking well, OK, what is my future going to look like? What am I going to do? What can I do? What do I want to do?'

### **Conclusion**

My research highlights the extent to which the continuing silence about pregnancy loss and involuntary childlessness adds to the depth of pain and increases the challenges associated with the process of recovery. There are a number of reasons for this silence. First, the loss itself is hidden: unless the pregnancy is advanced, many outsiders are not even aware of it. In this context, finding the words to explain what has happened is challenging, as is providing a helpful response. Second, with the exception of stillborn babies, there are few rituals connected with pregnancy loss. There are no conventional processes by which the grief can be expressed and shared. As Sylvia recalled, 'I didn't know where it fitted, where this grief fitted in social circles, in life.' Without these processes, which involve a validation of loss and permit an open display of sadness, the grief can be stuck. Third, involuntary childlessness tends to attract negative connotations. Feelings of guilt, responsibility, failure and incompleteness compound the loss. I believe the taboo that continues to haunt pregnancy loss and involuntary childlessness makes the provision of sensitive counselling essential to the wellbeing of women who have been through the experience. Providing an environment where the silence can be broken, the grief and pain acknowledged, the extent of the loss validated and the meanings attached to it explored may allow the process of re-imagining a different future to begin to take place.

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## Notes

<sup>i</sup> Joyce, R. *The love song of Miss Queenie Hennessey*. London: Transworld Publishers, 2014

<sup>ii</sup> Doka, K. *Disenfranchised grief: recognising hidden sorrow*. Lexington: Lexington Books, 1989

<sup>iii</sup> Office for National Statistics. *Cohort fertility, 2012*. Statistical bulletin. Newport: Office for National Statistics; 2013. [www.ons.gov.uk/ons/dcp171778\\_340636.pdf](http://www.ons.gov.uk/ons/dcp171778_340636.pdf)

<sup>iv</sup> Letherby, G. Childless and bereft? Stereotypes and realities in relation to 'voluntary' and 'involuntary' childlessness and womanhood. *Sociological Inquiry* 2002; 72 (1): 7-20

<sup>v</sup> Ireland, MS. *Reconceiving women: separating motherhood from female identity*. London: Guilford Press; 1993