

## DOCTORAL THESIS

### **“Slugs and snails and puppy dogs’ tails” Exploring the ‘gender disappointment’ experiences of mothers of boys who wanted a daughter: An Interpretative Phenomenological Analysis**

Groenewald, Fiona M.

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**“Slugs and snails and puppy dogs’ tails”**

**Exploring the ‘gender disappointment’  
experiences of mothers of boys who  
wanted a daughter: An Interpretative  
Phenomenological Analysis**

**by**

**Fiona M. Groenewald [B. Soc. Sci. (Hons), MSc.  
Health Psychology]**

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**Department of Psychology**

**University of Roehampton**

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## **ABSTRACT**

Research shows that very little is known about the experience of 'gender disappointment' amongst parents in Western cultures, where there is not an explicit cultural bias that favours one sex of child over another as occurs in parts of Africa and Asia. This study explores the lived experience of nine White British women, residing in the UK, who profess to having struggled with 'gender disappointment'; feelings of sadness about the sex of their children. The participants were mothers of sons only, who would have liked daughters. The transcripts from semi-structured interviews were analysed using Interpretative Phenomenological Analysis (IPA). Four superordinate themes emerged: Alienation, Loss, Control and Commodification. The results indicate that 'gender disappointment' is a pervasive and multi-faceted phenomenon which left the participants feeling isolated from their families and society, grieving for something they could not have, and feeling out of control of their bodies, thoughts and emotions. These experiences were underpinned by a wider socially constructed phenomenon of the commodification and objectification of children, and the ethics of reproductive autonomy. Results are discussed in light of the cultural context, drawing on previous discourse on maternal ambivalence and gender stereotyping. It is proposed that the research will be of significance in improving the therapeutic services offered to mothers, and recommendations for future research are made.

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## **CHAPTER ONE**

### **INTRODUCTION AND LITERATURE REVIEW**

#### **1.1 INTRODUCTION**

This study seeks to illuminate the experiences of mothers who have struggled with gender disappointment. I begin by describing the path leading to this project, defining the terms used and reflecting on my position within the research. Thereafter I present the limited research that already exists within the field, and clarify the rationale for undertaking an exploration of this phenomenon.

##### **1.1.1 Background to the research question**

What is it like to be the mother of a healthy baby, and yet be disappointed because it's a boy, or a girl, and you wanted the opposite? During this research process, I have often explained to people that there is a recognised term for this phenomenon: 'gender disappointment'. Reactions included amazement, amusement, anger and curiosity. Very few people responded empathetically, and no one acknowledged having a similar experience.

Yet the women (and men) who struggle with this exist, and they believe that more people 'suffer' from gender disappointment than are willing to admit. It's almost always the first question that we ask an expectant mother; is it a girl or a boy? When news of a birth is shared, it's often the first part of the announcement: 'It's a girl!' The human race is still divided into categories of age, race, sexuality, class, religion; the most binary and prolific of these divisions is sex. It makes sense that it's a topic of interest to us all from birth, but what happens when it becomes more than another characteristic of your unborn child, and rather the entire focus of your motherhood journey?

### 1.1.2 Definition and prevalence of Gender Disappointment

‘Gender disappointment’ (GD) refers to the feelings of sadness and disappointment in the sex of an unborn or living child. This colloquial term apparently originated from the founder of one of the two websites used to recruit participants for this project, in response to her own experience. The term has now been adopted on a second website dedicated to the topic, and has been widely used in media articles and other parenting websites. A Google search of the term revealed over a million results, including thousands of forums on parenting websites, numerous references to newspaper and television articles, and even books written by ‘sufferers’ of GD (Asbery, 2008). Both of the primary websites used for participant recruitment claim to have hundreds of thousands of members active in their online forums, although this assertion is difficult to verify. However, the community may actually be larger than that, due to the concept of ‘lurking’ which is prevalent in online communities, whereby someone may be using the forums to access information or normalise an experience without actively participating by posting comments (Preece, Nonnecke & Andrews, 2004).

One striking aspect of the term ‘gender disappointment’ is the reference to ‘gender’ rather than ‘sex’. The two terms are not semantically interchangeable but are increasingly conflated in the argument around sex-selection practices for non-medical reasons (WHO, 2014; Monson & Donaghue, 2015). ‘Sex’ refers to the chromosomal and anatomical classification of humans into either male or female, whereas ‘gender’ refers to the socially constructed and sanctioned behaviours and characteristics assumed to be linked to sex i.e. ‘masculine’ and ‘feminine’. It is symptomatic of the deeply entrenched nature of the gender binary in society that we assume that the two are linked; that male children will display masculine behaviours

and female children feminine (Rahilly, 2015). As West and Zimmerman (1987:136) purport *‘Doing gender means creating differences between girls and boys and men and women, differences that are not natural, essential or biological. Once the differences have been constructed, they are used to reinforce the ‘essentialness’ of gender’*. Thus, parents who describe themselves as disappointed in the ‘gender’ of their male child, are unwittingly revealing that the desire is not for a child with XY chromosomes and female genitalia, but for a child who will behave in a way that is congruent with social expectations of femininity (Rothman, 1998).

That said, for the purposes of this study, the term ‘gender disappointment’ will be used to refer to disappointment in the sex of the child, in keeping with the terminology used within the community being researched.

### 1.1.3. Reflexive statement

It may interest the reader to learn of my own path towards conducting this research. My family of origin consists of my father, my mother, my two sisters and me. My father was a large, sporty, ‘man’s man’, who idolised his three daughters but made no secret of the fact that he would have loved a son. That said, we were raised to believe we could do anything we wanted to, and there was little focus on ‘gendered’ activities – my sisters and I spent more hours fishing, hiking and sailing than playing ‘princess’. My relationship with my mother is a fairly complex one, and when my father died, leaving us as a family of four women, I became very aware of how unbalanced that felt. I had no desire to replicate my family of origin through either of these factors: being an all-female household, or the complexities of a mother-daughter relationship. My father died before I had children, but perhaps I had also never let go of my early ambition to provide him with a compensatory grandson.

As a result, when my husband and I decided to have children, I felt quite strongly that I wanted a son. We were thrilled to find out when I was twenty weeks pregnant that we were having a boy. However, we also found out that he was going to be born with a congenital defect – cleft lip and palate. The rest of my pregnancy and the first six months of his life, were a traumatic time of feeding difficulties and surgery. When we decided to try for a second child, I desperately wanted to avoid putting another baby, and ourselves, through that again. At an early scan, the sonographer was able to confirm that this baby was unaffected, and asked us if we wanted to know the sex. I remember feeling so grateful and relieved and thinking that the sex seemed irrelevant, and so we said no, and kept it a surprise until the birth.

However, all through my second pregnancy, it seemed as though all anyone was interested in was whether the baby would be a boy or a girl, with both family and friends stating clear preferences! ‘I bet you’re hoping for a girl’ was the most common comment, which left me confused and angry. Did I want a girl? My perfectionistic tendencies were alerted by the idea of the ‘pigeon pair’ (one of each) so often regarded in Western culture as the perfect family. Would this arrangement split our family into boys and girls as some friends said it had done for them? Or would I be lonely as the only girl in a family of boys, as other mothers of all boys confided? Was it wrong to wish that I would have another little boy like my much-loved son? Did my husband secretly want a ‘Daddy’s little princess’? What did all of this mean?

In the end, our second child was a boy. For our family, that’s probably it – we’re unlikely to have any more children. So we are ‘one pink and three blues’. What really stands out for me, however, is that our two boys are so different, in looks,

temperament, abilities and preferences that their similarities seem to end in the fact that they were both born with male genitalia.

This journey has led me to feel very curious about the way other mothers experience it. I was particularly interested to discover how often the term 'gender disappointment' was being discussed on popular parenting websites, and that there were even websites dedicated solely to the topic. I read hundreds of posts from women all over the world, documenting their hopes and dreams for their 'pink or blue bundles' and their despair and grief when their pregnancy turned out to be 'yet another' boy or girl. I found myself wanting to respond to these women and ask more about how they understood their yearning for a son or a daughter as opposed to a baby. More than anything, I felt compelled to explore what it had been like for them to feel disappointed in something as fundamental as the sex of their new-born baby.

## **1.2 LITERATURE REVIEW**

This section will be used to situate the current research within the broader context of women's mental health research, with a particular focus on the perinatal period. Thereafter I will outline the existing research into gender disappointment, both qualitative and quantitative, in Africa, Asia and the West, in order to clarify the need for this study.

### **1.2.1 Women's mental health**

Research into women's mental health is a relatively new field. As recently as the 1970's, feminist writers criticised psychological research which focused wholly on men, or sought to highlight the superiority of men over women (Langdridge, 2004). Even when this trend changed, the focus was on areas where women were seen as inferior, such as sport, politics or business, rather than on motherhood which was

already viewed as uniquely feminine (Stern, 1998). The dominant approach to research into women's mental health has historically been a positivist one, which is still prevalent today (Doucet, Letourneau & Stoppard, 2010). What has emerged from this body of literature is that there are significant sex differences in the incidence of mental health issues. For example, women tend to suffer more from depression and anxiety, whilst men tend to present with personality disorders and substance abuse issues (WHO, 2001).

Positivist research has centred largely on biological and psychosocial reasons for sex disparities in mental health. It has been suggested that women may struggle with anxiety and depression because of hormonal, neurotransmitter and endocrine fluctuations, particularly those associated with pregnancy and menopause (Wittchen, 2010; Blehar, 2006). Psychosocial pressures include the 'double day' effect (Stoppard, 2000) of combining paid employment with childcare and housework. Additionally, the impact of domestic abuse, sexual violence and gender inequality are significantly associated with being female as opposed to male, and are understood to adversely affect the mental health of women (WHO, 2000). The unequal focus on positivist research, with its causal slant, has led the World Health Organisation to recommend that future research is based on the idiographic experiences of women struggling with mental health issues seen to be uniquely female (Doucet, Letourneau & Stoppard, 2010). As Mauthner (1999:143) asserts: *'Mothers' perceptions, subjectivities and accounts have been accorded little value in a field of inquiry which has been dominated by quantitative research within a positivist tradition'*.

### 1.2.2 The experience of motherhood

The birth of a baby, whilst for many new parents an exciting and happy event, can also be fraught with anxiety. The transition to motherhood represents a number of changes: physical, emotional, financial and social. New mothers will have undergone the experience of giving birth, which can often be traumatic, combined with sleep deprivation, hormonal fluctuations, and the realisation of the responsibilities of parenthood (Smith, 1999). Lewis and Nicholson (1998:178) point out that *'the rhetoric of motherhood reflects the belief that the birth of the baby is a 'happy event' and that motherhood itself is a universally fulfilling experience for women'*. It is only as recently as the last two decades that qualitative research into the perinatal period has been conducted from a feminist perspective, allowing for women to begin expressing their individual experiences of the transition to motherhood (Choi, Henshaw, Baker & Tree, 2007). This research has challenged the traditional perception of motherhood which idealised the experience as natural, feminine and overwhelmingly positive, but the social construction of 'good' vs 'bad' mother still exists, and makes it difficult for mothers to voice their negative cognitions and emotions about their new role (Choi et al, 2007).

Whilst it is well-documented that expectant mothers have private fantasies of the experience of motherhood, these appear to be shaped by their understanding of 'mother-work' – what makes a good mother - and the 'shoulds' of motherhood, which arise from their own experience of being mothered, as well as popular literature and social communications (Porter, 2010). When the reality differs greatly from their expectations, mothers struggle to verbalise this, unless they feel that they have common ground with another mother (Stern, 1998). There is also a suggestion that motherhood in the 21<sup>st</sup> century is perhaps tougher than ever – women are perceived

to be able to 'have it all' and 'do it all' – to combine a professional life with being a mother. In reality, having these choices available may only put more pressure on new mothers to create the perfect life (Evans & Evans, 2007). What is it like when these expectations of motherhood are not achieved?

Women in Western societies are largely assumed to ultimately want to experience motherhood, and this belief is held in the context of the social construction of the 'perfect mother' who will sacrifice everything of herself for her children (Forna, 1999). Qualitative research has revealed that women feel guilty about expressing negative feelings about child rearing, and feel that there is a stigma of failure attached to voicing disappointment in the motherhood experience (Mauthner, 1999; Hall, 2006; Bilszta, Ericksen, Buist & Milgrom, 2006). This lack of social sanctioning constrains mothers who experience the gap between idealisation and reality (Arendell, 2000, Parker, 1997). Butler (1990) proposes that women feel ill-equipped to challenge the notion that being a mother is the most significant way to 'do femininity', and so to feel as though you are not doing it 'right' or to speak about not enjoying it as much as you should would call into question how much of a woman you are. Mauthner (1999:158) stresses the need for new mothers to have the support of an '*accepting relational context*' as women may feel pressured into silence about their ambivalent or negative feelings towards their emerging experience of motherhood.

There is however a growing body of qualitative research looking at the experience of mothers who have, whether through choice or circumstance, not subscribed to the socially sanctioned ideology of the perfect mother. Examples of this include being a single mother (Duquaine-Watson, 2010; Hertz, 2008) a lesbian mother (Epstein, 2010; Wall, 2011), an older mother (Shelton & Johnson, 2006),



motherhood through adoption, (Wasinski, 2015), mothering children with disabilities (Dawn Zibricky, 2014; Ryan & Runswick-Cole, 2008), motherhood through surrogacy or IVF, (Van den Akker, 2003; Edelman, 2004) and mothers whose children have been adopted or taken into care (Kretchmar, Worsham & Swenson, 2005; Wells, 2011). Many of these studies reflect common themes – mothers feel isolated from other mothers who are perceived to be doing motherhood properly, guilt and shame for not having been able to fulfil the socially constructed norms of motherhood, and anger or frustration that these expectations exist. Additionally, these authors all highlight the need for further research which listens to the voices of the mothers experiencing difficulties with their parenting journey. The proposed study seeks to add to this body of literature which challenges the stereotype of the ‘Madonna mother’ (Balint, 1939) who is completed by her children.

### 1.2.3 Research into perinatal mental health

The transition to motherhood is a complex process involving a multitude of influencing variables including cultural beliefs, socio-economic status, health care provision, previous children and partner support (Leung, Arthur & Martinson, 2005). However, the bulk of research to date has focused on the phenomenon of post-partum mood disorders, particularly Postnatal Depression (PND). PND is clinically viewed as a major depressive episode occurring after childbirth (Hendrick, 2003). Documented prevalence rates vary, although it is generally agreed that within developed countries between 10 and 15% of mothers will experience persistent depressive symptoms, leading to a diagnosis of PND in accordance with the DSM-IV criteria (Robertson, Grace, Wallington & Stewart, 2004, Craig & Howard, 2008). This makes it the most common ‘diagnosable’ mental health issue to affect women after childbirth, and is purported to have devastating consequences for the mother, child

and wider community if not treated (Dennis & Chung-Lee, 2006; Lanes, Kuk & Tamim, 2011; Milgrom, Ericksen, McCarthy & Gemmill, 2006). This may be why the primary focus of research into 'new motherhood' has been on this topic. This medicalised discourse has been criticised for not sufficiently contextualising the difficulties experienced during this life-changing time; social constructionists seek to frame 'postnatal depression' as a normal reaction to unusually stressful circumstances, rather than a pathological condition unique to less-than-resilient mothers (Oakley, 1980). The proposed qualitative, exploratory research rejects attempts to objectively classify mothers as 'depressed' or 'not depressed' (Lewis & Nicholson, 1998) and rather seeks to further illuminate the complex experience of motherhood from a unique angle.

Of relevance to this study is that many researchers and health professionals believe that the prevalence of PND could in fact be far higher than 10 – 15%, because many women do not seek treatment. One of the major reasons for this is that mothers fear being stigmatised as a 'bad mother' if they appear to be less than happy or able to cope (Bilszta, et al., 2006). This lack of help-seeking would seem to indicate that despite a wealth of research focusing on perinatal mental health, there is still not enough insight into the private and unspoken struggles of mothers. Additionally, the research has focused on named psychological disorders (such as postnatal depression and post-puerperal psychosis) which have measurable criteria that are listed in manuals such as the DSM and ICD. This has potentially come at the cost of research which seeks to document the nuanced transition to motherhood from the idiographic viewpoint of women experiencing it, such as will be undertaken here.

#### 1.2.4 Gender Disappointment: Empirical findings

The number of studies specifically focused on gender disappointment within the body of research into perinatal health is very limited. A search in the 'PsycInfo' database using the keywords "Gender Disappointment" resulted in 25 articles, of which four were peer-reviewed journal articles and the rest popular media articles. The next section will summarise these findings as well as those which emerged using the search term "baby gender".

#### 1.2.5 Gender matters: Research from Africa and Asia

I have included the research that has been done in Asian and African countries for a number of reasons. It is interesting to reflect on the number of studies which have been conducted in these countries where the culture is more open about the value placed on male versus female children. This raises the question of whether there is an implicit social valuing of one sex over the other in Western cultures, or whether the issue of gender disappointment in the West is more idiographic. This study takes a phenomenological approach in that it seeks to explore gender disappointment without the aim of demonstrating causality. That said, it is worth noting that even in communities where it is socially sanctioned to feel disappointment due to the birth of a particular sex, the experience still has a very negative impact on the mother of the child. What impact would this have on women who experience gender disappointment in a culture where this reaction is often seen as socially taboo?

Additionally, there have been very few studies in Western cultures that have focused specifically on gender disappointment. Thus it feels ethically important to document the literature that is available in other countries, in order to support the rationale for this study which seeks to focus on a majority ethnic group.

### 1.2.5.1 Quantitative studies in Africa and Asia

There is a small body of quantitative research into gender disappointment in countries where one sex is more openly prized than the other. The preference for boys over girls in Asia and Africa is well-documented, although the reasons for this differ slightly from culture to culture (Ali, 1989; Obermeyer, 1996; Miller, 2001).

In China, the preference for boy babies over girls is particularly prevalent in areas of relative economic deprivation. Since 1979, China has had a 'one-child' policy to curb population growth (Hesketh, Lu & Wei Xing, 2005); in rural areas, parents are permitted to have another child if the first is a girl. Because China does not have a social security system, parents rely on sons to care for them financially in their old age. Additionally, traditional families value the passing of the family name down through sons to future generations. Xie et al., (2007) conducted a cohort study of 300 primiparous women to examine the relationship between postnatal depression and foetal gender. Using the Chinese version of the Edinburgh Postnatal Depression Scale (EPDS), they reported that 17.3% of the women had PND. The EPDS is a ten-item, self-report questionnaire that has been widely utilised and validated (Cox, Holden & Sagovsky, 1987). Women who had given birth to a female infant were more than twice as likely to have PND as those who had had a boy, which researchers suggest could be attributed to negative social feedback and decreased partner support following the birth of a baby of the less-desired sex. The recruited sample was too small to reliably assess modifying factors of the identified relationship between infant gender and PND.

A quantitative study of 359 women in rural Tamil Nadu, India, was conducted in order to determine the incidence of, and risk factors for postnatal depression (Chandran, Tharyan, Muliylil & Abraham, 2002). Women were interviewed using the

revised Clinical Interview Schedule to detect common mental disorders both during pregnancy and again between six and twelve weeks postpartum. The incidence of PND was found to be 11% in women who had not shown signs of depression prior to giving birth. Controlling for sociodemographic and obstetric risk factors, six factors emerged as significantly associated with PND: low income, adverse life events in the previous year, problems with parents, lack of home help, and birth of a daughter when a son was desired. The authors of this study assert that it highlights the connection between cultural pressure to bear sons and the onset of PND.

Similarly, Patel, Rodrigues and De Souza (2002) investigated the risk factors of PND amongst rural Indian mothers, but with a particular focus on infant gender bias. 270 women were interviewed using a translated version of the General Health Questionnaire (GHQ-12) (Goldberg & Hillier, 1979) and a semi-structured interview during their last trimester of pregnancy, in order to assess ante-natal depression levels. The same sample was asked to complete the EPDS at six to twelve weeks post-delivery, and again at six months after the birth. 14% of the sample in this study had chronic depression post-partum. Sadness about having a female infant was a significant risk factor for developing PND. Furthermore, this factor also modified other significant variables; for example, the risk of depression in mothers who had experienced domestic abuse was higher if the new infant was a girl. The researchers assert that mothers may be blamed for the birth of a girl in this culture which has deep-rooted gender inequalities and a firmly entrenched preference for male offspring. This is due in part to economic reasons and also because sons perform significant religious roles, and are expected to remain within the family circle for life (Pande & Malhotra, 2006).

In a study to investigate the prevalence of Postnatal Depression and risk factors for diagnosis, researchers administered the EPDS to 178 Turkish mothers at their six week postnatal check-up (Ekuklu, Tokuc, Eskiocak, Berberoglu & Saltik, 2004). The level of PND was found to be unusually high at 40.4%. Several factors were associated with a higher risk, but in the logistical model, the family preference for a son, having had a female child previously and unwanted pregnancy were most significantly associated with PND. The researchers provide insight into the complex reasons for son preference in Turkey. Men are very dominant in this culture, especially in rural areas where agriculture forms the basis of the economy and males are preferred for labour. One limitation of this study is the relatively small sample size for a quantitative study. Secondly, there is no mention of the EPDS being back-translated into Turkish which could have affected the prevalence rate.

Adeyuwa, Fatoye, Ola, Ijaodola and Ibigbami (2005) conducted a quantitative analysis of 876 Nigerian mothers who completed the EPDS upon attendance at urban PHC clinics six weeks after the birth of a child. An incidence rate of 14.6% of PND was reported, with a female baby emerging as significantly associated with PND. Similar results were replicated in a follow-up study by Abiodun (2006), in which 379 women completed the EPDS six weeks postpartum. In this study, the only risk factor for PND which was repeated was not having the desired gender for their baby (OR, 2.86; 95% CI, 1.62-5.93). In this case, the desired gender was usually a boy, due to traditional African beliefs that a male child helps to elevate the status of the mother. Polygamy is widely practiced in rural Nigeria (Utulu & Lawoyin, 2007), and there is always the possibility that men would take another wife if the first did not produce a son. The strengths of both of these studies included that the EPDS was

back-translated into the local language of Yoruba and the use of large sample sizes for increased power.

A quantitative study of 484 Jordanian women explored the relationship between knowing the baby's sex and accessing medical care during pregnancy (Al-Akour, 2008). Mothers carrying boys were significantly more likely to attend prenatal check-ups. The authors suggest that this trend is particularly prevalent in rural areas, where sons are needed to assist with agricultural endeavours. An earlier study in Jordan of 1195 women had revealed that boy babies had significantly higher mean birth weights than girls. The researchers highlighted the need for further research into whether expectant mothers took better care of themselves during pregnancy if they knew they were carrying a boy (Al-Qutob, Mawajdeh, Allosh, Mehayer & Majali, 2003).

#### 1.2.5.2 Qualitative studies in Africa and Asia

Few qualitative studies of PND have been conducted in Asian and African countries. Gao, Chan, You and Li (2010) interviewed fifteen first time mothers who scored 13 or above on the EPDS. Participants were interviewed six weeks post-birth, using the Van Manen approach, which is similar to Interpretative Phenomenological Analysis in combining hermeneutics and phenomenology (Smith, Flowers and Larkin, 2009). The study highlighted the negative feedback women received if they had given birth to a female infant. One woman was quoted as saying *"I knew that she (mother-in-law) didn't like it that I'd had a baby girl, as she asked me to have another baby. [...] in China, we cannot have a second baby. She is putting a lot of pressure on me. [...] I wish I were dead."* This study made use of a small, homogenous sample of women from one urban location in China, thereby limiting its generalizability to a population from lower socioeconomic rural settings.

### 1.2.6 The ethics of reproduction: sex selection in the West.

There is limited evidence to suggest that the sex of a baby is important to parents in the West, and even less research into the reasons for sex preference (Kane, 2009). Recent surveys in the United States propose that up to 66% of parents would have a preferred sex of child if they were only able to have one (Leonhardt, 2003) and that 25 to 35 per cent of prospective parents would use medically invasive sex-selection techniques (such as IVF) if they could afford them (Hvistendal, 2011). At America's top two leading fertility clinics, figures of parents who would prefer to have a girl than a boy are as high as 75 per cent (Hvistendal, 2011). This is contradicted by studies carried out in Canada and the UK, which largely found that parents, especially those who did not already have children, had no significant preferences when it came to the sex of the baby (Dahl, Hinsch, Beutel & Brosig, 2003; Serour, 2004). A review of the recent literature on parents' gender preference did reveal that 'family balancing' was becoming increasingly important in developed countries, and that the trend for parents to have a third child was significantly higher where the first two children were of the same sex than when they had one of each (Hank, 2007).

Whilst sex-selection for non-medical reasons is currently illegal in the United Kingdom, some countries, such as North America and Thailand allow a variety of treatments, including MicroSort - artificial insemination using sperm that has been 'sorted' with the use of a fluorescent dye to identify the male or female chromosome. More invasive is the use of Pre-implantation Genetic Diagnosis (PGD), whereby eggs are harvested and fertilised in-vitro and only the male or female embryos are re-implanted into the uterus. This process is more commonly used to aid parents with sex-specific genetic illnesses, such as haemophilia, to have children that won't



inherit the disorder. However, in countries where it is legal, parents may pay to make use of these techniques for 'family balancing'.

### 1.2.7 Gender matters in the West

Dahl et al. (2003) questioned 1001 British men and women aged between 18 and 45 years about their gender preferences and whether they would use pre-implantation sex-selection (specifically, MicroSort). These authors cite four valid bio-ethical concerns with sex-selection: a) non-essential use of medical resources, b) perpetuation of stereotyping of gender, c) pressure on children conceived in this way to be 'feminine' or 'masculine' and d) the danger of opening up further avenues of other genetic characteristics to be medically engineered. Typically in the West, the ratio of boys to girls is almost equal, with slightly more boys than girls being born. The most contentious argument of those who are against sex-selection is that this would become skewed. The results of this survey, which are reported as being in keeping with numerous other studies in Britain, America and Europe, indicate that there is little danger of this occurring. 73% of the sample indicated that the sex of their first born baby was of no consequence, with 16% preferring a boy and 10% a girl. 57% did not care about the gender of their children, but 68% stated that given a choice they would like to have equal boys and girls, and only 5% said they would like all boys or all girls. Significantly, 21% would consider sex-selection interventions, such as MicroSort, if it were available. These findings would seem to indicate that the numbers of parents for whom gender disappointment would be a concern are small but not insignificant.

### 1.2.7.1 Quantitative studies in the West

It should be noted here that most of the studies quoted in this section were researching PND; the findings regarding the sex of the baby were secondary, incidental discoveries. It seems curious that there is so little documented research focusing primarily on the sex of the baby as a factor in the transition to motherhood, indicating that this is still very much a hidden phenomenon.

A handful of quantitative studies in Western countries have revealed that the sex of a baby has an effect on the mood of the mother. Sylven, et al. (2011) administered a Swedish version of the EPDS to 2266 women, at 5 days post-delivery (when the 'baby blues' are said to peak), and then again at six weeks and six months postpartum. They concluded that Swedish mothers of new-born boys were more likely to report depressive symptoms shortly after delivery, although at the six week and six month follow up infant sex was not significantly associated with PND diagnosis. There is a theory that the higher levels of 'baby blues' experienced by mothers of boys can be biologically explained. Decreased levels of the hormone leptin are found in mothers carrying male foetuses, which can be associated with self-reported depression within six months of giving birth (Skalkidou et al, 2009). However, this does not explain the inverse relationship amongst mothers from Africa and Asia. The authors of this study explore the possibility that preference for one sex over another is less likely in Sweden which has one of the highest rates of gender equality in the world. However, they also suggest that *'nowadays, people rarely express gender preferences, but it continues to exert hidden pressure on childbearing women'* (p.198).

The research is well-designed and has many strengths including its large sample size and population-based design. The researchers point to the limitation of using only Swedish-speaking women in the study, but in the context of the proposed research, this is in fact a strength. Because the focus was only on women of Western origin, the data was not conflated by the inclusion of women of other cultures such as Asian and African who are resident in Sweden. Additionally, it is noted that any conclusions from such quantitative studies can only speculate as to the possible reasons behind the higher incidence of baby blues in mothers of male infants as they do not give the participants a voice.

Another quantitative study was conducted on a sample of 181 French women to explore the influence of infant sex on PND risk and maternal quality of life. Participants completed the EPDS and the GHQ12 at around six weeks post-delivery. These two scales assessed depressive symptoms while the SF36 (Ware, Kosinski & Keller, 1994) was used to explore quality of life. The study found that participants who had given birth to a boy had significantly higher rates of PND than those who had had a girl. This was true only of the group of women who were suffering severe PND, as opposed to mild, or no depression. Additionally, mothers of boys scored significantly lower on the SF36 at follow up, indicating that having a boy lowered their perceived quality of life, independent of their depression score (De Tychev et al, 2008). The authors highlight the need for further research into the influence of infant gender on maternal mental health, particularly as these findings were incidental to the observations of result distribution. They conclude that semi-structured interviews would be of interest to elucidate the fantasies that mothers have about their babies prior to knowing the gender. The authors also propose an interesting psychodynamic explanation for mothers' failure to emotionally invest in boys as opposed to girls. One

suggestion is that it is easier for mothers to identify narcissistically rather than oedipally, particularly if the mother's experience of early attachment objects of the opposite sex (e.g. father) were not positive. They provide the example of one mother who was disappointed that her baby was a boy because her own brother had had behavioural problems, and her partner was not supportive of her during the pregnancy. Limitations of this study include its small sample size, and its cross-sectional design.

A recent Swedish quantitative study of 1848 mothers of 18-month old children was designed to analyse retrospective recall of postpartum sadness and associations with maternal place of birth and infant gender (Lagerberg & Magnusson, 2012). More mothers of boys than of girls recounted feeling postpartum sadness, with the exception of women residing in Sweden but from Middle Eastern backgrounds. This highlights the cultural differences in terms of gender disappointment. The obvious limitation in this study is its reliance on the validity of emotional recall, 18 months after the experience. The researchers highlight the need for parents to have an opportunity to discuss the 'taboo' of infant gender expectations as part of perinatal care.

Boyce and Hickey (2005) undertook a mixed-methodology study of 425 Australian new mothers, in an attempt to address the methodological concerns of previous studies which looked at psychosocial risk factors to PND. These issues included selective rather than random sampling and non-standardised identification of cases. Women were recruited into the study two days postpartum and followed up at six weekly intervals for six months. Researchers conducted semi-structured interviews as well as the EPDS and self-report questionnaires around maternal behaviour, coping styles and personality style. The prevalence of PND in the sample

was around 10%. Numerous sociodemographic factors were associated with an increased risk of PND; historic mental illness, poor relationship and social support, and a vulnerable personality style. However, the only factors associated with the infant itself were having a colicky baby and a baby of the non-desired sex. The researchers assert that clinicians working with new mothers should be aware of the potential influence this may have on the mother, and suggest further research into this finding.

Whilst this outcome is of obvious relevance to the proposed research, it should also be noted that the authors do not provide a demographic breakdown of the ethnicity of the sample, simply stating that they were women who spoke sufficient English to partake in the study and were resident in New South Wales, Australia. It may be that the women who were disappointed in the sex of their baby were from Asian or African families, where there was pressure to have a male infant. The researchers also note the limitation of using quantitative measures to explore something as complex as peri-natal mental health. Whilst this robust study provides a 'big picture' view, there is a clear need for a more detailed exploration of individual issues.

#### 1.2.7.2 Qualitative studies

Only one qualitative study was found which specifically addressed the concept of gender disappointment in Western cultures. This was an unpublished thesis from a Canadian Anthropology student, which explored the social construction of gender disappointment as an illness through the use of online chat forums (Duckett, 2008). The researcher used a Grounded Theory approach to analyse semi-structured email interviews and online data from participants on websites for gender disappointment. Her findings centred around the way in which women framed gender

disappointment as an illness, which she argues is due to the collaborative efforts of the anonymised online community. Women feel safe to talk in this environment, and a 'them' and 'us' world is constructed, where women's stories of gender disappointment are validated while those outside the community are construed as lacking empathy for the unique experience being suffered through. The obvious limitation of this study is that the research occurs within the confines of the Internet, and the richness afforded by a face-to-face interview is lost. Affect is hard to read without the addition of body language and other non-verbal displays. Interviews conducted through email create a time lapse in which the participant can censor their words. The proposed research would bypass these losses by conducting in depth face-to-face interviews with women struggling with gender disappointment.

Monson and Donaghue (2015) conducted a discourse analysis on the content of discussions on sex-selection for non-medical reasons amongst parents on three Australian parenting websites. Unsurprisingly, the authors comment on the way in which parents unconsciously conflate sex and gender, by expressing the belief that boys will engage in masculine behaviours and girls in feminine. They also draw attention to the way in which the term 'gender disappointment' is used without further explanation, indicating that it is increasingly socially constructed as a understandable phenomenon, one which is framed as a loss or bereavement, to be processed in the same way that the physical loss of a child would be. Parents also spoke of their discomfort over the lack of control that they had over the sex of their children, and the strength of their feelings of disappointment. Somewhat disturbingly, the researchers quote a parent who described the birth of a child of the unwanted sex as unexpectedly landing in Holland when they had planned a trip to Italy. They describe how Holland is not a place full of *'pestilence, famine and disease'* but that it still

required adjustment, and caused pain when you heard of other people's trips to your desired destination, Italy. It would appear that the researchers were unaware that the original source of this 'poem' was the mother of a disabled child, Emily Perl Kingsley (1987), who wrote it to describe her experience of unexpectedly parenting a child with profound disabilities. Thus, the mothers of boys who wanted girls, in this instance, are comparing their experience with that of mothers of disabled children. Parents who expressed gender desire came up against criticism from those who felt that they were unfit for parenthood if they were only having a baby to get their desired sex. The arguments put forward included using the example of people unable to have children who would be grateful for any healthy child, and criticism of those who placed conditions on their child before it was even conceived. These parents are seen as 'greedy', 'unnatural' and 'controlling', and in response, they express feeling isolated and undermined. The authors also draw attention to the social consequences of legalising sex-selection techniques; the dangers of 'skewed' gender ratios, economic prejudice against those who could not afford them, and opening the floodgates for other gene-based characteristics to be pre-selected.

Kane (2009) undertook a qualitative analysis of interviews with 42 parents in New England, America, to explore the way in which parental gender preference was underscored by preconceptions of 'gendered activities', which they foresaw themselves undertaking with their children. In this way, parents not only strengthen the stereotypes by enforcing gendered interaction, but they also utilise said interactions to enact their own sense of masculinity or femininity. Even when parents describe having not conformed to gender stereotypes as children themselves (i.e. mothers who were 'tomboys'), they still wanted their own female children to conform to 'feminine' activities such as 'shopping' and 'chatting'. The author extends on

Rubin, Provenzano and Luria's (1974) study of parents of new-born babies who already described their offspring using gendered words such as 'pretty' for girls. She asserts that gendered expectations begin even before birth and that this has implications for the children born, especially when the child is of the desired sex, and the *'framework of accountability to gendered expectations'* (Kane, 2009:373) begins. Kane argues that parents should attempt to separate their own gender identity from that of their children and uses the example that a mother who is watching her son play sport, could identify as performing a feminine activity (doing mothering) whilst her son, separate from her, performs his 'masculine' task. This then raises the question of whether there even needs to be the categorisation of tasks into 'essentially' masculine or feminine, and whether parents are capable of suspending their gendered expectations of their children.

Lastly, although the following study took place in an Asian country, Israel has an egalitarian culture, which makes it of relevance to this study. Teichman, Rabinovitz and Rabinovitz (1992) explored the gender preferences of Israeli women beginning with Freud's contention that women want sons to compensate for their own insecurities about being female (and therefore inferior). Historically, there is evidence to show that boys were the preferred gender, even in Western countries, but by the 1970s -1980's this had changed. Pregnant women were asked to state their preferred infant sex, and their anxiety and depression levels were assessed, using validated measures, at three points: before voicing a preference, after an ultrasound which confirmed the sex, and postpartum. Two groups of women were included – first time mothers, and third time mothers who only had children of the same gender i.e. two boys or two girls. Overall, first time mothers did not express significant desire for either sex, but third time mothers with two children of the same



sex expressed significant desire for one of the opposite sex. Neither group responded with increased anxiety or depression to the news that they were carrying a girl, in fact in some women their levels decreased significantly. The opposite was true if third time mothers were told they were having a boy. However, first time mothers who then gave birth to boys reported significantly increased depression levels, especially if they had initially said that they did not care about the sex of the baby. The authors of this study theorise that first time mothers say this as a defence against being disappointed and in order to conform to societal norms about unconditional maternal love, but are then unable to fight these feelings when presented with the reality of the baby. The elevation of anxiety was highest with mothers of two boys who were told they were having a third boy. By comparison, women who had two girls, preferred to have a boy next, but had a girl, experienced relatively mild anxiety elevation. The researchers concluded that Freud's theory is largely refuted in this study, and that the possibility of not having a daughter has a more profound emotional impact than not having a son. They assert that this finding is better explained by the theory that many women see having a daughter as an opportunity to process some of their own identity and individuation issues in a vicarious manner. Additionally the researchers propose that in egalitarian societies where daughters do not 'marry out' into their husband's family, women see daughters as a source of support, and feel the loss of that relationship if they do not have a girl.

Brockmann (2001:199) adds another element to this argument when proposing that *'increasing female labour-force participation and the growing burden of ageing should increase the value of a daughter, since she assumes both the role of a breadwinner and that of a carer'*. These studies highlight the importance of

understanding the cultural context when researching gender disappointment, and maintaining a critical stance towards theories which are not culture specific.

### 1.2.8 Relevance to Counselling Psychology and Rationale for study

This chapter has explored the literature that is presently available on the topic of gender disappointment. It should therefore be clear that there is a paucity of research into this phenomenon, and currently no research at all into the experience of mothers who are living with it. It is obvious from even the most superficial browsing of the Internet that there are a large number of women in the UK, USA and other developed countries for whom this is an issue of concern. What is still unclear is why this is increasingly problematic for women, or what it is like to grapple with it in a society where there is no explicit cultural bias towards one sex of child. This study seeks to be a jumping-off point for continued exploration of this under-researched area. I have attempted to access the heart of the community most affected by this issue, by interviewing mothers who have had sons and wanted daughters. One of the aspects that struck me whilst browsing the relevant websites was how few of the women were accessing any kind of mental health support. Many 'threads' in the chat rooms focused on whether counselling would be 'helpful' in coming to terms with their family demographics. The general consensus seemed to be that accessing therapy would be risky, as the women had already experienced social judgment and isolation, and they feared being further humiliated or exposed to criticism for the way they were feeling. The majority of the women expressed concern that a therapist would not understand their difficulties, or would think they were over-reacting. This clarifies the need for mental health professionals to develop an understanding of what these women are experiencing, in order that we can tailor services to better support them.

The next chapter will outline the methodology used in conducting this study, including a justification for the use of a qualitative methodology in general, and in particular, Interpretative Phenomenological Analysis. Additionally, I will explain the theoretical and philosophical underpinnings of this unique approach, and how these complement both my own epistemological stance and the credo of Counselling Psychology. As well as a detailed description of the process undertaken, I will also reflect on the ethical dilemma posed in using a sample consisting of a majority ethnic group.

## **CHAPTER TWO**

### **METHODOLOGY AND PROCEDURES**

#### **2.1 METHODOLOGY**

##### **2.1.1 Introduction**

I begin this chapter by reiterating the aims and rationale for the study, as per Chapter One. I continue to explain the design of the research, justifying my decision to use qualitative methodology and in particular Interpretative Phenomenological Analysis (IPA) as opposed to other options which I considered. Thereafter, the theoretical and philosophical underpinnings of IPA, as well as the specific procedures used are discussed. I end by drawing attention to the validity and ethical issues which arose, as well as a reflexive comment on my participation in the research.

##### **2.1.2 Research Aims**

This research aims to illuminate the lived experience of White British mothers who consider themselves to be struggling with 'gender disappointment'. The participants have all given birth to sons, and would have liked to have had at least one daughter. My hope is that this little known phenomenon will be explored in detail, and that the study will contribute to the under-researched domain of mental health in motherhood.

##### **2.1.3 Rationale for a qualitative approach**

As with any research, the decision to use a particular methodological approach is based on a number of considerations. Firstly, it is essential to ensure

that it is appropriate to the research aims, and also does not simply duplicate existing literature. The majority of the prior research which was cited in Chapter One was quantitative, relying on data gathered from questionnaires and attempting to create a globalised understanding of the peri-partum period that is generalizable and utilisable across cultures. This is typical of positivist research which seeks to establish an objective 'truth' about, or a causal relationship between, phenomena (Willig, 2001). By contrast, this piece of research seeks to gain a depth, rather than breadth, of insight into the lived experience of a specific group of women coming to terms with a particular, under-explored aspect of motherhood.

The phenomenon of gender disappointment amongst White mothers is, as demonstrated in Chapter One, largely undocumented from either a quantitative or a qualitative perspective. Thus I specifically chose a qualitative, exploratory approach, which is purported to be particularly useful to "*find out what is happening, particularly in little-understood situations...seek new insights...[and] assess phenomena in a new light*" (Robson, 2002, p.59); qualitative methodologies are widely acknowledged to be useful in gaining broader understanding of under-researched domains (Barker, Pistrang & Elliott, 2002).

#### 2.1.4 Epistemology

One of the most persuasive reasons for selecting Interpretative Phenomenological Analysis as a methodology was its consistency with my epistemological stance. The hermeneutic element of IPA compels researchers to be transparent about their personal epistemology - "*particular sets of assumptions about the bases or possibilities for knowledge*" (Coyle, 2007:11), and to reflect on how this will influence our data analysis. That said, one of the advantages of IPA is its

'epistemological openness' (Larkin, Watts & Clifton, 2006:114), which lies on a continuum between critical realism and social constructionism; although exactly where is the subject of many controversial discussions in IPA circles. From an ontological perspective, most IPA researchers would agree that the approach is a realist one, in that we seek to understand and engage with real-world phenomena (Smith, et al, 1999). However, there is divergence within the field as to how 'real' the final product of the analysis is, given the interpretative and intersubjective nature of the analytic process.

I consider my approach to be more towards the post-positivist, critical realism end, in that I believe that the analysis of the interview transcript will reveal an element of 'truth' or 'reality' about the participants' experiences of gender disappointment. That said, I recognise that this will be coloured both by what they may withhold or forget to say, and also by the filter of the double hermeneutic; the unavoidable impact of the subjectivity of both researcher and participant (Madill, Jordan & Shirley, 2001). Additionally, I am mindful of the recommendation that as an IPA researcher, I must attempt to bracket off my a priori assumptions. As Maykut & Morehouse (1994:56) purport: *'The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned into the experiences and meaning systems of others – to indwell - and at the same time to be aware of how one's own biases and preconceptions may be influencing what one is trying to understand'*.

In my struggle to define my epistemological stance, as I vacillated between realism and constructivism, I was reassured by two perspectives from experts in the field. Madill, et al. (2000:9), purport that *'contextualism may utilise a critical realist stance'* and quote Parker, (1996:4) as saying that this combination *'grounds discursive accounts in social practices whose underlying logic and structure can, in*

*principle, be discovered*'. Secondly, Larkin (2006) describes IPA as recognising that people's claims have the status of reality for them, but concedes that we can't get at this reality directly – only at co-constituted versions of it. In other words, as a critical realist, I accept that the findings of the study will be the reality of the 'person-in-context' (Larkin, 2006). As Willig (2008:13) says *'while experience is always the product of interpretation.... It is nevertheless 'real' to the person having the experience'*.

Drawing on Heideggarian notions of 'being-in-the-world', IPA regards the participant as *'embedded and immersed in a world of objects and relationships, language and culture, projects and concerns'* (Smith et al, 2009:21). I view my participants as a part embedded in the whole, thereby rejecting both the Husserlian concept that a phenomenon can be reduced to its essence by bracketing off our 'fore-understandings' of the world, and the Cartesian divide between mind/body and subject/object (Larkin, et al, 2006). I give credence to the notion that we are all contextual beings, and as such, my understanding and interpretation of what the participants choose to share will be limited by the unique situation of the research, the relationship between the participant and myself during the interview, and the complexities of the participants' cultural, social, economic and familial backgrounds.

The emphasis in IPA is on language as subjective meaning-making, as experienced by the participant, telling of their experience of a particular phenomenon during the interview process, and intersubjective interpretation, as defined by the double hermeneutic. Madill, et al. (2000:3), argue that critical realism *'admits an inherent subjectivity in the production of knowledge'*; thus the epistemological standpoint of critical realism is in alignment with the theoretical underpinnings of IPA (Smith, 1996).

### 2.1.5 Counselling Psychology and Interpretative Phenomenological Analysis (IPA)

The decision to use Interpretative Phenomenological Analysis (IPA) was based on the perceived research gap for a rich, personalised account of gender disappointment, and how mothers experience the phenomenon. IPA, although a relatively new methodology, is increasingly popular with qualitative researchers who seek to explore the lived, embodied experience of participants, with a focus on thoughts and emotions (Smith & Osborn, 2008). It is purported to be of particular use in 'woman-centred' studies, where a medical or positivist paradigm is criticised as not providing enough idiographic insight (Smith, et al. 2009).

Specifically, IPA is appropriate to the field of Counselling Psychology because of its inductive, subjective, reflexive approach. Counselling Psychology, also a relatively new field, has theoretical links to the humanistic tradition of therapists such as Carl Rogers, who felt that the key to therapeutic change was in understanding the subjective experience of the client (Strawbridge & Woolf, 2003). The emphasis in Counselling Psychology on the therapeutic relationship, and on the therapist's attempts to empathically enter the world of the client through an intersubjective framework (British Psychological Society, 2000), has clear parallels with a research methodology that seeks to avoid a priori assumptions, and focus on a transparent, idiographic, collaborative analysis (Reid, Flowers & Larkin, 2005).

With hindsight, it is important to recognise that the contextual element of the 'interpretative' aspect of IPA must of necessity include an exploration of the context of the researcher. Although for the purposes of this study, I was wearing my 'researcher hat', it was perhaps inevitable that my clinical training and theoretical learning as a Counselling Psychologist would impact upon the research process. With this in mind, I acknowledge that my approach to client work as a Counselling



Psychologist is as a relational psychodynamic practitioner. My interest in early attachments, repeated patterns of relating to others, and unconscious desires and unresolved conflict (Lemma, 2003) may inevitably have influenced my thinking, both during the interview process and the analysis. Tensions exist between psychoanalytic thinking and a phenomenological approach, particularly with regards to the understanding of how close to the real experience the interviewer can get if they are listening out for unconscious processes rather than focusing on explicit text. However, many qualitative researchers agree that if the research is properly carried out with due attention to procedure, then a framework of psychoanalytic thinking, applied post-hoc, *'comes in important aspects close to the conceptions of knowledge production with existential, hermeneutic, dialectical and postmodern philosophical positions'* and is *'relevant for enriching and deepening the use of qualitative interviews'* (Kvale, 2000:9, 11).

IPA has developed as a unique methodological slant, which comprises a solid philosophical and theoretical foundation, clear technical guidelines, and a body of high-quality research papers (Chapman and Smith, 2002). By using this methodology to focus on the voice of the individual, I hope to gain sufficient insight to be able to amplify the experiences of this specific population (Eatough & Smith, 2008). Whilst researchers will be extremely cautious about making generalised claims on the basis of the findings from a small homogenized sample, IPA does not dismiss the idea that our understanding of a wider population can increase through learning of the experience of a few individuals (Smith et al, 2009).

### 2.1.6 Other considered methodologies

I considered Grounded Theory, Discourse Analysis and Narrative Analysis as alternative approaches to IPA. I provide a brief description of these methodologies, along with my rationale for ultimately choosing IPA.

There is some overlap between Grounded Theory (Charmaz, 2006) and IPA; Grounded Theory is also an inductive methodology which makes use of purposive sampling, and does not rely on pre-existing theories or hypotheses (Glaser & Strauss, 1967). However, the purpose of this study is to look at the nuanced detail of a specific, unusual experience within a homogenous sample of participants. This is in contrast to Grounded Theory which aims to build up an account that results in a constructed theory, and attempts to generate explanations for the experiences of the participant, in order to formulate a theoretical framework (Smith, et al. 2009). Additionally, Grounded Theory is better suited to research questions which are action or process oriented, such as how people negotiate power in the therapy room, as opposed to IPA which looks at how people create meaning out of experience (Charmaz, 2006; Smith et al, 2009). This does not rule out the possibility that the findings of this initial foray into gender disappointment could lead to further studies where Grounded Theory might be more appropriate.

Discourse Analysis consists of two main branches: Foucauldian Discourse Analysis (FDA), and Discursive Psychology (DP), which share a commitment with IPA to exploring linguistics, but are more social constructionist in epistemology (Smith, et al, 2009). FDA is concerned with how dialogue is used to shape reality and identity and uphold social processes (Willig, 2001), whilst discursive psychology focuses on 'talk as action'; how discourse is used to negotiate social interactions and perform certain tasks such as denying responsibility or shifting blame (Potter & Wetherell, 1987). The use of

discourse analysis may have proven useful in understanding the way in which women use language to construct an understanding of their experience, or defend their psychological difficulties in the face of a social taboo (Willig, 2001). IPA and DA both prioritise the qualitative analysis of language; however proponents of IPA are interested in the cognitions which underlie speech, whilst discourse analysts focus on the tasks performed by language (Chapman & Smith, 2002). My main concern was that these constructionist approaches might 'shut down' rather than illuminate the lived experience, which is the primary aim of this study.

Lastly, I considered using Narrative Analysis. This qualitative approach is predicated on the notion that people tell stories in order to make sense of their lives and to present themselves to others, particularly at times when their lives feel disordered or volatile (Sarbin, 1986). Data is examined by the analyst for evidence of the ways in which stories are used in different contexts, the hermeneutic role of the narrator, the response of others to the story and how this affects the participant. It is similar to IPA in that the subjectivity of the researcher is acknowledged, and has been widely used in studies of women's experiences, which made it an attractive option for this research (Frost, et al. 2010). However, whilst there may be elements of narrative analysis woven into the analysis of this study, I did not deem it to be a better fit than IPA, which lends itself more fully to a journey '*through the linguistic, to the affective, physical and cognitive lived experience of the individual*' (Frost, 2011).

#### 2.1.7 Interpretative Phenomenological Analysis: Theoretical and Philosophical

##### Underpinnings

In 1996, Jonathan Smith published a paper in *Psychology and Health* outlining his newly-developed qualitative approach to psychological research. His

argument was that there was a need for a research methodology that was grounded in psychology, rather than being borrowed from allied fields, and captured the experiential side of psychology, rather than the experimental (Smith, 1996). Initially, this approach was mainly used in health psychology research, but has since spread to being used in other areas of psychology, and more recently in other disciplines as well (Smith, et al., 2009).

The main concern of IPA is the personal lived experience of a phenomenon, as described and made sense of by a participant. This primary focus is clearly seen through the three main theoretical underpinnings of IPA, namely phenomenology, hermeneutics and idiography.

#### 2.1.7.1 Phenomenology

In the early 20<sup>th</sup> century, Edmund Husserl founded the school of phenomenological philosophy. His drive was to discover a way of allowing for the minute examination of a particular experience, which would be so in-depth that it would isolate the particular key features or the 'essence' of the experience that made it unique. He argued that if this distillation of a phenomenon could be achieved, it would then be possible for them to transcend the phenomenon and be extrapolated for others to draw on when experiencing the same phenomenon. In other words, it is possible, Husserl believed, to bracket off our 'natural attitude' – our perceptions, judgements and assumptions, and move to the 'phenomenological attitude', thereby reducing a phenomenon to its universal essence (Smith, et al., 2009).

Initially, Martin Heidegger followed Husserl, but then diverged, arguing that the essentialist reduction of a phenomenon is impossible, because we always bring our own 'fore-structures' or pre-conceptions to our observations of a phenomenon.

He therefore explored hermeneutics (the theory of interpretation), and acknowledged the importance of seeing the person within their social and cultural context, highlighting the influence of our fore-structures on an inter-subjective relationship with that which we are observing. IPA draws on Heideggerian philosophy, arguing that we are embedded in the world, as is the participant, and so the best we can hope for is to *'capture particular experiences as experienced for particular people'*. (Smith, et al. 2009:16).

The initial aim of developing IPA was to translate the philosophy of phenomenology into a research methodology that could be used to examine in detail the lived experience of a phenomenon from the unique position of those who have encountered it, as opposed to attempting to shoehorn them into predefined categories.

#### 2.1.7.2 Hermeneutics

The view of IPA that people are beings-in-the-world applies to both participant and researcher and influences the hermeneutic, reflexive approach that is key to IPA research (Smith et al., 2009). The direct relationship between the 'fore-structures' of the researcher, and the interpretative element involved in making meaning of the participant's words, have led to the re-formulation of Husserlian 'bracketing' in IPA as *'a more enlivened form.... a cyclical process and something that can only be partially achieved'* (Smith et al., 2009:25).

In fact, IPA acknowledges that we can never really know exactly what it is like to inhabit another's individual's internal world, and that their account of it is also influenced by their attempt to make sense of it. In this way, IPA involves a 'double

hermeneutic' with the researcher attempting to make sense of a participant's attempt to make sense of an experience (Smith & Osborn, 2008).

The double hermeneutic could also be used to describe the dual stance of the researcher as both active participant and objective analyst (Smith & Eatough, 2007). Ricoeur (1970) uses the terms 'hermeneutics of empathy and suspicion' to denote this paradoxical viewpoint. This brings to mind the 'third space' described by Benjamin (2007) in relation to intersubjective therapeutic work, who advocates that the therapist attempts to both interact with the client and simultaneously view the dyad from an external, third viewpoint. This further emphasises the alliance of IPA with Counselling Psychology.

#### 2.1.7.3 Idiography

Another element of IPA that confirms its value in qualitative research is its focus on the idiographic. Rather than attempting to extrapolate to a more generalised understanding of a topic, IPA seeks to focus on the minutiae of a small participant group, in order to get '*experience-close*' (Silverstein, 1999). The advantage of this, according to Smith, is that by listening to the individual, we can begin to tease out particular common themes, convergences and divergences, which then help us to be thoughtful about how these connect with other, similar, groups and experiences (Eatough & Smith, 2008).

## **2.2 PROCEDURES**

### 2.2.1 Sampling and Inclusion Criteria

The sample comprised nine women aged between 27 and 45 years old. In order to partake in the study, participants needed to be over the age of 18, White

British, English speaking, and have given birth to boys only. The sample size was in keeping with the guidelines of IPA (Smith et al, 2009) which suggest that between four and ten participants are appropriate for a doctoral study. This allows the necessary time to be devoted to depth of analysis and idiography.

### 2.2.2 Pilot Interview

Before beginning recruitment, I conducted a pilot interview with an acquaintance; the mother of three boys who would have loved a daughter. I did not use the data from this interview in the final analysis, as a) I used this interview to substantially alter the schedule of interview questions and b) I felt that the participant's openness was constrained by our social connection. Initially, the aim was to recruit mothers of either sex of child who would have liked the other. However, as a result of the pilot interview I took the decision to narrow the focus of the study to mothers of boys who wanted a daughter. This choice was based on the importance afforded to homogeneity of the sample in IPA (Smith, et al., 2009). My own perception, from extensive reading of the website chat forums, was that there were more mothers of boys who wanted a daughter, than mothers of daughters who wanted a son. Thus the recruitment process would be expedited by focusing on the former, and the homogeneity of the sample would be increased by de-selecting the latter group.

### 2.2.3 Recruitment of a majority ethnic group

At this point it seems important to comment on my decision to limit recruitment to White British mothers only. This is because of the well-documented influence of cultural expectation on gender disappointment, particularly amongst women of Asian and African descent, whether they are British-born or still living in their country of

origin (Woolett, Dosanjh-Matwala & Hadlow, 2007). As demonstrated, the research gap is specifically the lack of attention paid to this phenomenon amongst White Westernised women, where there is no explicit cultural preference for a particular sex of infant (Hvistendal, 2011). I was uncomfortably aware that the project specifically targeted a majority group, although the reasons for this were made clear in all participant-facing recruitment and consent documentation. Throughout the research process, this explanation was well-received by potential participants.

#### 2.2.4 Recruitment process

I began by identifying four websites where women were discussing 'gender disappointment' by entering the term 'gender disappointment' into the search engine 'Google'. Two of the websites were UK based, and used generally by parents to discuss various aspects of pregnancy and motherhood. The other two are US based, and are specifically for parents who want to discuss sex-selection techniques, with dedicated online forums for discussing 'Gender Disappointment'. The overwhelming majority of users are female. I contacted the website administrators in the first instance, and permission was granted for me to post on the forums advertising the study and asking for participants (Appendix A). I have assigned pseudonyms to the four websites in order to protect the anonymity of participants, as it is easy to gain access to the forums which are open to public viewing, and the women might be identified through their stories in the chat room. The two general parenthood websites will be referred to as [www.parent1.com](http://www.parent1.com) and [www.parent2.com](http://www.parent2.com) and the two specific gender selection sites have been anonymised as [www.GD1.com](http://www.GD1.com) and [www.GD2.com](http://www.GD2.com). In the end, one participant was recruited from [www.parent1.com](http://www.parent1.com), none from [www.parent2.com](http://www.parent2.com), six from [www.GD1.com](http://www.GD1.com) and two from [www.GD2.com](http://www.GD2.com).



### 2.2.5 Reflection on recruitment

Before I began recruiting, I spent a considerable amount of time reading the forums and gaining an understanding of the online community that had been formed. The responses to the advertisement were mixed. Some of the women were concerned with verifying my research credentials, worried that I was a journalist. Some wanted to know what my experience of Gender Disappointment was and why I was interested in it. One member was particularly upset, and posted a comment about me 'wading through (our) pain in order to get (your) degree'. I found this uncomfortable as it was somewhat true. Whilst I was emotionally invested in the research, and there was an altruistic element in my desire to gain an understanding of the women's experience, I could not deny that I would probably gain more than they would from the research process. I had to remind myself of the boundary present, that although I was a 'clinician-researcher', my purpose was not to provide therapy for participants; I did not aim *'to help or heal'* (Rizq, 2008:43). I was relieved when other members defended me, pointing out that participation was voluntary, whilst many members expressed their appreciation that the topic was being researched.

I noted that on one website alone ([www.GD1.com](http://www.GD1.com)), the study advertisement was viewed almost a thousand times, and yet only six women came forward to be interviewed. Obviously, the narrow focus of the research to UK based, White mothers of boys may account for a large part of this, but it also suggests a certain reluctance on behalf of the members to leave the safe anonymity of the online community and speak to someone face-to-face.

### 2.2.6 Demographics of Sample

The final sample comprised nine White, British women, aged between 28 and 45 years, residing in many different parts of the UK. One participant had only one son, five participants had three sons, and three had four sons. All of the women were married, although not all the children in each family had the same father. Five of the women were stay-at-home mothers, one was a midwife, one a part-time bank worker and doula and one a charity worker (on maternity leave). I have allocated each participant a pseudonym which bears no connection to their own name; names were selected that corresponded alphabetically with the order in which they made contact.

Demographic details can be found in Table 1 below:

<b>Pseudonym</b>	<b>Age</b>	<b>Ethnicity</b>	<b>Employment</b>	<b>Ages of children</b>	<b>Marital status</b>
A: Adele	37	British	Housewife	7/5/2 years	Married to father of third child
B: Bianca	45	British/ South African	Housewife	22/19/11 years	Married to father of third child
C: Claire	35	British	Housewife	4/3 years 2 months	Married to father of children
D: Diana	35	British	Housewife	6/5 years 6 months	Married to father of children
E: Ellen	38	British	Teacher	18/15/11 years 2 months	Married to father of 4 <sup>th</sup> child
F: Fran	28	British	Charity worker	2 months	Married to father of child
G: Georgina	35	British	Housewife	6/4 years 18 months	Married to father of all children
H: Helen	36	British	Midwife	5/5/3/1 years	Married to father of all children
I: Ivy	36	British	Bank worker	13/11/9/6 years	Married to father of all children

**TABLE 1: Participant demographic details**

### 2.2.7 Interview schedule

I collected the data by means of face-to-face interviews with each participant. In keeping with IPA, a semi-structured interview schedule was drawn up (Appendix B), consisting of eight open questions. This was not strictly adhered to, as the purpose of the questions is merely to *'facilitate a comfortable interaction'* (Smith et al,

2009:59) whereby the participant feels free to narrate their experience without interruption or direction. I used the data from the pilot interview to refine the original interview schedule, and as the interviews progressed, I dropped some questions and added others. For example, the question 'How does this experience compare with other disappointments in your life' did not seem to open up anything for the first two participants and so it was removed. I added in a question about the importance of control to the women, after the first two participants had often alluded to it. The participants generally needed very little prompting and spoke at length without much intervention. In fact, during most of the interviews, I went back over the interview schedule and realised that the participant had unwittingly answered most of my questions in an organic fashion through the free flow of dialogue.

It is only with hindsight that the full weight of the responsibility of creating the interview schedule becomes obvious to me. Hunt (1989:5) describes the researcher as the 'instrument of inquiry'; the data which were collected through this research were unavoidably influenced by what I was *'able to hear, thought to ask, what I avoided, pursued, remember and forgot, and, importantly, through what I felt'* (Elliott, 2011:1).

### 2.2.8 Interview Procedure

Interviews took place in the participants' homes, apart from Ivy who preferred to meet in a private room at her workplace. Being in their own homes seemed to engender a sense of intimacy and security for the participants, which contributed to the ease with which they spoke. All of the participants were very warm and welcoming, and at no point did I feel that I was intruding. However three of the participants were very wary when we first made arrangements and two of them gave

me pseudonyms until we met. They described their fear that I would turn out to be a 'hater' – someone who is violently opposed to women 'complaining' about the gender of their children and abuses them either online or in real life. I took the step of ensuring my own safety by leaving the contact details of the participant and my travel arrangements in a sealed envelope with my husband, who was to open it if I did not call him at a pre-arranged time at the end of the interview.

I always opened by reminding the participant that there was no set agenda for the interview other than to give me a sense of what they had experienced, thus placing them in the position of expert on their own life. Beginning the interview with the non-challenging question 'What made you come forward for the research' gave the participants an opportunity to reflect on their position in a relaxed way. My sense from the participants was that they were eager to talk, and in many cases I felt that the floodgates had opened. I am indebted to the participants for their candour and willingness to share difficult thoughts, experiences and emotions, which I attribute to the significance of this phenomenon in their lives, and to their self-reflective capacity, rather than any interviewing skill of my own. I came away from the interviews feeling humbled, concerned and curious. I found myself thinking about the women as I went about my daily life, but noticed that it was mostly when I was in my 'mother' role, rather than when wearing my student/researcher/clinician hat. If one of my sons did something infuriating, I found myself thinking for the first time 'Is that because he is a boy?'; or wondering if the participants would assume that these maddening activities (fighting, shouting, being messy or rude) were 'gendered' and feel burdened by their 'mother-of-boys' status. It was an uneasy experience, realising that there were aspects of my own motherhood journey that I had not fully considered, but also that myself as a mother and myself as a researcher were inextricably linked. The

'bracketing' of myself-as-mother-of-boys would take some careful consideration. It was important to think of this as somehow similar to the role of the therapist, in that I needed to maintain the '*empathic, intersubjective relationship with participants*' (Rizq, 2008:44) whilst simultaneously creating the third space (Benjamin, 2007) necessary to interpret the data without undue subjectivity or emotionality.

## **2.3 ETHICS**

The initial proposal for this research was submitted for ethics consideration under the reference PSYC 14/112 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 21/01/2014 (Appendix C). The study was carried out with due consideration given to ethical guidelines of the University of Roehampton, and the University's Code of Good Research Practice.

### **2.3.1 Voluntary Participation and Informed Consent**

Participants voluntarily responded to advertisements placed in online forums; there was no obligation or incentive to participate. Once a potential participant had contacted me via email, I provided them with an Information Sheet (Appendix A) giving more details about the study, my credentials and participant requirements. It was also made clear to participants that whilst they could be in therapy, an active diagnosis of Postnatal Depression would exclude them. If the participant then agreed to be interviewed, arrangements were made to meet at her home. At this stage, I sent the participant a copy of the Consent Form (Appendix D), which again gave details of the study and outlined how her anonymity would be protected. It also explained that participants had the right to withdraw from the study at any time, but should this occur once the study was written up, their data could still be used in an

anonymised, aggregated form, although the interview recording would be deleted. At the interview, I read through this form again with each participant, and then asked them to sign two copies of the form and retain one for themselves. They all agreed to be audio-recorded and were asked if they would like to see a copy of the full transcript once it was complete. All participants declined, but five out of the nine expressed an interest in reading the completed study. Participants were informed that an anonymised version of the completed transcript could be viewed by my supervisors and examiners. This aspect is explored further in Section 2.8.

### 2.3.2. Participant Anonymity

I took detailed steps to ensure that the participants' privacy was protected, starting with the anonymising of the websites used in recruitment. Interviews were recorded using two digital recorders; as soon as I had transferred these onto my personal computer the original recordings were deleted. The computer hard drive was password protected, and during transcription I took care to alter or anonymise all names, locations and other identifying details such as employment or schools.

In keeping with the University of Roehampton's Code of Good Research Practice, I will hold the audio files in password-protected files for ten years after publication of the study, and back them up on a password protected USB stick. Consent forms will be kept in a locked cabinet, separate from the unique identifying numbers given to participants.

### 2.3.3 Participant Distress

It is my belief that the process of immersion in the online forums, coupled with the experience of conducting a pilot interview, afforded me an insight into the

sensitive nature of the topic at hand, and heightened the empathy shown during the interviews. Participants were informed that they were free to stop if they felt upset or distressed, and that they could choose not to answer a question if they didn't wish to. Before leaving, I ensured that I took participants through a Debrief Form (Appendix E) and left details of how to access my supervisory team if they had any concerns. Participants were also asked to complete a short demographic questionnaire (Appendix F), and were given an identification number to use should they wish to withdraw from the study. Whilst all of the participants showed signs of being upset during the interviews, they all declined the offer to stop the process. I used my clinical training to assess whether anyone demonstrated unusual distress, and was satisfied following the debrief that none of them posed a risk to themselves or their children.

## **2.4 TRANSCRIPTION**

Within forty-eight hours of the interview, I transcribed verbatim the audio-tapes of the interviews, including all of my own questions, comments and interjections. This allowed an opportunity to reflect on the interview whilst it was still very present, and make notes in a research journal. Transcriptions were formatted as a Word document in landscape orientation, with each line and page numbered for ease of reference, and wide margins left on both sides for the annotations required during analysis.

I also made note of significant silences and non-verbal sounds such as sighing, laughter and crying, as well as verbal utterances such as 'ugh', 'um', in order to produce a transcript that was as close to the original discourse as possible. IPA does not require the detailed prosodic transcription required by other forms of

qualitative analysis such as conversation analysis, which focus more on the content and function of speech (Smith, et al, 2009).

Although the transcription process was laborious and time-consuming, I felt that it was an important first step in immersing myself in the voices of the participants, which would not have occurred if an external service had been used.

## **2.5 DATA ANALYSIS**

### *2.5.1 Analysis procedure for individual transcripts*

I only commenced the analysis once all the interviews had been conducted and the transcripts were complete. I analysed each transcript individually in full, before moving on to the next. I read and re-read each transcription several times whilst simultaneously playing the audio recordings, in order that I could pay close attention to both language and intonation. I then used three different colours to make exploratory comments in the right hand margin of the page. These denoted three 'categories' of comment: descriptive, linguistic and emotive (Smith et al, 2009). Descriptive comments focused on describing the content of what was being said, and included initial thoughts on the text, images which came to mind, connections to previous sections and indications of the participants' interpretations. Linguistic comments looked at specific use of language such as similes e.g. 'it felt like I was carrying a great weight around'. Lastly, emotive words such as 'guilt' 'fear' and 'frustration' were highlighted along with comments on tone and non-verbal additions to the text. These comments were then broadly categorised into initial emergent themes which were listed in the left hand margin; comprising a short phrase or a couple of words that best summarised a section of text or linked together a few of the exploratory comments. At this point, the analysis moved from the descriptive to the



conceptual or interrogative; more psychological terminology was used, and I examined the text for incidences of contradictions and amplifications. (Appendix G provides an example of an analysed page of transcript). The transcript was then re-read, with reference to the emergent themes, to ensure that they did in fact reflect concepts emerging from the text.

### 2.5.2 Master themes

Once I was satisfied that I had a full list of initial themes for the transcript, these were listed chronologically, together with quotes from the text which provided best evidence for the theme (Appendix H provides an example). I then examined them to see if any of the themes potentially clustered together. These clusters were then given master theme labels which succinctly summarised the initial themes that they represented. For each transcript, I set a limit of three master themes containing three or four emergent themes each (Appendix I provides an example). At this stage, initial themes which did not seem to cluster together were temporarily laid aside, and the next transcript was analysed using the same steps.

### 2.5.3 Superordinate Themes

Finally, Master themes from each participant were examined for convergence, and these were used to create a list of superordinate themes. The transcripts were re-read in order to compare the themes for convergence and divergence across the participants and these superordinate themes were used to construct a Master Table of Themes, listing the superordinate theme, the master themes, and a page and line reference for quotes which supported the emergence of each theme. (Appendix J). In order to be included in a superordinate theme, at least half of the women needed to have referred to a similar concept, whether convergent or divergently. Four

superordinate themes were selected for discussion, which were deemed to offer the richest insight into the participants' experiences.

## **2.6 REFLECTIONS ON THE ANALYSIS**

The 'double hermeneutic' in IPA necessitates an awareness of the researcher's subjectivity in the research process. Smith et al., (2009) highlight the importance of reflexivity in assisting us to become aware of our own pre-conceptions and their influence on how the phenomenon is revealed. The first point of reflection came before recruitment even began, as I noted my reaction to comments made and stories told on the various forums I was perusing. For example, I felt surprised by the intense emotions being expressed by the women, and the lengths to which they were prepared to go to conceive their desired gender. I also felt quite shocked when I read about pregnant women who were considering termination because the baby wasn't the desired gender, and I was forced to acknowledge that I found this difficult to empathise with. I felt voyeuristic reading such personal revelations, knowing that I was only in the chat rooms to recruit for my project, and not because I shared in their pain and disappointment. It was my first point of entry into the life world of the participants, and the first realisation I had of my position as an outsider to their unique experiences.

Prior to constructing the Master Table I asked a colleague to read the transcripts and themes and ensure that connections were clear. Smith (2003) recommends the inclusion of this 'independent audit' by a second researcher in order to increase the quality of the outcome. Thinking about this aspect raised the question of 'testimonial validity' (Stiles, 1993) – a controversial topic amongst IPA researchers. Should participants be encouraged to read and edit their completed

transcripts? Whilst there is a valid argument that this enhances the ‘trustworthiness’ of the interpretation of the raw data, the counter argument is that allowing participants to review the transcript post-analysis can hinder the validity of the researcher’s interpretation (Meyrick, 2006). In this study, it was with some relief that I realised I was able to neatly sidestep this debate as none of the participants elected to view their completed transcripts.

It was at this point however that I started to reflect on the feeling of discomfort regarding the co-constructed nature of IPA research – where was the boundary between the participants and myself, and at what point did ‘their story’ become ‘my data’? I began to feel the first stirrings of unease about the analytic process, and to start confronting my anxiety about the three-way responsibility I was facing. The women had entrusted me with rich, confidential and sensitive information, the research community who would be my audience would expect a level of interpretation which perhaps the participants would not feel comfortable with, and I owed it to myself as a researcher to go deeper than the ‘descriptive’ level, even if that meant exposing vulnerabilities of the participants. I was surprised by how conflicted I felt as I began the analysis. I was simultaneously protective of the women, who had agreed to share such intimate experiences with me, and protective of my own desire to provide a rich and thought-provoking piece of work that would be reflective of the effort that I had put in to the process. For most of the women, this was the first time they had spoken about their experience, and many of them commented on how cathartic it was and how grateful they were that someone was taking their position seriously. Whilst this was clearly an added positive element, it also left me feeling responsible for producing a piece of work which would do justice to them, and perhaps provoke further research and interest from mental health

professionals. 'Helen' emailed me a few months after our interview to let me know that she was pregnant with her fifth child – another boy. In the email she commented *'We will not be having any more. I have to say, meeting you and talking about how I feel about the 'whole thing' was not only cathartic but helped me prepare for the probability of having another boy and never having a daughter. We look forward to his arrival!'* I felt disproportionately pleased and reassured by this email, that I had somehow helped Helen in return for her input into my research. I was however concerned that the interview had had any impact at all on her, as it heightened my concern for the other participants in case the experience of talking about 'the whole thing' had had the opposite impact on them.

It also seemed important to re-consider my own position as a mother of two boys conducting this research. Many of the women expressed a desire to know why I had chosen this topic and whether I had children. After consulting my supervisor, the decision was taken that I would disclose this, but only if a participant asked, and only once the interview was over. I was careful to avoid any reference to my own status as a mother during the interviews. That said, I think that it is highly likely most of the women assumed that I had children, given my age and marital status. I also think it is likely that most of them assumed that I had some personal interest in the topic, given its unusual nature. Most of the women responded with great relief to the disclosure that I had two sons, with the majority of them saying things like *'oh, so you know what it's like'*. Again, this felt very awkward for me, as I cannot claim to have experienced gender disappointment, but it also raised the question of whether the women would have been even more open had they been speaking to 'one of them', as they do in the chat rooms on the website. One participant commented: *'you don't look like a mother of boys'*, although she could not expand on what a 'mother of

boys' might look like. She could only say that I seemed happy, and it was totally foreign to her that a mother of boys only could be content.

I also acknowledge that the 'phenomenon' under scrutiny here is intangible, and will undoubtedly be a co-constructed product of my interaction with the participants in the interview as well as my interpretation of the data during analysis. An entirely different creation may have been produced by, for example, a researcher who had experience of gender disappointment, or one who was not a mother. In this way I draw attention to the idiographic nature of this research and the importance of contextualisation in the construction of any 'conclusions' to be drawn.

## **2.7 QUALITY IN QUALITATIVE RESEARCH**

The use of qualitative methodologies in psychology has increased exponentially over the past two decades, as researchers seek to conduct studies which are sensitive to contextual issues such as sociocultural influences, intersubjective experiences and unique differences with sample groups (Yardley, 2000). Whilst it is noted that quantitative research can also be useful in meeting some of these criteria, it is widely agreed that positivist methods are more useful when seeking stable and generalizable constructs, and for predicting patterns or answering specific questions about particular variables, which are under the objective control of the researcher. However, with the increasing use of qualitative methodologies, has come a heightened need to establish the validity of said research, and to rigorously question its value.

The necessity to establish the validity of qualitative research, however, would presuppose that 'qualitative methodology' is a defined concept with limited scope. In fact, qualitative researchers would argue that the strength of the field lies in its

diversity, and the range of approaches available that can be utilised as per the best fit with the research question and the epistemological stance of the researcher involved.

## **2.8 ASSESSING VALIDITY**

Smith et al (2009) advocate the use of Yardley's (2000) criteria for assessing validity in IPA. The first principle that Yardley focuses on is *sensitivity to context*; this includes socio-cultural sensitivity, as well as the manner in which data is handled and existing literature is utilised. My hope is that Chapter One has sufficiently demonstrated that there is a research gap for a qualitative study of gender disappointment in Western cultures, and that this study has been designed to address it. I made every effort to ensure that contextual sensitivity was maintained towards the participants, from the manner in which the initial forum advertisement was worded, to the design of the interview schedule. Participants were inconvenienced as little as possible and were interviewed at their request in their own homes. They were assured of their control over the interview process, and my hope was that my position as a trainee Counselling Psychologist meant that I was able to offer an empathic, non-judgmental audience to the narrative. This principle also includes sensitivity to the data gathered, which extends to the phase of analysing and writing up the results. I attempted throughout the study to maintain an awareness of the deeply personal content of the interviews and to offer as honest and transparent an interpretation as possible, balancing my duty of care to the participants with my duty to rigorousness as a researcher.

The second issue described by Yardley is that of *commitment and rigour*. This begins with the recruitment and sampling, and continues through data gathering and analysis. Meyrick (2006) outlines the importance of purposive and mindful sampling

techniques that are underpinned by a clear rationale. This was particularly important for this study, given the ethical implications of recruiting from a majority ethnic group and excluding ethnic minorities. The reader will of course be the judge of the extent to which I have immersed myself fully in the data and obtained the 'richest' possible outcome, but my aim was at all times to explicate the full meaning of the transcripts and achieve a depth of analysis that valued the efforts of all involved.

The third principle is *transparency and coherence*. Transparency can be demonstrated in the way in which the reader is able to track back through the Superordinate-, Master- and Sub- Themes of the study to the original transcript, and see how my interpretations are firmly embedded in the data. This should be clearly accessible to the reader through the detailed tables available in the Appendices. Additionally, my hope is that the thread of personal reflexivity that runs through this report will also aid the sense of transparency. My aim was to convey as much as possible my own inevitable impact on the research, in order that the reader would have a clear idea of how my fore-structures had influenced the research path and outcomes. Coherence is conveyed by the way in which the reader is able to assess the study as a whole, and how the discussion fits with the original aims and the chosen methodology.

Finally, does the study have *impact and importance*? As will be demonstrated in the final chapter of this project, it is hoped that the results will contribute towards a deeper understanding of a highly complex and sensitive issue pertaining to maternity, a rite of passage for the majority of women in the world. This project will also aim to inspire further research into other under-explored topics, and to encourage therapists to maintain an empathetic and non-judgmental approach to clients struggling with socially taboo concerns.

## **CHAPTER THREE: RESULTS**

### **3.1 OVERVIEW**

This chapter presents the results of the Interpretative Phenomenological Analysis which was carried out on nine verbatim transcripts of interviews with women who had given birth to sons only and were struggling with 'gender disappointment' as they had wanted daughters. The analysis resulted in the emergence of four Superordinate Themes, three of which had four Sub-themes, and one of which had three Sub-themes.

The chapter will illuminate and explore the themes and sub-themes by making use of short, verbatim quotes from the transcripts, which are presented in italics. The use of square brackets and three dots [...] indicate missing transcript which did not further illustrate the theme and was therefore edited to enhance the flow of narrative. Capital letters within the extract indicate where I have added in text to further explain context. Each reference includes the initial letter of the pseudonym of the participant and a page and line reference for the transcript. (D4:39) would therefore indicate that the extract came from Diana, page 4, Line 39.

I acknowledge the subjectivity of my own interpretation when analysing the data, and allow that a different researcher may have chosen to highlight different aspects of the transcripts. With any research of limited length and scope, difficult decisions have to be made about what to include and exclude, and this study is no exception. I pay tribute to the participants, and regret that I have not been able to fully privilege each of their voices, but I hope that I have made wise and pertinent



choices when deciding to edit or include particular themes and quotes. Table 2 below shows the final four Superordinate themes and fifteen Sub-themes.

<b>Superordinate Themes</b>			
<b>ALIENATION</b>	<b>LOSS</b>	<b>CONTROL</b>	<b>COMMODIFICATION</b>
<b>Sub themes</b>			
1A <i>'Most of time I'm a very nice person'</i> : Feeling alienated within myself and not recognising parts of myself.	2A <i>'It's like a ghost'</i> : Feeling burdened or bereaved by gender disappointment.	3A <i>'You're constantly being shown these little girls or a McDonalds'</i> : Waging war on an unseen enemy.	4A <i>'Slugs and snails'</i> : Denigrating and commodifying boys and men.
1B <i>'There's a mystery about having a son'</i> : Struggling to relate to my 'alien' sons.	2B <i>'That's what you dream, this 2.4 children thing'</i> : Mourning the loss of the 'perfect family' fantasy.	3B <i>'My body's gone arghhh'</i> : Losing the battle to exert control over my body.	4B <i>'They're elevated to princess status'</i> : Commodifying and objectifying girls and women.
1C <i>'He would be probably disgusted with me'</i> : Gender disappointment builds a barrier between me and my partner.	2C <i>'I want to look at her and see my mum'</i> : Losing the thread that binds the female generations together.	3C <i>'You tell yourself, don't be ridiculous'</i> : The shameful struggle to control my thoughts and feelings.	4C <i>'It's a minefield, an absolute minefield'</i> : Commodifying reproduction
1D <i>'It's such a taboo subject'</i> : Feeling silenced and shunned by others because of my unacceptable experience.	2D <i>'A son is a son, until he takes a wife'</i> : Already anticipating and fearing the loss of my sons in future.	3D <i>'Enough is enough'</i> : Attempting to draw a line and regain control.	

Table 2: Final Superordinate and Sub-Themes

### 3.2 SUPERORDINATE THEME ONE: ALIENATION

Perhaps the most prevalent issue for all of the women was the sensation of being alone in their experience of gender disappointment, which was their primary reason for joining the online forums. This feeling had many contributing factors which are broken down further in the sub-themes. Firstly, there was intrapsychic alienation; the women struggled to recognise themselves in their behaviours, thoughts and feelings. Secondly, there was the interpersonal issue of isolation within the family

unit; being the only female in the house, and being engaged in the intimacy of mothering boys who seemed so alien. Thirdly, the women felt that their partners were growing distant as they had grown weary of the quest for a girl. Increasingly, the participants felt compelled to continue the journey alone. Lastly, the women all perceived that their 'problem' with gender disappointment was something that the wider public considered taboo; thus they had to stay silent, or risk judgment.

### 3.2.1 Subtheme 1A: 'Most of the time I'm a very nice person': Feeling alien within myself and not recognising parts of myself

All of the women except Ivy made reference in various ways to feeling as though their thoughts, emotions and actions were not congruent with their 'normal' selves. Their responses to this internal conflict varied. For example, Bianca had extensively reflected on why she had struggled so much with gender disappointment and others hadn't, in the hope that understanding the origins of it would help her to resolve it (B2:30).

The participants appeared to be willing, even eager, to share their most alien and awful thoughts, which lent the interviews a quality of a confessional space for their previously hidden, shameful parts. Bianca remembered reading in the news about a child who had drowned and hoping it was a girl. She voiced her disgust at this uncharitable thought:

*"You're so disappointed with yourself [...] for feelings you have towards others. Because most of the time I'm a very nice person, I mean, who is going to be happy when something horrible happens to somebody else?" (B18:408).*

Bianca's words *'who is going to be happy'*, and her use of the second person 'you' instead of 'I' illuminate the way in which gender disappointment left her feeling that she did not recognise herself. In this instance, it appeared that envying mothers of girls played a role in the unwanted thoughts, which Diana echoed:

*"I want to be happy for her but half of me just goes 'have a boy, I want you to have a boy, please have a boy' [...] it's like that nastiness of human nature, if I can't have it, you shouldn't be able to as well". (D14:378)*

The words *'half of me'* indicates the conflict within, whereby there were parts of herself that she valued, and parts that felt foreign, which the gender disappointment had exposed. Later on, Diana referred to gender disappointment as her most difficult life experience. She shared that her husband had called her *'spoilt'* and said she was used to getting what she wanted (D14:363). Thus it may have been that the internal *'nastiness'* that she was experiencing was not something she had had to contend with previously.

The participants also shared feelings of ambivalence, which felt very alien to them as, apart from Fran, all of them claimed to have always wanted to be mothers. For example, Ellen spoke of the awful conflict of considering aborting her fourth son, whilst knowing simultaneously that this would create an even bigger problem of shame and guilt:

*"I sort of knew I couldn't really do that, because it's... I don't believe that I could live with myself for doing that" (E7:169)*

There was an internal battle for Ellen between the part which wanted an abortion and the part which couldn't live with that, which highlights the sense of incongruence with which she was struggling.

One of the most interesting examples of self-alienation came from Fran, for whom the entire maternal experience was foreign; being responsible for naming another human being, and then feeling connected to him in some inexplicable way, was very disturbing to her, and '*made her feel fake*' (F11:289):

*"Although I'm not happy, I don't want him to go to anyone else, so I must have some sort of like, bonding thing going on, [...] it's really odd". (F15:427)*

It was as if Fran's lifelong assertion that she never wanted to have children had been subsumed by a maternal instinct which she was struggling to give into. This reminded me of when I interviewed Fran; she was in the kitchen trying to make a bottle whilst holding her crying baby. She declined my offer to hold him, and referred back to this later, saying that even though she had thought she didn't want him, she didn't want anyone else to have him either; a further indication of the alien and conflicted nature of her experience.

### 3.2.2 Subtheme 1B: 'There's a mystery about having a son': Struggling to relate to my 'alien' sons

Whilst all of the women made reference to loving their children and not wanting to '*swap them*' (D2:40), there was a focus in the narrative on the 'essential' differences between boys and girls, and how this isolated the mothers. Those with very small children still had a sense of being needed by their sons; '*they're very mum-oriented*' (G12:348), but the distinctive 'maleness' of the children was enough

to make seven of the nine participants express a sense of loneliness in their own families. Ivy voiced her exasperation and bewilderment about her four sons:

*“There’s a mystery about having a son, a complete mystery. They do things, and say things, that, as a woman, [...] you don’t get. Like in the morning, [...] they all come in our bedroom, and they’re all, touching their willies. Just, rubbing their willies. And I’m like, why are you doing that, what are you doing?” (I23:657)*

This painted a graphic picture of the overwhelming alienation that Ivy faced; the idea that her bedroom was invaded every morning by four sons and her husband, all engaged in an activity which she found a stark and repellent reminder of their irrefutable biological maleness.

For some of the women, the reality of the differences between their sons and themselves began as soon as the male child was born. For example, Helen recalled with a sigh of frustration her third son’s birth where she ‘*saw his balls hanging between his legs*’ (H2:47) and Bianca, who was expecting a girl, awoke from an emergency C-section to “*this alien looking little boy.... And I couldn’t bond with him*” (B2:36-42). Fran felt that boys were essentially disgusting, stating that her perception, gained from her mother, was that even their ‘*poo*’ was ‘*gross*’ (F5:136) and something that you would “*want to be a bit more distant from*” (F5:132). This was a particularly interesting statement, as the obvious rejoinder is what is the difference between male and female faeces? Would girl’s ‘*poo*’ somehow be less ‘*gross*’? Likewise Ivy’s story seemed to imply that masturbation was a purely male activity. Fran explained that she had low expectations of men, as her biological father had abandoned the family and her stepfather had abused her mother. She drew a tentative link between her ‘*not particularly great male role models*’ (F5:123)

and her feelings of alienation from men, although she attributed this to her mother's 'outlook on boys' (F5:129) as well. My interpretation of this is that the deeper repulsion that Fran felt towards men in general, and the 'shit' that they brought, had become symbolised by the faeces of all males. None of the participants spoke of close relationships with their fathers, and Bianca, Claire, Fran and Ivy had strained relationships with theirs, which may have unconsciously triggered their sense of wanting distance:

*"I suppose, deep down, I see boys as, or I did, see boys just bringing lots and lots of heartache" (I12:349)*

The exception was Georgina, 'the optimist'(G7:178), who was close to her father; she felt that there were lots of activities that she and her husband could do as a unit with their sons. Conversely, Diana felt that being the only woman in the house relegated her to the role of servant:

*"Daddy will take them out on the trampoline while I'm doing the cooking and the cleaning and the tidying up" (D9:241)*

She conceded that this was partly due to the 'stay-at-home-mother' (D16:431) role that she had chosen, and that at least while her children were small she would have had the same role regardless of their sex. One suggestion here is that it seemed easier for the participants to blame the drudgery and disappointment of motherhood on the 'maleness' of the children, as opposed to contemplating the idea that the 'whole thing' of motherhood (C21:555) did not meet their expectations. The other real possibility here is that Diana felt an unconscious resentment, arising from her 'feminist' leanings, towards sublimating herself in 'service' of the male child. This is discussed further in Theme 4B. Boys seemed to embody something completely

foreign for these women, who felt that their isolation was all the more intense for being lonely in the company of their own children. A poignant quote came from Adele, who repeatedly mentioned the 'braids' associated with little girls.

*"I'm never going to have that argument about what hair style she wants or – because my boys – brush their hair and off they go" (A4:96),*

This seemed to be a metaphor for the enmeshment that she visualised with a daughter; she longed to be entwined with her children, but her boys only needed a light touch, and then they would separate, leaving her alone.

### 3.2.3 Subtheme 1C: 'He would be, probably, disgusted with me': Gender disappointment builds a barrier between me and my partner

Other than Ellen, who found her partner very supportive, all of the participants made reference to the strain that their battle with gender disappointment had placed on their relationships. The men had initially sympathised, but the participants now all sensed that they needed to keep their feelings to themselves and not ask for further support. In fact, four of the participants had not told their husbands about partaking in the study for fear of their disapproval, with Claire saying that her husband '*would be, probably, disgusted*' (C20:549). It appeared to me that the women experienced this alienation from their partners as inconvenient and upsetting, but not really something which they could deal with, because the disappointment was so present for them. The problems in their relationships with their partners had been relegated to a lesser priority as they struggled with the more pressing concern of the lack of a daughter.

*“I had to push for the third boy, and then when it was another boy, not a girl, he just said you know you’ve got what you wanted you got your third child, so he doesn’t really want to listen” (D1:6)*

Ironically, all of the participants other than Ellen spoke about how their husbands didn’t understand, or want to know, and yet there was little indication that they felt able to take their husbands’ perspective either. For example, Ivy revealed that her husband had had a vasectomy, after their fourth son was born:

*“because he said he could never go through me being like that again, it wasn’t the baby, it wasn’t him being a father, he couldn’t go through dealing with me, again, ever again in his life.” (I25:720)*

Thus it seemed that he had attempted to prohibit any discussion of a fifth child by ensuring that he was in control of their contraception. However, Ivy later says that therefore, if she wanted another baby, he would *“have to have”* (I25:773) a vasectomy reversal. Whilst she is frightened by his lack of empathy and support, in her desperation she also disregards his clear message about not wanting her to fall pregnant again.

My sense was that the partner became viewed as an obstacle on the path to the dream of a daughter, as they protested the idea of more children or assisted reproduction:

*“I then broached the subject of what did he think about gender selection, this is the one way to guarantee that we could have a girl. He wasn’t interested, really.” (H3:73).*



Fran and her husband had had a different, although no less alienating experience. He was delighted with their son, whilst she appeared baffled that he would come home from work each day and say how much he had missed the baby (F15:426). Her isolation from him stemmed from the fact that she had never wanted to get married and have children, and felt that she had compromised enough by getting married. She had then fallen pregnant accidentally:

*“(HUSBAND) uses the term he was ‘living the dream’ because not only did he get me to marry him, but I was also carrying his child. So [...], he’d won, if you like”.*  
(F8:220)

Fran talked about watching her husband and son together and feeling distant, as though she could *“quite happily jog on down the road for a pint”* (F15:428) – seeking refuge from their happy twosome which excluded her because of her ‘abnormal’ maternal experience.

#### 3.2.4: Subtheme 1D: ‘It’s such a taboo subject’: Feeling shunned and silenced by others because of my unacceptable experience

All of the participants gave examples of times when they had felt that they could not openly express themselves. Some felt that there were parallels between gender disappointment and postnatal depression, in that until quite recently, women felt that they couldn’t talk about being unhappy after giving birth. These days, it was apparently more acceptable to share those feelings of ambivalence, but gender disappointment was still *‘such a taboo subject’* (H1:6). They also questioned whether gender disappointment contributed to postnatal depression, as many of them felt that they would have been ‘happier’ if their baby had been a girl, and wouldn’t have struggled with the same peri-natal emotional lows. The word ‘taboo’ came up

frequently; the message the participants were receiving was that mothers should not feel this way about their children, and that they were greedy for *'wanting more than healthy'* (G1:17). Claire spoke about her feelings of detachment after the birth of her second son:

*"I do think it was a form of postnatal depression, but [...] I didn't feel comfortable expressing that with someone, because I knew that if it was, it was probably because he was a boy, and it's something that you just don't talk about."* (C20:550)

What was more difficult to extract was whether these prevalent feelings of guilt and shame came from external sources or whether they were projections from the women themselves. Certainly some of the women had had direct experience of people being judgemental and critical of their disappointment;

*"even when I was joking about it, you would still get people that would look at you and go (shocked face)[...] for wanting, or for verbalising a preference other than happy and healthy"* (F2:35)

However, most of the participants, other than Ellen, instinctively didn't share these feelings which perpetuated the vicious cycle. Women struggling with gender disappointment assume that their feelings are socially unacceptable, so they don't speak about it. Thus, even though it may be far more prevalent than we realise, those suffering believe that they are abnormal, and are scared to voice it. So the 'taboo' of maternal ambivalence is fed by the silence and the façade, as demonstrated by Ivy:

*"If I was probably pregnant with a boy now, [...] those feelings would probably still kill, you know, really get to me inside, [...] but I suppose I just feel like I can't be*

*honest, [...] because then would be the next question, [...] well your boys are fine, what's the matter with you? Your feelings about the boy/girl thing would be stamped on". (I15:436)*

### **3.3 SUPERORDINATE THEME TWO: LOSS**

This theme explores the concept of loss which was pervasive and multi-faceted. Gender disappointment was experienced and understood by the participants as a form of bereavement, something that changed you forever and that you needed to learn to live with, rather than recovering from. A more detailed look at the various losses experienced forms the rest of the theme. These included grieving for the fantasy of the perfect family, which for all of the women included at least one daughter. There was a loss of identity; an existential loss of a part of themselves, and the loss of the continuation of the 'female line'. Lastly, there was the anticipated loss of adult sons who would inevitably move away from their family of origin; the women were already fearful that this would mark the end of their identity as mothers and grandmothers.

#### 3.3.1: Subtheme 2A: 'It's like a ghost, it is:' Feeling burdened or bereaved by gender disappointment

This theme is titled 'a burden OR a bereavement' because all of the nine participants made reference to gender disappointment as a loss, but the four who were to have no more children experienced it as a bereavement. However, there was a unique element, voiced by Fran, Helen, and Ivy, that they were mourning the loss of something intangible:

*“I read this in a book once, [...] that you mourn the child that could have been, and I completely understand that, [...] you have to mourn the child that could have been and that isn't there...” (F16:451)*

*“For me, it's like losing something that you never had. You have to grieve for what you are never going to have, ever ever ever” (I29:826)*

The five participants who still held hope for a daughter in the future experienced the loss as a burden, which they would have to carry until their girl was born:

*I know that it took me years to cope with my third being a boy, and that was awful [...] it was an awful feeling to sort of drag round with you. (E15:379)*

Even Georgina who described herself as an ‘*optimist*’ (G7:178) and still planned to have two more children, spoke of the grief that she experienced at the birth of each of her three sons, but was careful to separate this from the living children, saying that it wasn't disappointment in that baby, it was desire for the girl that she had ‘missed’.

*“the grief, disappointment, yearning, desire, all those sorts of things, it's a separate, it's not about the current baby, if you see what I mean”(G5:145)*

It was difficult as a researcher to witness this outpouring of grief which had been largely been held in check for years. All of the women apart from Georgina and Fran cried when they spoke of the loss of hope, and the difficulty with mourning something intangible and unspeakable. Helen described her unconceived daughter as ‘*like a ghost*’ (H11:294), which highlighted how real the dream child was to her, as though she had been born and then died. What was harder to process was the way

a few of the participants likened their situation to that of women who have been unable to conceive a child at all. For example, Ivy stated that no one could possibly empathise with her situation, *“unless maybe, people who can’t have a baby might understand”* (I29:824). I found myself wondering what a woman struggling with infertility would have to say in response to this comment from a mother of four healthy boys. This highlighted Ivy’s desperation, as she struck me otherwise as very warm and sensitive. It was as though her need for a daughter had taken over, obscuring her empathy for others.

### 3.3.2: Subtheme 2B: ‘That’s what you dream, this 2.4 children thing’: Mourning the loss of the ‘perfect family’ fantasy

It was particularly striking that all of the women, bar Fran who had never wanted children, assumed that all women, from a young age, fantasised about their perfect family configuration. Often, this included making reference to the Western ‘ideal’ of the ‘pigeon pair’ – a son and a daughter. The loss being experienced here was again an intangible one, something which had never been. It was necessary to look past the ‘assumption’ and ‘fantasy’ to extrapolate that the women were grieving for an ideal that was socially constructed.

*“What do you want out of life? How do you see your, how many children do you want?’ And it goes that far back, because I always thought I’d have two, one of each, that’s what you dream, this 2.4 children thing.”* (H1:19)

The perfect family, of course, does not exist, but somehow the perfect family and the pigeon pair had become conflated, so that the ‘loss’ of a daughter which you had never had, became simultaneously the ‘loss’ of ever achieving the picture-

perfect family. Claire remembered her husband originally sharing her dream at a marriage preparation course:

*“you had to make your family out of play dough or something, [...] without the other one seeing, and we both made a boy first and a girl second” (C5:132)*

However, he had easily adapted to their family of sons, whereas she struggled to let go of her fantasy:

*“I think he would have liked a son, he’s now got three, [...] so he’s got what he wanted” (C11:282)*

The word ‘assume’ came up repeatedly, with all of the women bar Fran saying that when their first son was born, they were surprised, but then relegated him quickly to the role of ‘big brother’ to the girl who would come next. The idea of having all sons had never occurred to the participants:

*“I had a dolly, a life-sized dolly, I bought all the clothes, I just never saw myself with boys, ever”. (E2:45)*

The loss of this fantasy family appeared to be compounded by the reality of mothering boys; sometimes it seemed as though the boys were an incidental event which had somehow occurred in the quest for the fantasy. Perhaps it was precisely because the women never had the opportunity to ‘mother’ girls, that all of their general disillusionment about motherhood was projected onto the ‘maleness’ of their children. As Claire said:

*‘some people are disappointed in the whole thing of motherhood, so I suppose I shouldn’t feel so bad’ (C21:555).*

In this way she justifies her disappointment in her sons, by contextualising her loss against the greater backdrop of women who feel ambivalent about the *'whole thing'* of motherhood, as opposed to 'only' being disappointed in the gender of their children.

3.3.3: Subtheme 2C: *'I want to look at her and see my mum'*: Losing the thread that binds the generations of women together

Whilst all of the women specifically highlighted the loss of the mother-daughter relationship, including the opportunity to partake in feminine 'rituals' such as shopping, beauty routines and 'chatting', on closer inspection it appeared that this covered over a more existential concern. The mother-daughter 'bond' is explored further in Theme 4B, in terms of the way in which women view the relationship with their daughters as a transaction. This theme illuminates the underlying fear that the women were losing a part of themselves by not having a daughter. All of the women, apart from Adele, made reference to their close relationship with their own mothers and often their grandmothers, and the pressure they felt because this female line would stop with them if they failed to produce a daughter. However some participants, such as Bianca and Diana, felt that genetics weren't as important as the mother-daughter bond, and the balanced family dynamic, and would have adopted a daughter had it been possible.

*"it's not so much about having a mini-me [...], it's more about having another female about the house" (D18:499)*

The majority felt, like Claire, that it was essential that this daughter had their genes, looks and other characteristics:

*"(ADOPTION) has crossed my mind, but there's just something about having a daughter with your genes and everything" (C13:333)*

A verbal slip from Adele revealed more about the yearning to be called into being as the mother of a daughter, which was different from 'just' being a mother:

*"I've got no one to call me Mummy, I've got no daughter to call me Mummy" (A2:34)*

Adele had three sons and a stepdaughter, but she still initially inferred that she had no 'one' to call her Mummy. My interpretation here is that there was an existential concern underpinning the narrative of loss; because of the binary perspective that the women held of gender differences, it was difficult for them to conceive that they would also continue to exist in their sons. There appeared to be a deep-rooted narcissistic need to be mirrored in a child of the same sex as themselves, in order to escape the confines of their own mortality.

*"I want my daughter. I want to look at her and see my grandmother, I want to look at her and see my mum." (E16:419)*

3.3.4: Subtheme 2D: 'A son is a son, until he takes a wife': Already anticipating and fearing the loss of my sons in the future.

This was a dominant theme for the participants; the fear that they would invest time and effort into mothering boys, only to be relegated to being 'mother-in-law', second to the partner of their sons, who would be the priority:

*"I said to my eldest boy, it would solve all my fears about growing old alone and lonely, if he married an orphan" (B21:492)*



Many of the women quoted the saying 'A daughter is a daughter all of her life, a son is a son till he gets him a wife'; a socially constructed cliché which encapsulated their greatest fears. The exception to this was Fran, who at this stage was hopeful that her son would grow up to be independent of her. It felt quite surreal to hear the women speak about the anticipated loss of their sons in the future whilst they were still tiny babies in their arms. Underpinning the clichéd talk was an additional loss of agency; an inevitable loss over which the mother had no power:

*"they're just going to get up and go and leave me, and I'll be just like my auntie, her boys are all grown up and occasionally she'll get a phone call and that'll be it and I just think oh God, that's going to be me."* (A8:224)

There was divergence here in that some of the women felt that they had a responsibility to try and alter this dynamic, by '*doing enough to change that [...] I want them to adore me, I want them to always be close*' (I18:502). This fear existed despite many of the women saying that their partners were close to their own mothers:

*"my husband actually has got a good relationship with his mum, [...] but I think, a lot of boys once they get older, they move away from their mums"* (C4:98)

The participants' worry of losing their identity as mothers, and potentially as grandmothers, overshadowed the reassuring reality before them.

### **3.4 SUPERORDINATE THEME THREE: CONTROL**

Control was not explicitly raised in the first two interviews, but thereafter all of the participants referred to themselves as 'controlling' or 'dominant' in some way. Some felt that 'boy moms' needed to be more in control, (because boys were so

uncontrollable) whereas others felt that the need to be in control had contributed to gender disappointment; the sex of the baby was out of their control, which felt foreign and frightening. It manifested in different ways which are explored within the four Subthemes. Gender disappointment appeared to have taken control over some of the participants, in the same way that an obsession would. They battled for, and lost control over their bodies, thoughts and feelings in the wake of the disappointment. Lastly, they talked about trying to create meaning out of their experiences as a way of coping and regaining control.

#### 3.4.1: Subtheme 3A: *'You're constantly being shown these little girls, or a McDonalds': Waging war on an unseen enemy*

This theme was born out of the repeated references that the women made to their desire for a daughter, using words reminiscent of an addiction such as 'craving', 'yearning' 'clean slate' and 'desperate'. Adele, who had previously struggled with an eating disorder, likened her gender disappointment to the feelings which she had experienced when battling that. She described her response to the presence of little girls in the same way that the presence of food would 'trigger' her bulimia:

*"It's like with the eating disorder, you've got to eat, you face food every day [...]. If you could just sort of move away from that and never see it again it would really help, but unfortunately, with gender disappointment, and bulimia, you're constantly being shown these little girls, or a McDonalds" (A24:670)*

Other participants also referred to 'triggers' that they tried to avoid, which included seeing rows of girls clothes in shops, hearing that friends were expecting girls, or seeing photos of little girls on social media. Some women talked about ways in which they could get their 'girl fix' through nieces or friends – although sometimes

this made it worse. It was as though gender disappointment was a devious enemy, which constantly lurked and would re-surface when least expected to trip the women up and render them powerless.

*“That’s the trouble with it, every day there’s something to remind you of it [...] there’s all these little girls, and I take note of everything, I look at the way their hair is plaited, and I look at their little outfits, and their shoes” (A20:559)*

An internal battle was being waged, and the participants had to be vigilant, or risk backsliding.

*“I’ll be fine and then suddenly something will set it off, like my sister-in-law posting some photos of her little girl having her first hair in plaits or something and I’ll suddenly go into a few days of...” (D12:314)*

In a manner similar to addictive behaviour, the women often made reference to ‘allowing’ themselves ‘one more’ baby:

*“But definitely, this time, if it’s another boy, we’re stopping there. [...] We can fit one more in the car, and one more in the house. [...] So yeah, one more.” (H4:103)*

This comment from Helen, who had initially only wanted two children, had four and was planning a fifth, highlighted the loss of control that the women were battling with, and seemingly only mildly conscious of; the desire had obliterated their usual ability to see things clearly:

*“This desire for a daughter [...] it’s so strong that it’s there, you know, whatever I think of.” (D8:199)*

Diana speaks here of how all-consuming her 'craving' had become, but seems to struggle to reflect on and control it. One form of prohibition, however, was concern over how other people would perceive the participants; social response became their conscience:

*“am I just going to be seen as that woman who just keeps popping boys out, who’s so desperate for a little girl?” (A4:116)*

All of the participants except Ellen felt a similar need to hide their desperation, as outlined in Subtheme 1D. This was partly because of the taboo, but also because they did not want others to perceive their desperation and look down on them; sympathy was one thing, but charity was a step too far.

*“when you’ve got three boys you almost feel like you’re pitied by other mothers... like ‘oh, never mind’ or ‘I bet you wanted a girl’. That annoys me, [...] yes, I know I’m not happy with it, but I don’t want you to think I’m not happy with it...” (D8:212)*

#### 3.4.2: Subtheme 3B: ‘My body’s gone arggh’: Losing the battle to exert control over my body

This theme details the way in which the women attempted to control their bodies in order to achieve their desired girl. For the participants, the concern was that their bodies had let them down:

*“My mum would say oh, we wanted a girl didn’t we, we wanted to do the pink...and that was like an expectation on me. So it was like a failure, [...] you always want to be in control” (I26:745)*

In fact, Claire was the only participant who made reference to the fact that her husband may have felt that he ‘failed’ to give her a girl (C11:303). Other than that,

none of the participants spoke about the biological fact that it is the male sperm that 'decides' whether the embryo is a boy or a girl; for them, it was something that they could control if they tried hard enough. This included 'natural methods' such as a very low calorie diet, timing of intercourse, positioning during sex, and more medicalised attempts such as IVF.

*'I'm kind of going, hmm, maybe I've reduced my fertility a little bit TOO much now and that my body's gone arghhh, and doesn't want to do anything. So I'm going to have to ease off the whole diet thing from the website which is about reducing your fertility, get it back up again, and then do it again I think.'* (G25:711)

The exception to this was Fran, who had also attempted to control her body, but by asking for sterilisation at the age of 13, and then using contraception. This had failed, leaving her pregnant with her son.

*"We fell pregnant with barrier protection, so it wasn't even like, [...] we were running the risk, it was literally [...], (sighs) one of those situations, I was like 'I've done everything!'"* (F5:111)

On the surface, this theme appeared to be about the women's efforts to produce a daughter, but clearly it had deeper implications for the way they felt about themselves, their femininity, and the objectification of their bodies as instruments of reproduction. For example, Adele, Claire, Diana, Ellen and Georgina described themselves as 'girly girls', which had contributed to their surprise that they hadn't produced a daughter; being 'feminine' and producing a girl were synonymous. Similarly, Ellen described feeling *"like you've been cut out of part of 'feminine-ness' if you haven't got your own little girl"* (E9:233), thereby conceptualising a daughter as a means of confirming her femininity.

The efforts to control their bodies could be viewed as a coping mechanism; they needed to feel as though they had done everything they could to achieve a daughter, or risk having even bigger regrets later in life. This was not only about not having a daughter, but also about a sense of failure which could be overcome with more effort.

*“It (IVF) was expensive, but I’m glad that we did it. [...] Instead of always thinking, well, if only... So it did make me feel better, in the end.” (B7:139)*

The only way to lay the ghost to rest was to ensure they had tried every resuscitative method before conceding defeat.

### 3.4.3: Subtheme 3C: ‘You tell yourself, don’t be ridiculous’: The shameful struggle to control my thoughts and feelings

In addition to the battle being fought and lost to control their bodies, there was another concern which emerged. It appeared that the participants were struggling to control their emotional and cognitive responses to events connected with gender disappointment. This was partly tied in with the feeling of alienation as a number of the participants voiced the ‘awful thoughts’ that they had had during the experience, which were associated with terrible feelings of guilt and shame. Adele, Claire, Diana and Ellen had had fleeting thoughts of aborting their babies or having them adopted.

*“I had really irrational thoughts actually, I looked into adoption and all these silly things, I look at him now and I get quite upset thinking how could I think that about you, you know?” (D5:133)*

It’s interesting that Diana refers to these thoughts as ‘irrational’ and ‘silly’, which could be understood as another way of criticising and punishing herself, as

well as communicating her awareness of the socially unacceptable thought of giving away her child. This kind of statement appeared to form part of the narrative that the women used to assure themselves and others that they were good mothers to their sons, despite their disappointment. This extract also alludes to the discrepancy between the imaginary child, who was more dispensable, and the real baby whose presence helped to lessen the disappointment, which was replaced with guilt for having felt that way about them.

*“I want to make that clear. That I love him to bits, you know. But it was hard at first, when they’re just a, a dot” (C4:85)*

Other uncontrollable thoughts included wishing that female children from other mothers would die (B6:120), tricking their husbands into having another baby (D7:189) and pretending in public that their son was a girl (A20:552). Even when the women ‘knew’ that they would never act on these, the thought alone was enough to trigger overwhelming guilt and shame. These feelings and the discomfort they caused seemed to motivate the women to try and control their thoughts and responses, but often this was a fruitless task:

*“And even though you tell yourself, don’t be ridiculous, as long as they’re healthy it doesn’t matter, you just can’t help the feeling, your rational head is telling you, you’re lucky [...] people telling you that, doesn’t change how you feel inside”. (H2:35)*

This quote from Helen summarises the criticism that the participants were receiving from themselves and others, and how helpless they felt about controlling their responses in the face of their disappointment. The exceptions here were Ellen, who expressed her ‘right’ to feel how she felt, and her anger at others who ‘made’

her feel guilty about her disappointment (E5:122), and Fran, who had given herself permission:

*“I don’t think that there is a way to get rid of those thoughts, and the only thing that I’ve found helpful [...], is giving yourself enough space to think bad things, and that being OK”.*(F22:611)

I found this quote particularly poignant, as there was an undercurrent of resignation to Fran’s tone, but also a sense of her softening and forgiving herself for her ambivalent feelings towards her son. She continued to say that for the first time ever she was taking things one day at a time and was finding that quite ‘refreshing’. This felt like a rare moment of peace in the interviews, where I had a sense that the participant was accepting her position, rather than remaining embroiled in an emotional and cognitive battle.

#### 3.4.4: Subtheme 3D: ‘Enough is enough’: Attempting to draw a line and regain control

The last sub-theme looks at the ways in which the women tried to regain control of their situation. They often seemed to circle back and forth between acceptance and hope that they might still have what they dreamed of.

*“that’s what I’m scared of now, that’s what I’m battling with now, is do I give it one more shot? [...] on the forums people say oh, we gave it one last shot and look, here she is, and I just think, do I do that, or do I just accept what I’ve got now?”*(A16:442)

Ways of coping and regaining control varied, as did the level of success that the women achieved. One thing that stood out was that many of the participants began the interview by declaring that they had ‘been through’ gender



disappointment, and wanted to help others who were struggling. However, it would invariably emerge on deeper exploration that gender disappointment is not something that you get over, as the only 'cure' for your suffering is the daughter you dream of:

*"it was my last chance for a girl, and then, you get over it. You don't get over it, you deal with it" (H2:62)*

What the women seemed to be searching for was more psychological; a sense of peace about their situation or a release from the suffering induced by the uncontrollable thoughts and feelings:

*"you just want the pregnancy over, and all those really awful feelings, that you go through, that you're just punishing yourself, because you can't change it, and you can't control it" (I29:815)*

Some of the women attempted quite practical ways of achieving this, for example, Adele had moved house to get away from the memories of being so depressed (A23:664), and had bought a female puppy to 'replace the daughter' (A3:82), but was forced to conclude that this had not been the solution:

*"I can have a week where I think actually no, I'm happy with my three boys, [...] this is what I've been given, and this is what I should accept, and then the next week I can just go off on one..."(A4:101)*

On a psychological level, there were other methods of coping employed, which included drawing a mental boundary, such as Claire and Helen had done:

*“I don’t know if that feeling of wanting a girl ever goes away, but there has to come a point where you say enough is enough, you can’t just keep having children, um, in the hope that you have a girl.” (C10:254)*

Despite this statement from Claire, I noted that she and her husband had initially said they would only have two children, and at the time of interview they had three and were contemplating a fourth, in order to have one last try for a girl. This illuminates the difficulty she was experiencing in following through with drawing a line.

One divergent aspect here was that some of the women felt that they needed to speak firmly to themselves, *‘get it into their heads’* (A4:100) in order to move on, whereas others felt that keeping some hope alive and not drawing a final line was what helped them not to spiral into despair:

*“I think it would have been really hard if it had been a really bad birth and they’d said you can’t have any more [...] At least at the moment I feel like I’ve got a bit of choice”. (E18:483)*

For some of the women, regaining control meant suppressing the emotions and throwing themselves into mothering their boys. This was akin to ‘making the best of a bad situation’; resigning oneself to the fate of being a ‘boy mother’.

*“I often question why, why did I get four boys, [...] and [...] not one little girl, who thought I could cope with four boys? And over the last five years, I’ve come to the conclusion that, [...] boys need an extra special person to look after them” (I21:586)*

As the interviewer listening to this narrative, the sense was not one of peace and acceptance, but rather of a realisation that they were not going to get what they

wanted, and the only option left was to assuage their guilt and shame by mothering the children that they already had.

### **3.5 SUPERORDINATE THEME FOUR: COMMODIFICATION**

The final theme, Commodification, is possibly the most significant, which, in a circular way befitting of IPA, sheds light on the other three themes. This was a very difficult theme to name and narrow down. All the way through the interviews there was a nagging sensation that something unspoken was being communicated; underpinned by the narrative of maternal ambivalence that weaved through the entire study. The participants were fighting against more than just 'wanting a daughter'; there was a deeper sense of restlessness, dissatisfaction and a lack of fulfilment. The women were 'beings-in-the-world', who had become mouthpieces for a disturbing phenomenon of the commodification of children in our society. Firstly, there is the growing denigration of men which is perhaps a response to the oppression and objectification of women. As the female sex has been the focus of inequality debates, so it seems that there has been a volte-face regarding the value of men – as though the two are mutually exclusive. The participants' perception appeared to be that in order for girls to be prized, and '*elevated to princess status*' (C14:367), boys must be devalued. Girls did not escape from commodification either, as their 'prized position' was due to their potential to 'provide it all': the earning capacity, the feminine rituals, the mother-daughter bond, the promise of marriage and children one day. Women's bodies were implicitly commodified, as well as their brains. Lastly, the practice of reproduction is discussed in terms of commodification; what resources are available, and at what financial, emotional and ethical cost.

### 3.5.1: Subtheme 4A: ‘Slugs and snails and puppy dogs tails’: Denigrating and commodifying men and boys

Although all of the women took pains to describe their love for their sons, and their efforts to be ‘good mothers’, by the very nature of the phenomenon under discussion, it was not surprising that one of the themes that emerged was the devaluing of boys and men in comparison with girls and women. For Bianca, Ellen, Fran and Ivy this was an explicit denigration of men in concrete and stereotypical terms. Bianca spoke of her husband as having the “*emotional development of a 5 year old*” (B13:276) and was adamant that men could essentially be reduced to the commodity of sperm donation:

*“Women in general are seen as the stronger gender these days, don’t you agree, men are sort of looked down upon, women can do whatever they want, all they need is that one sperm”.*(B4:71)

Additionally, Bianca drew attention to the cultural context by saying that she didn’t think that she would have felt so shamed by having all sons if girls weren’t the prized gender in the West; i.e. a part of her wanted a daughter not for herself, but more to buffer her against the social stigma attached to having all boys (B15:324). This was echoed by Claire, Diana, Georgina and Helen, who emphasised the role that society played, particularly in Britain, in making mothers of boys feel that they had been dealt a bad hand:

*‘I read that to my boys a little while ago, I remember that when I was a little girl, [...] I didn’t think of it so much because I was the girl, so I was sugar and spice and all things nice, but for a boy, when you read that, it’s horrible really, that boys are sort*

*of, snakes and snails and all sorts of horrible things, and the girls are sugar and spice and all things nice, quite explicit in the meaning there really.'* (C14:373)

It was quite disturbing, particularly given my own position as a mother of two young boys, to listen to many examples of times when the participants felt pitied for having boys. They grappled with themselves between the maternal urge to defend their boys, and the temptation to agree with those who pitied them:

*"in this country I feel like the desired gender is a girl. [...] if you have two girls, then that's fine, but if you have two boys... Every single day (starts crying) somebody will say to me 'oh, poor you, no girls' – something like that."* (C3:70)

*"'Oh poor you, oh shame, no daughters' [...] Especially not if your boys are with you, you know, you can't really agree with them."* (B11:236)

Boys were generally spoken of as an affliction, with Diana even describing her concern about marrying her ex-boyfriend, as he came from a family of all boys:

*"I used to just think oh you poor woman, you know, what do you do in a family of boys? And um, I used to feel quite sorry for her, never thinking that would be me one day".* (D2:36)

Here, she frames the number of boys in the family as a genetic predisposition, like an inherited illness, and describes her feelings of pity towards the mother, *'never thinking that would be me one day'*; this brought to mind the way people describe getting cancer or other diseases that came out of the blue. The impression here is that Diana's fear of becoming a mother of boys was so extreme that she ended a relationship because she felt the man could be predisposed towards producing sons, and instead chose her husband, who came from a *'girl-heavy'* (D2:29) family. In this

way she commodifies her husband for his 'female' sperm, with the ironic twist that he landed up only providing sons, while her ex-boyfriend went on to have a 'mixed' family. The regret in her voice was palpable as she spoke of this.

Additionally, all of the women spoke of their sons, particularly after the first one, as if they were a burden to be borne. For example, when Diana and her husband 'swayed' naturally for a girl, she felt that they both resented putting money and effort into something that didn't work (D5:121); they had a boy, but this was equated with an investment that didn't pay dividends, whereas a daughter would have been worth it.

The reasons given for boys being the less desired gender stemmed from the perception that boys were more troublesome when they were younger, due to their noisy, messy activities and less rewarding as adults.

*"because they're (BOYS) quite disorganised, [...] they take longer to grow up than girls do. And they need more mothering, and they're quite emotionally weak, compared to... (GIRLS)" (E12:318)*

*"it's almost sort of a harder work thing, I think women worry that boys are harder work, initially in terms of they are more active, they're off on their bikes, they don't want to sit still, you can't pop out for coffee..." (D13:340)*

Another way in which boys were objectified was as the big brother to the potential daughters. Unwittingly, some of the participants spoke of thinking that their daughters would need a big brother to 'look after them', whilst simultaneously claiming that they considered themselves to be independent and feminist.

*“But I also feel that if it was a girl, they’d get another level of relationship because it would be their little sister, who they had to protect a bit more, they had to stand up for her a bit” (G12:339)*

Here Georgina appears to also justify her desire for a daughter, as not only something that she wants for herself, but also something that would enrich the whole family. My impression here is that the women felt the need to defend their quest in various ways, because of the social taboo associated with it. By saying it would be good for their sons to grow up in a ‘more balanced’ family, they alleviate their guilt about their ‘selfish’ desire and construct an image of themselves as mothers who want the best for everyone.

### 3.5.2: Subtheme 4B: ‘They’re elevated to princess status’: Commodifying and objectifying girls and women

Conversely, but linked to Theme 4A, was the narrative about the ‘prizing’ of females over males. This was a multi-layered concept which unravelled in the most subtle of ways, as the participants were seemingly unaware of the irony of objectifying women in the same way that they found most repellent and frustrating when they had been objectified in life.

*“It’s not like I’m asking for a BMW or a big house, I just want a daughter. And you know you see people, this really gets my goat, on television on benefits, going on having ten children, and there’s this pressure for us to stop at three, because it’s all we can afford, and yet I didn’t get my daughter.” (D14:364)*

Diana equates ‘her’ daughter with other material items which can be purchased if one has the requisite funds, such as a house or a car. She also raises

the controversial topic of social welfare, thereby seeking to cast blame outside of her family and onto a government that is unsupportive of her goal.

All of the participants in different ways vocalised their 'feminist' leanings, either implicitly or explicitly. They spoke of themselves as 'dominant' in their own families, and rejecting of the 'traditional' gender roles that they had been raised with, or aspiring to embody the same strength that they had witnessed in their own mothers.

*"(MY MOTHER) was that generation that started to have it all, you know, had a career and all the rest of it, and she always brought me up to be a strong woman, to go for what I wanted" (E10:251)*

Additionally, as outlined in the previous theme, many of the participants had had strained relationships with their own fathers, who were perceived as being chauvinistic or misogynistic.

*"I did grow up in a house where my dad was the dominating force, so yeah [...] I like to feel like I can do anything that I want, anything that a man can do, and actually, I'm more of the dominating force over my husband [...] which is quite nice actually that he likes strong women and doesn't feel like he has to be, the man" (C13:343).*

The response to this childhood experience appeared to me to be the need to be a strong woman and 'raise strong women', which could be seen to be a need to populate the world with women who would be on their side, as alluded to by the participants in different ways.

*"we can go and get a job if we want, and drive a car if we want, you know, we have all those things, so we want to raise strong women. And I do think that emotionally*



*we behave very differently to men, and women want [...] somebody to be like them”.*  
(E10:241)

The participants unconsciously spoke of girls in terms of what they could provide for their mothers. There were many examples of the participants seemingly viewing their desired daughters as instruments which could provide the mother-daughter bond and the opportunity to unashamedly engage in the rituals of femininity, which went unnoticed by their sons.

*“sometimes I feel (silence) I don’t know, there’s no point putting on make-up, or putting on nice clothes, because there’s no one to appreciate it.”* (D15:393)

The word ‘princess’ came up often, with participants feeling that society had “*elevated girls to princess status*” (C14:367) without doing the equivalent for boys. There was the perception, on deeper exploration, that in Western society, a female child could provide the whole package, and so was undoubtedly a better option than a male child. Fran alluded to the idea that even a generation or two ago, “*to dream that your daughter would be the next Prime Minister would be laughable, whereas you’re allowed to have those bigger dreams for girls nowadays*” (F18:511). Georgina provided perhaps the clearest summary of what many of the participants made subtle reference to:

*“Yeah but as men and women now both get educated, get jobs, they’re not a burden really either. But the girls have the nails, the baking, you know, the girly talks, the friendship, I think most women want that”* (G18:515)

The unspoken question was ‘why would you want to have a son, when a daughter provides so much’? Women are no longer seen as a ‘burden’. Female

children are thus commodified in terms of their ability to have a career, provide the mother-daughter bond, and the promise of reproductive success in the future, ensuring the participants continued to have a purpose in life as the 'maternal' grandmothers. I connected the dots here, in interpreting that many of the participants wanted to live vicariously through a daughter, raising her in a household where the mother was the more dominant figure instead of being oppressed by 'old-fashioned' ideals. She would then go on to achieve career-wise what they had been unable to, and provide insurance against loneliness in old age. The daughter would release them from the trap of being the only female in a house full of men, and provide strength in numbers when it came to gender-role struggles.

*"one of my son's had a toilet accident, and I was clearing up, and (FIRST SON) came along and said 'ugh, I wouldn't do that' and I said 'well what about when you have children?' and he said 'oh I'll just get my wife to do it'. And I thought oh my God you're six years old and already you've got the idea that 'just get my wife to do it'". (D16:441)*

Diana seems to resent her position and goes on to imply that having a daughter who would be more than a 'stay-at-home-mom' would provide back-up for her in her struggle. Unconsciously, and perhaps as a response to their own childhood experiences, the participants appeared to view relationships with their children as a transactional agreement to be fulfilled. Bianca spoke of her son who fell in love with an orphan; she told him *'that's the daughter-in-law for me'* as it meant she would be the 'main' grandmother. But then *'it didn't work out, because she said she never wanted to have children'*. (B20:495) I understood from this that it wasn't enough for Bianca to finally get to 'mother' a girl; if she couldn't provide the requisite grandchildren then she was dispensable.

In a similar way, Adele consoled herself about her lack of a daughter by saying:

*“she might not be all I want, anyway, she might be a real tomboy, you know, she might not be this little girl who I think is going to run up to me and cuddle me and call me mummy” (A21:586)*

Thus, not only did the participants want a daughter, they wanted the daughter that they had envisaged in their fantasies from childhood. If the reality of their sons was a disappointment, then the reality of a daughter may have been as well, but as long as they felt deprived of the opportunity to experience it for themselves, they were able to hold on to the idea that having a daughter would provide complete maternal satisfaction.

### 3.5.3: Subtheme 4C: ‘It’s a minefield, an absolute minefield’: Commodifying reproduction

The ethics around the commodification of reproduction were a topic of much interest to all the participants. Four of the women talked about celebrities, particularly Victoria Beckham, whom they believed had had IVF with PGD in order to have her fourth child, a girl, after having had three sons. My impression was that the participants envied those who could afford to ‘buy’ a girl, whether that was through adoption from a foreign country, or by having expensive medical interventions abroad.

*“I just feel so jealous of people who’ve got that – and Victoria Beckham’s the prime example, [...] the fantastic life she’s got, and then she’s got this perfect family, three boys and a girl” (A18:518)*

All of the women had considered IVF, and Bianca and Ellen had attempted it, but it had failed. The frustration appeared to be that even if you were to save up the thousands of pounds necessary, there was no guarantee that it would work. One realisation that occurred during the analysis was that all of the participants had fallen pregnant very easily, had healthy pregnancies and healthy babies. Despite this, they would have been prepared to attempt IVF, but had to weigh up spending the money on something which wasn't guaranteed, and would then deprive the 'current children' of material goods. Some of the women alluded to our society's increasing need for instant gratification. If you are able to get what you want very easily, does this prevent you from feeling satisfied with it? Helen referred to a friend who had suffered with gender disappointment, until her fourth son:

*“she had problems, during her pregnancy with the fourth, and she thought she was going to lose him, and from that point she was so grateful to have him that she got over her desire for a girl instantly. She was happy with her lot and she was done. And I think well, good for you that you got over it.” (H9:230)*

Claire raised the idea that today just about anything you want can be bought at the touch of a button, and that a daughter is something that you can't just buy. Perhaps this trend towards instant gratification has left its mark on reproduction as well. There was palpable frustration around the issue of medical intervention, which was available but tantalisingly out of reach financially.

*I spoke to a man in London who's got, he takes people over to Cyprus, [...] this was when we knew that three was our limit, [...] and I kept thinking, we need to make sure that this one is a girl. [...] so we looked at it but it was out of our price range, you're talking tens of thousands... (D10:266)*

The other way to guarantee a daughter was adoption, which some of the participants had looked into. There was divergence here, as discussed in Theme 2C, as many of the women felt it was essential that their daughter shared their genes. Bianca, Diana, Ellen and Ivy would have been happy to adopt, but there were financial implications here too.

*“I just wanted another girl in the house [...] it was something like £20 000 it would have been, £15 or £20 000, to adopt from Russia” (B7:147)*

Again, the underlying narrative amongst the other participants considering adoption brought to light the fantasy of the perfect daughter that would be a reflection of her mother.

*“But you do sometimes see girls with their mums and you just think wow, gosh they look really like each other, and I guess that’s a very appealing thing as a mum, to produce a beautiful little girl that looks just like you.” (G20:553)*

There was an additional concern here that an adopted child may be damaged goods, tainted by her genetics and whatever experiences she had had prior to adoption:

*“by the time a child gets into the adoption system, I know, from the study that I’ve done in early years, if you really want to mess a child up, [...] do it when they’re really little. And I don’t actually want someone else’s mistake”. (E16:420)*

Generally, the women were very aware of the controversies surrounding reproductive autonomy, with Helen describing it as *‘an absolute minefield’ (H13:350)*. Other ethical concerns under discussion included terminating for gender, which all of the women said they could understand but would not do themselves, although a few

had considered it in their 'darkest' times. This struggle contributed to the feeling that the participants were trapped in a situation of their own making:

*"the boys just take every ounce of me, to the point where I don't enjoy motherhood anymore. [...] if someone had told me that I would feel like this, having to work every hour round the children, I've got to do all the school lifts, the football, they eat, it's like feeding five men, and that food has to be bought, cooked,...I'm just so exhausted"*  
(I26:734)

They were 'good mothers' who loved their sons, and 'good people' who couldn't condone the termination of a healthy child, but being 'good' had resulted in families that were larger than they had originally intended, with each incidental son that arrived placing an extra strain on the family and adding another obstacle to the quest for a daughter.

*'I am a fighter mother, sort of thing, and I will fight just as hard for him, but I still feel unfulfilled, as a mother myself. And that's not his fault, as I say, I don't think it's that I don't want these sons, I just desperately want a daughter...'* (E7:178)

The results presented here will be discussed in light of relevant theory in the next chapter.

## **CHAPTER FOUR**

### **DISCUSSION**

#### **4.1 INTRODUCTION**

This study sought to illuminate the lived experience of White British women who described themselves as struggling with 'gender disappointment', in that they had had sons only and wished to have a daughter. Verbatim transcripts of semi-structured face-to-face interviews were analysed using Interpretative Phenomenological Analysis. Prior research has been largely quantitative and has focused on communities in Africa and Asia where sons are openly regarded as more valuable for economic and cultural reasons.

I begin this chapter with a concise summary of the results in order to provide a rationale for the areas selected for discussion arising from the analysis. I continue with a critique of the study and how it relates to previous research. Thereafter the chapter concludes with a reflection on the research process and outcomes, and the relevance of the project to Counselling Psychology.

#### **4.2 SUMMARY OF RESULTS**

The results of the study explicate a hidden phenomenon which is often considered socially taboo, and explore the ways in which the participants made meaning out of their experience. The first three themes, Alienation, Loss and Control, in a sense paved the way for the introduction of the final theme, Commodification. The participants' sense of alienation within themselves and from their families and wider society, their experience of loss and a struggle to regain control; these phenomena reflected a wider sociocultural concern regarding the

objectification of women, the denigration of men, and the transactional nature of the relationship between parents and children.

Due to the size constraint of this project, it was necessary to focus on certain outcomes at the expense of others. The reflexive, inductive nature of IPA came to the fore here, as I attempted to balance prioritising the participants and the data, whilst simultaneously weighing up which themes which would prove most useful and relevant to the field of Counselling Psychology and women's mental health.

Looking at the first theme, Alienation, from a 'zoomed-out' perspective, one can see a ripple effect. Partly due to their own past experiences and beliefs about gender, the participants experienced their sons as 'alien' creatures, essentially different from themselves because of their biological make-up and resultant behaviours. This mystification felt at odds with their desire to be good mothers and triggered feelings of guilt and shame. As a result, they felt alien within themselves, and distanced from society as their struggle with gender disappointment was perceived to be culturally taboo. Additionally, their drive to have a daughter created friction in their relationships with their partners and other family members.

The second theme, Loss, illuminated the deep grief that the women experienced in the face of their 'less-than-perfect' family structures, as well as their sense of having 'lost' a daughter, albeit one which had never existed. Many of them felt that they had failed to produce the next generation of women, thereby severing the ties that bound the female line together. There was also a dominating fear of losing out on the experience in later life of being an active participant in the lives of their grandchildren, as they had the Westernised cultural expectation that their adult sons would leave their families of origin for the families of their wives.



Thirdly, Control materialised as a very significant aspect of the phenomenon of Gender Disappointment. The participants struggled with the sensation that they had lost control over their bodies, which did not produce their desired baby despite their various efforts. They also wrestled to contain their unwanted thoughts and feelings about the experience, which in turn contributed to their feelings of self-recrimination.

Lastly, the theme of Commodification served as an umbrella for the intricacies of the other themes. The experience of the participants could not be extricated from the sociocultural space which they inhabited. The path from individual experience to collective understanding and amplification of this group's particular perspective on gender disappointment must of necessity be discussed within the wider context of the debate around the social construction of gender, gender stereotyping and gender performance.

To this end, I drew again on Yardley's (2000) criteria for assessing quality in qualitative research, and searched for the areas which would lend the most *'impact and importance'* to the initial aim of the research: to illuminate the experience of gender disappointment from the perspective of White British women. These three areas are as follows: the cultural context, maternal ambivalence, and the invested mother of the vicarious child.

#### **4.3 THE CULTURAL CONTEXT**

Parker (2005) outlines three potential contributing factors to a mother's response to the sex of her child: her conscious and unconscious feelings about her own sexuality, expectations and beliefs about gender differences and cultural valuations of sons and daughters. To reiterate, all of the participants identified as

White, British, heterosexual women. Thus it is important to explore the possible ways in which these commonalities, particularly the shared cultural values, influenced the women's perceptions of gender differences.

#### 4.3.1 The social construction of gender

*'One is not born, but rather becomes, a woman'*. This simple quote from Simone de Beauvoir (1973:301) provides a useful introduction to interpreting the difficulties being experienced by the participants. It could be argued that the majority of the participants held the opposing view to de Beauvoir. This is clear even in the naming of the phenomenon as 'gender disappointment', as outlined in Chapter One. This belied the sample's perspective of sex and gender as two interchangeable terms, as opposed to seeing sex as a biological given and gender as acquired social construction (Butler, 1986). The participants were in fact disappointed in the 'sex' of their children, but this became conflated with the notion that a baby, born with female genitalia, would necessarily *'become a woman'*, offering the opportunity to engage in socially constructed ways of 'doing gender' (Lorber, 1991). For example, Diana commented that the response she dreaded the most from people when she shared her gender disappointment was *'maybe one of them will be gay, and you will still have someone to go shopping with'* (D6:52). Diana felt strongly about this as she didn't want her son to be gay, she wanted a daughter to go shopping with. Ivy also worried that she would 'make' her third son gay because she engaged in so many 'feminine' activities with him and was so desperate for him to have been a girl (I24:678). The binary perspective of males and females, masculine and feminine and the perception that gender is a given and not a construction, contributed to the disappointment in the 'loss' of a daughter.

Of course, this is not a concern that is limited to Western culture; as outlined in Chapter One; many mothers in Africa and Asia openly mourn the lack of sons in a similar way. In those countries however, there is an explicit valuing of males over females, which has its roots in economic, religious and cultural spheres. Supposedly, as Sen (2001) argues, these 'developing' countries are deemed to have a lot to learn from the more egalitarian West, and yet the participants' discourse reveals that they have received and are constrained by social constructions of gender and the implied co-construction of 'anatomy as destiny'. They struggle with grief, guilt, anxiety, anger, frustration; all experienced as a result of personal circumstances which hang against a social backdrop that still draws a concrete line between men and women, even in the 'First World'.

Lorber (1991:101) describes how gender becomes entrenched through '*process, stratification and structure*'. Through the process of interacting with others, children learn the socially sanctioned ways of doing gender, and are shaped by the encouragement and prohibition of those in authority. Apart from Fran and Ellen, the participants all described having been raised in conventionally male-dominated households. This may have increased the rigidity of their perceptions of gender performance and made it more difficult for them to imagine that the sex of a child would not necessarily dictate his or her future.

Gender is also the major category used to '*stratify*' society, with men ranking higher than women (Lorber, 1991). Again, in keeping with previous research, the experiences of the participants of being raised in male-dominated households (or in the case of Fran and Ivy, being abandoned by a father) may have contributed to their feeling that to be 'outnumbered' by men in their families was threatening (De Tychey, et al. 2008).

#### 4.3.2 Gender stereotyping and gender performance

Conversely, the expectation was that a daughter would provide '*the nails, the baking, the girly talks, the friendship* (G18:515). These are just a few examples of the kind of concretised 'gender performances' (Butler, 2004) which were envisaged by the participants; girls do feminine and boys do masculine. As Kane (2009:385) says, '*the cost of imagining a nonconventional gender performance is too high for these parents to wander into that territory*'.

Further stereotypes around gender performance shape the perceptions of boys and young men in Britain today. McDowell (2000) captures the current phenomenon of 'the trouble with boys', referring to the way they are represented as both troubled and troubling, being outperformed and overshadowed by their female counterparts. An analysis of stories about young British men in the press recently revealed that more than half of the coverage was on adolescent boys as perpetrators of crime (Garner, 2009). Most frequently, descriptions included derogatory and inflammatory words such as 'yobs', 'thugs' and 'feral'. Up to 80% of boys surveyed felt that adults viewed them in a negative light. Simultaneously, press coverage of similar behaviour from girls has an incredulous tone, as though this is unexpected and unusual female behaviour. They are referred to as 'ladettes' – a female version of male loutish behaviour rather than a separate category (Jackson, 2006). This all contributes to an impression of the young male of 21<sup>st</sup> century Britain as both 'endangered, and dangerous' (Lesko, 2011). Poignantly, Claire and Bianca's spoke of their experiences with members of the public who commented on '*poor mummy*' who had such a burden to bear with her three boys (C3:70; B11:231). It seemed that even if they were to convince themselves that they were happy with their three boys,

they were embedded in a society that constantly devalued them and drummed this message home.

Additionally, there is the compounding influence of the 'princess industry' which has aided the conflation of femininity with 'passive beauty'; the princess is valued for her beauty, grace and quietude, idly sitting by and waiting for her prince to come. Not only is this damaging to the development of gender identity and self-esteem amongst girls, it is juxtaposed against the backdrop of boys as the opposite thereof (Jule, 2011). The 'princess industry' is said to be worth approximately \$4 billion to the Disney Corporation alone – a staggering figure which highlights the persuasive, pervasive nature of gender stereotyping in the Western world. This attitude appeared to be shared by several of the participants, such as Diana's comments about boys being '*harder work*' (D13:338) due to the mess and noise they created, and how little girls would sit and colour or drink a 'babycino' with their mothers. Ivy talked about the '*princess*' niece who sat quietly in the theatre whilst her boys climbed over the seats (I15:419).

If gender disappointment is as unacceptable an emotional experience as the participants perceived it to be, then perhaps it is at least understandable, within the context of the sociocultural realm in which the participants are embedded. If girls are 'princesses' and women can 'have it all', and boys are emotionally stunted jobs who will desert their families of origin, then is it not entirely plausible that women would prefer to have daughters? This brought to mind the research by Brockmann (2001) referred to in Chapter One, which suggested that the value of women is increased by their new dual status of both 'breadwinner' and 'carer'.

### 4.3.3 The conflation of maternity and femininity

As outlined in Chapter Three, other than Fran, the participants identified strongly with the mother role in that they had always envisaged having children and made comments about *'being very maternal'* (I4:108) and *'taking to motherhood no problem'* (A7:193). There was evidence of *'maternal masochism'* (Parker, 2005:185) in that it was important to the participants that they were seen as good enough mothers despite their struggles with gender disappointment.

However, it appeared that they also shared the perception that being a mother, or being the mother that they envisaged as the right kind of mother, was inextricably linked with being the mother of girls. The message they received from society was that an 'unbalanced' family was not acceptable, and that to be the mother of all boys was not doing motherhood right. As Ellen put it: *you've been cut out of part of 'feminine-ness' if you haven't got your own little girl'* (E9:233).

*"Almost all contemporary cultures conflate maternity and femininity, and then idealise and denigrate both"* (Ernst, 1997:80). De Beauvoir (1973:18) refers to a woman as 'the victim of the species' in that she is violated (by intercourse) and then inhabited by the 'alien' within her. The real tragedy for de Beauvoir was that women then succumb to the pleasure that being pregnant brings – not for the sake of itself, but for the response and recognition of successful femininity that it engenders in others. Thus women perpetuate the cycle of the objectification of the female body in terms of the production of children, despite the concern that it entraps and enslaves them within the confines of maternity. I commented in the analysis on the apparent refusal on behalf of the participants to acknowledge that it was the male partner who was ultimately going to 'decide' the sex of the baby; perhaps de Beauvoir would see this as a way of the women fighting for control and rejecting the power of the male.

Welldon (1988) asserts that women project their desire for control onto their maternal role because they lack access to traditionally male models of venting anger and utilising power. As de Beauvoir frames it, women are producers who have no control over their product, they can only 'reproduce' by accepting the contribution from the male and making more of the same, *'binding the future to the present and the past'*, as opposed to making something new (Guenther, 2006:21).

The participants could be viewed as symbolic of women as victims of relentless consumerism, objectified for their capacity to function as both producer and consumer (Landsman, 2009). This is clearly seen in the repeated references made to how many products, particularly clothes, are available for girls compared with boys. The participants felt deprived of a rite of passage in terms of not being able to shop in the 'pink' aisles, so much so that they would have to *'completely avoid the girl area'* (A9:255). To be a woman in contemporary consumer society became conflated with the process of 'being gendered'; being a *'girlie girl'* (A7:201) solidified their concept of themselves as fulfilling societal norms. As Butler (1993:232) puts it: *'Femininity is not the product of a choice, but the forcible citation of a norm'*. As long as femininity is believed to be the sole domain of women, women will continue to be constrained by it.

Whitford (1991:89) speaks of women who are *'reduced to their maternal function'*; which I would argue is a socially sanctioned process even in the West. A woman, once she is a mother, struggles to be seen as separate from this. In Third World countries, particularly in more rural communities, women are objectified for their reproductive value, and, as outlined in Chapter One, risk rejection and judgement for their failure to produce sons. However, even in our allegedly more sophisticated Western society, women are simultaneously expected to succumb to

the duties of motherhood, and penalised for their maternal role. As recently as last year, surveys reveal that women can expect to earn up to 22% less than their male counterparts once they have a child (Viitanen, 2014), a discrepancy which can persist for up to 30 years. The participants acknowledged their sense of being controlled by something bigger than themselves, which contributed to their powerlessness. This is seen in comments such as Ellen's: *'I honestly believe that we genetically engineer when it suits the powers that be. So I can't see the difference, I just think it's another stick for women to beat themselves with and for men to have control over what we do'. (E12:304)*

The women were 'beings-in-the-world' seemingly becoming more aware that what they had previously perceived as private and intimate choices (such as family size and configuration) were hugely influenced by the legal, politics and ethical constraints of their sociocultural space. Their newly acquired 'deviant' discourse from the normative maternal path forms the basis for the next section on maternal ambivalence.

#### **4.4 MATERNAL AMBIVALENCE**

##### 4.4.1 Challenging the traditional perception of the perfect mother

Parker (2005:1) defines maternal ambivalence as the *'experience, shared variously by all mothers, in which loving and hating feelings for their children exist side by side'*. Despite this, in Western society there is a tendency for maternal ambivalence to become equated with aggression (Mariotti, 2012; Parker, 2005), in the same way that the other 'deviant' mothers referred to in Chapter One (lesbians, single mothers, surrogate mothers, adoptive mothers) were perceived as not performing motherhood correctly. The participants demonstrated their fear that they would be perceived to be defying femininity (by defying conventional maternity) with



their deviant discourse. This was evident in their examples of how they felt they should be silent about their gender disappointment or risk being judged by others, as outlined in Subtheme 1D. For example, Ellen describes feeling shamed into silence: *'you're not allowed to say, as a woman, I'm not happy about this pregnancy because it's another boy, you're not allowed to feel like that, or you're made to feel that it's wrong, as a mother'* (E3:55).

The perception appeared to be that voicing disappointment in the maternal experience provoked discomfort in, and criticism from, others. Whilst it must be considered that there may have been an element of projection of the participants' own feelings of guilt and shame onto others, some of the participants had undeniably had first-hand experience of social castigation because of their struggle with disappointment. For example, Fran spoke of the *'(shocked face) look at you funny, for wanting, or for verbalising a preference other than happy and healthy'* (F2:35).

According to Lazarre (1976:ix), *'The only thing which seems to be eternal and natural in motherhood is ambivalence'*. Both Lazarre and Parker (2005) seek to normalise the conflicting affect experienced by the participants as common to all mothers in different degrees. Parker's assertion is that the guilt which is often associated with motherhood (and experienced as a massive burden by the participants) is a response to the conflicting emotions which all mothers feel, but are not deemed socially acceptable to express. Western culture plays a major role in constructing the taboo around maternal ambivalence, by creating the image of the 'perfect mother' as one who is always available and loving (Benjamin, 1990). Parker believes that every mother holds an image of the maternal ideal against which she has to *'negotiate her lived experience'* (2005:41). For a 'stay at home mother', this might be a mother in paid employment, or vice versa. For an urban-dwelling mother

raising her children in a city, it might be a mother who raises her children in the country. For the participants, the maternal ideal consisted of a mother who had daughters; they could not marry this fantasy with the reality of raising all boys.

#### 4.4.2 Psychoanalytic theories of maternal ambivalence

In thinking about maternal ambivalence, I also drew on Kleinian thinking about ambivalence as a dynamic state. The decision to turn to psychoanalytic theory took into account a number of factors. I caveat my use of psychoanalytic theory with the acknowledgement that there were other schools of thought which may have contributed equal depth and relevance to the discussion at hand, such as developmental psychology and attachment theory. Those au fait with the school may see this as a controversial choice, given the tendency within psychoanalytic theory for 'mother-blaming' (Parker, 2005:16). However, it also provides a useful forum for a deep exploration of the maternal subjective experience, and credit is given to the classical psychoanalysts for the first discussions of maternal ambivalence (Parker, 2005). Additionally, more modern relational approaches to psychoanalysis provide a detailed exploration of the intersubjective dynamic present in the mother-child relationship (Raphael-Leff, 2010). This was in keeping with my own stance as a 'clinician-researcher' who draws on relational psychodynamic theory in clinical work.

Returning to Klein, I considered the concept of ambivalence as a dynamic state in which one can aim to attain the dominance of love over hate, but in reality the two states will always remain in opposition to each other and hate will always be present (Klein, 1940). What is most relevant is Klein's contention that intense life experiences such as grief can disturb the balance between love and hate, amplifying hate, which then triggers feelings of guilt and anxiety. I argue that the sense of loss

experienced by the women in relation to their desire for a daughter, could tip the scales towards the 'hate' side of maternal ambivalence, which then triggered the paralysing guilt and anxiety as they struggled to accept this as 'normal' maternal emotion within the cultural context which viewed it as taboo.

Parker (2005) draws an interesting parallel with the Kleinian (1940) conceptualisation of the child who moves into the depressive position, recognising that the loved and hated objects are one being (the mother). If the same could be achieved by the mother who feels ambivalent, she could recognise the child as an object of love and hate which could be integrated. This would possibly be accompanied by a sense of loss and a melancholia for what cannot be; whether this is the 'perfect', all-loving mother-child bond, or in the case of the participants, a life without the mother-daughter bond. The urgency that the participants felt to assure themselves, and me as the observer, that they felt great love for their sons could also be seen as the need to make reparation for the harmful phantasies which they had harboured about their children (Klein, 1940), which added another layer of guilt and shame to their emotional burden. For example, Claire referred to her need to *'make it clear. That I love him to bits'* (C4:85) and Diana expressed her regret that she had thought about giving her son up for adoption (D5:134).

Another view of this is provided by Frosh & Baraitser (2003:775) who assert that the loss, out of necessity, needs to be 'walled off' in order that life might continue; *'part of the psyche stops at the moment of loss, (...) maintaining vigilance over the memory... effectively freeing the rest of the psyche to carry on.'* This appeared to be allied to the 'coping mechanism' employed by some of the women who were saying *'enough is enough'* (C10:254), and trying to move on, as seen in Subtheme 3D.

#### 4.4.3 Gratification and the pursuit of happiness

Much of the literature on motherhood points to the accountability that mothers feel for the outcomes of their mothering, and reveals that they feel judged by the behaviour of their children (Dawn Zibricky, 2014). For example, Ivy spoke of feeling '*absolutely massive responsibility*' (I16:465) for the way in which her sons turned out. As discussed, it is possible that the '*normal, healthy*' (Winnicott, 1965:146) maternal ambivalence became conflated with the obvious and concrete otherness of the boys. Therefore it became the sex of the children which was disappointing, rather than the '*childness-which-requires-mothering*' of them. Deprived of the chance to disprove this by having a daughter and finding out whether the ambivalence remained, the women appeared to focus in on the loss of a daughter as the most obvious reason for their unhappiness. Only Bianca was prepared to concede that a daughter may not have made her happy, or made up for the other unhappiness and disappointment in her life (B18:420).

The way in which the participants clung to what they 'knew' to be making them unhappy brought to mind Cooper's (2015) proposition of 'existential black ice'. He also proposes that human beings feel more anxious the more freedom they have to choose something. This is alluded to in studies of infertility, where couples feel 'pressured' into numerous rounds of IVF, regardless of the impact on their lives, finances, bodies and relationships, simply because the choice is available to them (Peddie, van Teijlingen & Bhattacharya, 2005). In the same way, the option of assisted reproduction techniques such as Pre-Implantation Genetic Diagnosis was tantalisingly within the reach of the participants. As outlined in Subtheme 3B, this appears to have created pressure to try everything, as though they were doing themselves (and their unborn daughters) a disservice if they didn't make use of all

the opportunities that modern science could offer, no matter how expensive, intrusive and uncertain.

I would argue that this is linked with the concept of instant gratification alluded to in the final theme. All of the participants had found it easy to fall pregnant and had given birth to healthy children. I wondered; if they had struggled more, would less of the focus would have been on the gender of the child? Ivy refers to this when describing how the illness that her fourth child suffered had helped her find peace with him being a boy (121:600), and Helen also talks of her friend who 'got over' her gender disappointment in response to the threat of losing her fourth son during pregnancy (H9:230). Coward (1997) touches on this point in her analysis of the crisis in motherhood. She quotes journalist Charles Lawrence (1995) who, when writing about matricide, said: *"There is a dissonance in contemporary culture: generations have been reared on the principal of instant gratification and the 'me first' interpretation of the much vaunted constitutional right to the 'pursuit of happiness'."* He continues to ask the all-important question: *'How do children fit into that?'* In other words, if we become too accepting that we have the right to it all, perfect family, perfect career, perfect life, we run the risk of viewing children as instruments of that fantasy, rather than individuals in their own right. This also raises the question of reproduction as a transaction; why do we have children? This is not a selfless task that 'gives life' by giving birth, something is expected in return, whether this is affection and devotion, social recognition, or insurance for the future (Guenther, 2006). Perhaps the key here is to recognise that motherhood is not an altruistic exercise; perhaps the participants, in voicing their 'wants' of motherhood, are simply saying what many mothers cannot.

#### 4.5 THE INVESTED MOTHER OF THE VICARIOUS CHILD

The reader may remember that all of the participants in the project identified primarily as mothers. Only three of the nine women were in paid employment, and of these, one was a doula, one a nursery school teacher, and one a midwife. Thus it could be concluded that these were women who were heavily invested in traditionally gynocentric roles, which conflicted with the way in which all of the participants, bar Adele, described themselves as 'feminist' (C13:347), 'dominant' (D13:353) or 'fighters' (E7:175). It seemed worthwhile to further explore this apparent conflict between the attitudes that the majority of the participants held towards gender stereotyping and the relatively stereotypical roles which they had taken up in their families and society.

Stern (1998) introduces the three 'different' babies who he believes are experienced in the transition to motherhood: the real, imaginary, and vicarious babies. The imagined baby is a fantasy which may have been held as long as the thoughts of maternity itself. The more concretised this fantasy is in terms of sex, size, appearance, and temperament, the more difficult it is for the mother to replace this image with the real baby who is born. For all of the participants, the 'pink bundle' had formed an integral part of their fantasies of motherhood for as long as they could remember. Stern emphasises the importance, for psychologists working with prospective mothers, of helping them to become aware of the 'blueprints' that they held for their future family, and how disappointing it can be if these do not match the reality. As Kane (2009:385) says, *'these parents were anticipating a highly gendered child, with whom they would enact a highly gendered relationship, thus doing gender for both the anticipated child and themselves in and through their interactions'*. This

is clearly seen in the way that all the participants had envisaged having at least one daughter and fantasised about their shared pastimes.

The 'vicarious baby' introduces a slightly different element. This, believes Stern (1998), is the baby who will fulfil the dreams, hopes and wishes that the mother originally held for herself, but has not achieved. The baby is imagined to be 'just like me, only better'. There was a very significant element of this in the narrative of the participants, which tied in with the two themes of Control and Loss. If you are someone who likes being in control (which all the women bar Adele attested to), and you find yourself in a position where motherhood is the 'only' role you have in life, then perhaps it is unsurprising that you would want to do it perfectly (G11:309). Thus these women, embedded in a social context which advocates that the 'perfect' family is a balanced or mixed one, naturally aspired to that. In addition to the aspiration to the fantasy family, it would seem that many of the participants had long held the unconscious desire to see themselves replicated in a little girl. For example Georgina spoke of *'a very appealing thing as a mum, to produce a beautiful little girl who looks just like you'* (G20:553). There was more to it than just the mirror image though – several of the participants alluded to having a daughter who would go on to be *'Prime Minister'* (F18:513) or an *'Engineer'* (H7:202) – in other words, everything that they had not managed. In this way we can see how a child could become the embodiment of another chance to realise one's own dreams.

Freud (1953) refers to maternity as an essentially narcissistic practice; defining a child as an 'extraneous object' – an extension of one's own body, but one that is separate from the criticisms we so easily level at ourselves. Adele spoke of never feeling good enough, slim enough, clever enough, (A21:608) and of wanting a little girl who would achieve everything she had dreamed of. Guenther (2006:21)

refers to this concept, and the loss thereof, as a *'failed existential project'*, which seems to be linked to the narcissistic need of the participants which was lost and grieved for as described in Subtheme 1B.

Orbach (1997) explicates the notion of the vicarious baby, as she talks of working with female clients with very fixed ideas of what they would encourage in a daughter, and comments on how often it was what they considered to be lacking in themselves. She argues that instead of trying to gloss over the differences between boys and girls (a kind of quasi-feminism), mothers should accept and celebrate the differences between their male and female children. She adds that there is a tendency for mothers to engage with a form of projective identification with daughters that they do not extend to their sons, and believes that this is a psychological advantage for boys. Perhaps this is what some of the women alluded to when discussing how their daughters *'might not be all they wanted'* (A21:587) and commenting on the complexities of the mother-daughter bond (C17:461).

#### **4.6 LIMITATIONS OF THE SAMPLE AND DATA COLLECTION PROCESS**

The decision to use Interpretative Phenomenological Analysis was based partially on the desire to engage in a rich, nuanced explication of a previously under-explored phenomenon within a small, homogenous group. This study hopefully provides a useful jumping-off point, and highlights the need for further research into more specific relationships within the subject area.

In keeping with the homogeneity implicit in IPA, the women recruited for the study were all White British mothers of boys only. Other similarities between the women emerged during the data collection, which provoked reflection on the recruitment process. The women were recruited solely through websites whose



primary purpose was to provide information and advice on gender selection techniques, both medical and 'natural'. On reflection, I wonder if this did not predestine the sample to consist of women from a particular class. All of the women were educated to at least high school level, and seven of them had further diplomas or degrees whilst the remaining two had qualifications in childcare. Without entering too deeply into the debate on class allocations in Britain, which again could be defined as 'social practices' rather than rigid, objective groups (Bourdieu, 1986), the participants could be loosely categorised as 'middle class' due to their education levels and status as homeowners (Griffith & Glennie, 2014). It may be that their education level enabled them to feel more confident about speaking one on one with someone else who was educated to a reasonably high level, and that they had an increased capacity for self-reflection.

If this study privileged the voices of middle class women in Britain, then attention should be given to the women struggling with gender disappointment who did not come forward for this study. There may have been women on the forum who were intimidated by the idea of a face-to-face interview and would have responded better to an anonymous survey or a focus group. Those with a lower education and social class status than the participants of this study may have been silenced due to their lack of confidence in their ability to contribute to or challenge normative discourses on motherhood (Bailey, 1999). There may also be women who are experiencing the same disappointment, who do not have regular access to the Internet to be part of the chat rooms.

Another potential limitation of the study was the use of a single interview for data collection. Perhaps a follow up interview would have given the participants an opportunity to reflect on their contribution during the first session, and offer more

insight at the second, particularly given that the interviewer/interviewee relationship may have deepened over this time and greater trust and rapport developed.

Divergence in the sample was most evident in the ages and numbers of children that the women had, and whether they considered their families complete or not. Of the nine women, Bianca had the longest gap between having given birth to her last child and the interview (11 years). Bianca, Diana, Fran and Ivy were the most certain that they would not have any more children, while Adele, and Claire were undecided and Ellen, Georgina and Helen were going to try for more. The data may well have been very different if all the women were more homogenous in this regard; either still actively trying for a daughter or certain that they would never have one.

#### **4.7 REFLECTIONS ON THE RESEARCH PROCESS**

Whilst conducting this research, I remained conscious of my own position within it, both as clinician-researcher and as a mother of two boys. The double hermeneutic present within IPA undoubtedly shapes the analysis which emerges. There were times when I believe that my defensiveness of my children coloured the way in which I thought about what the participants were saying, and I pay full credence to the notion that another researcher may well have interpreted the data in a different way. The conceptualisation of sons as a burden, as a consolation prize, or as incidental to the main quest of 'getting a girl', may not have stood out in the same way to someone without sons. I was uncomfortably aware of my dual responsibility to the data and to the participants, which seemed to be both separate and blended entities. I struggled with the 'fear of offending' (Hoskins & Stoltz, 2005) whilst knowing that I owed it to myself and to the topic at hand to not blunt what was

emerging in the data. At one point a friend asked me if I was concerned that one day my sons will read this study and think that I was disappointed in their gender. Until then, the way in which the participants affected me, and I affected the data, had not been quite as clear. I felt a similar urge as the participants had had, to claim my position as a 'loving mother' and defend myself against criticism and judgement. Additionally, it is difficult to predict, although needs to be considered, whether the participants would have responded to me differently if I had been a 'fellow sufferer', or if they had known in advance that I was a mother of boys.

Throughout the research process, I struggled with my response to the data, which vacillated between empathy and frustration. I was deeply touched by the raw grief, the sense of loss, the terrible shame and guilt which the women were experiencing. Simultaneously, I fought against similar unhelpful and judgemental reactions as those they had received from others. This is where it was useful to think of the work as both similar to and different from therapy. It was necessary to first pay attention to my own emotions, and then essential that I bracketed them, in order to achieve the necessary '*third party view*' (Rizq, 2008:45). Perhaps what I was experiencing was also a countertransference response to the way in which the participants regarded themselves with both empathy and frustration.

My personal reflection on this piece of work would not be complete without including the timely arrival of my niece as I was writing up. Born to my older sister, who already had a young son, she was the first granddaughter in our extended family. She was also born a few days before Princess Charlotte, daughter of the Duke and Duchess of Cambridge and fourth in line to the British throne; both babies therefore completed the 'pigeon pair' stereotype of the perfect family unit. The media coverage of the birth of the princess prompted friends to remark on how 'clever' my

sister was to have also produced the 'heir and the princess'. My sister is indeed clever; she is a highly intelligent woman who has had a very successful career. But it would appear that in our supposedly 'modern' society, her real achievement was to have the mixed family. I looked at my two boys and wondered, with this topic so present in my mind, had I therefore not done motherhood right? Do we, as women, fall into the trap of reducing ourselves and others to our '*maternal function*' (Whitford, 1991:89)?

Although uncomfortable and anxiety-provoking, it was, in hindsight, an opportunity for me to once again '*challenge my whole symbolic system, to think again about what grounds me*', to paraphrase Baraitser (2006:223). I acknowledged finally that there was an element of denial occurring, and that I had experienced some disappointment in my own motherhood journey. This was two-fold; my perfectionist tendencies, as previously discussed, definitely 'prickled' in response to the admiration that others gave to the 'pigeon pair'. Secondly, I realised that, coming from three siblings, my family feels incomplete with two children, and I would have loved a third, which will not happen. There was a sense of loss in this realisation, which gave me empathy for the participants as they struggled to let go of their own fantasies of the perfect family.

#### **4.8 IMPLICATIONS FOR COUNSELLING PSYCHOLOGY**

As outlined in Chapter One, this study aimed to illuminate a previously underexplored research area which is purported to affect many thousands of women (and men) who feel unable to speak about it. Counselling Psychologists may benefit from gaining insight into the anxiety, guilt, shame and grief experienced by those struggling with gender disappointment. Moreover, this research has also thrown up

more questions about the experience of maternal ambivalence in many varied forms, and the importance of creating a space for the expression of these conflicting emotions for mothers who may find them alienating and distressing.

It is worth noting that all of the participants voiced a variety of concerns about seeking therapy in connection with their gender disappointment. Firstly, given that this was something they themselves barely understood, they did not expect anyone else to, least of all someone who had not experienced it. Secondly, they felt that it was such a taboo subject that they were unlikely to find a therapist who would listen without judging them. Thirdly, because no medical professional had ever spoken about gender disappointment, they felt abnormal raising it.

That said, all of the women felt that the interview had been a therapeutic and cathartic experience for them, a phenomenon which has been noted in previous qualitative research (Gale, 1992; Jorm, Kelly & Morgan, 2007). Lakeman, McAndrew, MacGabhann & Warne, (2013:81) propose that this may be because the research interview takes place in a setting which is *'free from the demands and expectations associated with therapy'*. As a Counselling Psychologist in training, my practice is based on the belief that the therapeutic relationship can be mutative and that a non-judgmental space can be healing. Thus it was surprising and disappointing to hear participants say that no one would want to understand their issues. I felt even more compelled to illuminate this phenomenon, in the hope, shared by the participants, that the more people who hear about it, the easier it will be to break the silence on this deeply personal grief which is experienced in such a public way.

## **4.9 ETHICAL CONSIDERATIONS**

As discussed in Chapter Two, I had the same concerns as any researcher would about asking participants to talk about their difficult experience, for very little reward. After all of the interviews however, this feeling abated as the women expressed their gratitude for the space to speak, which is a common response in qualitative research. The only point which continued to trouble me, which I raise in the interests of transparency, was the unforeseen circumstance that Claire, Ellen and Fran all had their babies present during the interview. Occasionally they referred directly to the babies. For example, Ellen looked at her infant son and said ‘you were meant to be a girl, weren’t you’? I debated my discomfort at this with colleagues at university. The consensus was that I was witnessing something that was occurring regardless of my presence, and that it was not the interview that had evoked these emotions in the participants. Additionally, I never felt that the participants would harm their children or that there was need to involve any other party.

## **4.10 SUGGESTIONS FOR FURTHER RESEARCH**

In addition to the limitations outlined above, there were numerous aspects of the study which potentially point to avenues to be explored in the future.

### **4.10.1 The voice of the father**

During the research process, I became increasingly aware of the way in which the voices of the fathers of the children had been silenced. Additionally, there were very few men making use of the chat rooms on the websites, which tended to be a female-dominated space. The sense of distance between the women and their partners was explicated in Subtheme 1C, but it would be interesting to hear from the

men themselves. Additionally, further research is indicated to explore the experiences of men in 'all female' households; fathers who struggle with gender disappointment, having wanted sons and only had daughters.

#### 4.10.2 Intergenerational relationship patterns

Of the nine women, only Georgina spoke of a particularly close relationship with her own father, and five of the other eight spoke of strained or non-existent relationships with theirs. Fran spoke of '*not very good role models*' (F5:123) and Ivy referred to expecting boys to bring '*a lot of heartache*' (I12:349) due to her father's and brother's behaviour. In a study of this size it was impossible to incorporate every avenue of potential concern, but it would seem worthwhile exploring the ways in which perceptions of gender performance are passed down through the generations, and how these interact with concerns over the gender of one's own offspring.

#### 4.10.3 The impact on the child

The participants alluded to the concern they felt that their sons would be adversely affected by the knowledge that their mothers would have liked them to be girls, and their desire to protect them from this. Most of them worried that the children would realise at some point that they were 'meant' to be a girl, especially those born at the end of the family line (G6:171; H11:289). Blyth, Frith and Crawshaw, (2008:43) point out that there is a valid argument (albeit one which perhaps we shy away from) for legalised sex selection: '*where people have unworthy desires of wanting children of a particular sex, the consequences of not achieving that desire are invariably worse than having them met*'. Further research is indicated to explore the psychological consequence for a child who grows up knowing that his innate biology is disappointing to his mother.

## 4.11 CONCLUSION

Interpretative Phenomenological Analysis was used to explore the experiences of nine White British women who felt disappointment in the gender of their sons. Very little previous research existed on this topic, particularly within Western culture. Thus a qualitative methodology was chosen to best explicate the complexities of the lived experience of a small population of people struggling with an unusual perspective on the otherwise well-trod path of motherhood.

At the conclusion of the study, the use of IPA is still deemed to have been an appropriate choice in seeking a rich and nuanced exploration of this little-understood phenomenon. Four themes emerged from the data, Alienation, Loss, Control and Commodification. Suggestions were made in terms of the ways Counselling Psychologists can assist this population, and extrapolate the knowledge to help women struggling with other 'taboo' aspects of motherhood. Recommendations for further research in this area were made, including the lived experience of the father struggling with gender disappointment, and the impact of gender disappointment on the child.

*'Imbued with both loss and shock, the maternal emerges... as the most confusing of subjective positions, full of fissures and splits, illusions and hopes, broken apart by violent emotions'* (Baraitser, 2006:220).

My hope is that this study will aid in creating a space for women to speak openly about their '*violent emotions*' and add to the necessary narrative about maternal ambivalence, displacing the dominant discourse of the 'Madonna' mother (Balint, 1939). I would argue that the voice of mothers who are prepared to talk about difficulties in motherhood cannot be overemphasised. Loss of identity, grief for a



long-held fantasy, disappointment in reality; these are all examples of the importance of acknowledging motherhood as a 'problematic experience' (Lewis & Nicholson, 1998). The fact that the transition to, and journey through, motherhood is such a common experience should not overshadow how lonely and complex it can be. The more we can continue a dialogue about the difficulties that women experience, the more we can understand and support mothers and children; a crucial building block of our society.

## **REFERENCES:**

- Abiodun, O.A. (2006). Postnatal depression in primary care populations in Nigeria. *General Hospital Psychiatry*, 28, 133 – 136.
- Adeyuwa, A.O., Fatoye, F.O, Ola, B.A., Ijoadola, O.R. & Ibigbami, S-M. (2005). Sociodemographic and Obstetric Risk Factors for Postpartum Depressive Symptoms in Nigerian women. *Journal of Psychiatric Practice*, 11 (5), 353-358.
- Al-Akour, N. (2008). Knowing the foetal gender and its relationship to seeking prenatal care: results from Jordan. *Maternal Child Health Journal*, 12, 787-792.
- Al-Qutob, R., Mawajdeh, S., Allosh, R., Mehayer, H. & Majali, S. (2003). The effect of parental knowledge of foetal sex on birth weight: A study from Jordan. *Health Care for Women International*, 25, 281-291.
- Ali, S.M. (1989). Does son preference matter? *Journal of Biosocial Science*, 21, 399-408.
- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and the Family*, 62, 1192-1208.
- Asbery, K.A. (2008). *Altered Dreams: Living with gender disappointment*. Indiana: Author House
- Bailey, L. (1999). Refracted selves? A study of changes in self-identity in the transition to motherhood. *Sociology*, 33, 335-352.
- Balint, A. (1939). Love for the mother and mother love. In M. Balint (Ed). *Primary love and psychoanalytic technique*. Maresfield Press
- Baraitser, L. (2006). Oi, mother, keep ye' hair on: Impossible transformations of maternal subjectivity. *Studies in Gender and Sexuality*, 7 (3): 217-238.
- Barker, C., Pistrang, N. & Elliott, R. (2002). *Research Methods in Clinical Psychology: An introduction for students and practitioners*. London: UCL

- Benjamin, J. (1990). *The bonds of love: Psychoanalysis, feminism and the problem of domination*. London: Virago.
- Benjamin, J. (2007). *Intersubjectivity, thirdness and mutual recognition*. A talk given at the Institute for Contemporary Psychoanalysis.
- Bilszta, J., Ericksen, J., Buist, A. & Milgrom, J. (2006). Women's experiences of postnatal depression – beliefs and attitudes as barriers to care. *Australian Journal of Advanced Nursing* 27 (3), 44 – 54.
- Blehar, M.C. (2006). Women's mental health research: The emergence of a biomedical field. *Annual Review of Clinical Psychology*, 2, 135-160.
- Blyth, E., Frith, L. & Crawshaw, M. (2008). Ethical objections to sex selection for non-medical reasons. *Reproductive BioMedicine Online*, 16 (1): 41-45.
- Bourdieu, P. (2011). The Forms of Capital. In I. Szeman & T. Kaposy (Eds). *Cultural Theory: An Anthology*. (pp. 81-93) West Sussex: Wiley-Blackwell.
- Boyce, P. & Hickey, A. (2005). Psychosocial risk factors to major depression after childbirth. *Social Psychiatry and Psychiatric Epidemiology*, 40, 605-612.
- British Psychological Society (2000). *Division of counselling psychology professional practice guidelines*. Leicester: British Psychological Society.
- Brockmann, H. (2001). Girls preferred? Changing patterns of sex preference in the two German states. *European Sociological Review*, 17, 189-202.
- Butler, J. (1986). Sex and gender in Simone de Beauvoir's *Second Sex*. *Yale French Studies*, 72, 35-49.
- Butler, J. (1990). *Gender trouble: feminism and the subversion of identity*. London: Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of 'Sex'*. London: Routledge.

- Butler, J. (2004). *Undoing gender*. London and New York: Routledge.
- Chandran, M., Tharyan, P., Muliyl, J. & Abraham, S. (2002). Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India: Incidence and risk factors. *British Journal of Psychiatry*, 181, 499-504.
- Chapman, E. and Smith, J. (2002) 'Interpretative phenomenological analysis and the new genetics'. *Journal of Health Psychology*, 7(2), 125-130.
- Charmaz, K.C. (2006). *Constructing Grounded Theory: A practical guide through qualitative analysis*. London: Sage.
- Choi, P., Henshaw, C., Baker, S. & Tree, J. (2007). Supermum, superwife, supereverything: performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology*, 23(2), 167-180.
- Cooper, M. (2015). *Existential Psychotherapy and Counselling: Contributions to a Pluralistic Practice*. London: Sage.
- Coward, R. (1997). The heaven and hell of mothering. In W. Hollway & B. Featherstone (Eds). *Mothering and Ambivalence*. (pp111-118) London and New York: Routledge.
- Cox, J.L., Holden, J.M. & Sagovsky, R. (1987). Detection of postnatal depression. Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry*, 150, 782-786.
- Coyle, A. (2007). Introduction to qualitative psychological research. In E. Lyons and A. Coyle (Eds). *Analysing qualitative data in psychology*. (pp. 9-29) London: Sage.
- Craig, M., & Howard, L. (2008). Postnatal depression. *BMJ Clinical Evidence: BMJ*. Retrieved 14/03/2013 From <http://clinicalevidence.bmj.com/x/pdf/clinical-evidence/en-gb/systematic-review/1407.pdf>.

- Dahl, E., Hinsch, K-D., Beutel, M. & Brosig, B. (2003). Preconception sex selection for non-medical reasons: a representative survey from the UK. *Human Reproduction*, 18(10), 2238-2239.
- Dawn Zibricky, C. (2014). New knowledge about motherhood: An autoethnography on raising a disabled child. *Journal of Family Studies*, 20(1), 39-47.
- De Beauvoir, S. (1973). *The Second Sex*. London: Vintage Books.
- De Tychey, C., Briancon, S., Lighezzollo, J., Spitz, E., Kabuth, B., De Luigi, V., Messembourg, C., Girvan, F., Rosati, A., Thockler, A & Vincent, S. (2008). Quality of life, postnatal depression and baby gender. *Journal of Clinical Nursing* 17 (3) 312-322.
- Dennis, C-L, & Chung-Lee, L. (2006). Postpartum depression help-seeking barriers and maternal treatment preferences: a qualitative systematic review. *Birth*, 33(4), 323-331.
- Doucet, S. A., Letourneau, L.N. & Stoppard, J.M. (2010). Contemporary paradigms for research related to women's mental health. *Health Care for Women International*, 31, 296-312.
- Duckett, A.J. (2008). *Gender Dreams: The social construction of gender disappointment as an affliction in online communities*. (Unpublished Master's thesis). Ontario: University of Guelph.
- Duquaine-Watson, J. (2010). More than talk: Single mothers claiming space and subjectivity on the university campus. In J. Fenton-Stitt & P. Reichert-Powell (Eds). *Mothers who deliver*. (pp191-214). New York: SUNY Press.
- Eatough, V., & Smith, J. (2006). I feel like scrambled egg in my head: An idiographic case study of meaning making and anger using interpretative

- phenomenological analysis. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 115-135.
- Eatough, V., & Smith, J.A. (2008). Interpretative phenomenological analysis. In C. Willig and W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp.179-194). London: Sage.
- Edelmann, R.J., (2004). Surrogacy: The psychological issues. *Journal of Infant and Reproductive Psychology*, 22 (2):123-136.
- Ekuklu, G., Tokuc, B., Eskiocak, M., Berberoglu, U. & Saltik, A. (2004) Prevalence of Postpartum Depression in Edirne, Turkey, and Related Factors. *The Journal of Reproductive Medicine*, 49, 908-914.
- Elliott, H. (2011). Interviewing mothers: reflections on closeness and reflexivity in research encounters. *Studies in the Maternal*, 3(1). Retrieved online from [http://www.mamsie.bbk.ac.uk/back\\_issues/3\\_1/ElliotBio\\_SiM\\_3\\_1\\_2011.html](http://www.mamsie.bbk.ac.uk/back_issues/3_1/ElliotBio_SiM_3_1_2011.html) on 24/06/2015 at 15.38.
- Epstein, R. (2010). Queer parenting in the new millennium: Resisting normal. In A. O'Reilly (Ed.) *21<sup>st</sup> Century Motherhood*. New York: Columbia University Press.
- Ernst, S. (1997). Mothers and daughters within a changing world. In W. Hollway & B. Featherstone (Eds). *Mothering and Ambivalence*. (pp80-88) London and New York: Routledge.
- Evans, D. & Evans, S. (2007) (Eds.) *Motherwho?* Wavell Heights: Big Sky Publishing.
- Forna, A. (1999). *Mother of all myths: How society moulds and constrains mothers*. London: Harper Collins.

- Freud, S. (1953). On Narcissism: An Introduction. In J. Strachey et al. (Eds). *The standard edition of the complete works of Sigmund Freud*. London: Hogarth Press and the Institute of Psychoanalysis.
- Frosh, S. & Baraitser, L. (2003). Thinking, recognition and otherness. *Psychoanalytic Review*, 90: 771-789.
- Frost, N. (2011). *Qualitative research methods in psychology: Combining core approaches*. Berkshire: Open University Press.
- Frost, N., Nolas, S-M., Brooks-Gordon, B., Esin, C., Holt, A., Mehdizadeh, L. & Shinebourne, P. (2010). Pluralism in qualitative research: the impact of different researchers and qualitative approaches on the analysis of qualitative data. *Qualitative research*, 10 (4), 441-460.
- Gale, J. (1992). When research interviews are more therapeutic than therapy interviews. *Qualitative Report*, 1(4). Retrieved from <http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2036&context=tqr> on 19/08/15 at 13.17.
- Gao, L-L., Chan, S.W., You, L. & Li, X. (2010). Experiences of postpartum depression among first-time mothers in mainland China. *Journal of Advanced Nursing*, 66 (2), 303-312.
- Garner, R. (2009, March 13). Hoodies, louts, scum: how media demonises teenagers. *The Independent*. Retrieved online at <http://www.independent.co.uk/news/uk/home-news/hoodies-louts-scum-how-media-demonises-teenagers-1643964.html> on 17/08/2015 at 13.34.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

- Goldberg, D.P. & Hillier, V.F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, 9, 139-145.
- Griffith, P. & Glennie, A. (2014). Alien Nation? New perspectives on the white working class and disengagement in Britain. *Institute for Public Policy Research*. Retrieved online from [http://www.ippr.org/files/publications/pdf/alien-nation\\_Oct2014.pdf?noredirect=1](http://www.ippr.org/files/publications/pdf/alien-nation_Oct2014.pdf?noredirect=1) on 20/09/2015 at 08.49.
- Guenther, L. (2006). *The gift of the other: Levinas and the politics of reproduction*. Albany: State University of New York Press.
- Hall, P. (2006). Mothers' experiences of postnatal depression: an interpretative phenomenological analysis. *Community Practitioner*, 79:8, 256-260.
- Hank, K. (2007). Parental gender preferences and reproductive behaviour: A review of recent literature. *Journal of biosocial science*, 39, 759-767.
- Hendrick, V. (2003). Treatment of postnatal depression. *British Medical Journal* 32 (7422), 1003-1004.
- Hertz, R. (2008). *Single by chance, mothers by choice: How women are choosing parenthood without marriage and creating the new American family*. New York: Oxford University Press.
- Hesketh, T., Lu, L. & Wei Xing, Z. (2005). The effect of China's one-child family policy after 25 years. *The New England Journal of Medicine*, 353, 1171-1176.
- Hoskins, M. & Stoltz, J-A. (2005). Fear of offending: Disclosing research discomfort when engaging in analysis. *Qualitative Research*, 5: 95-111.
- Hunt, J. (1989). *Psychoanalytic aspects of fieldwork*. 1<sup>st</sup> ed. London: Sage.
- Hvistendal, M. (2011). Unnatural Selection. *Psychology Today*, July/August 81-97.



- Jackson, C. (2006). 'Wild girls? An exploration of 'ladette' cultures in secondary schools. *Gender and Education*, 18 (4): 339-360.
- Jorm, A.F., Kelly, C.M. & Morgan, A.J. (2007). Participant distress in psychiatric research: A systematic review. *Psychological Medicine*, 37 (7): 917-926.
- Jule, A. (2011). Princesses in the classroom: Young children learning to be human in a gendered world. *Canadian Children*, 36 (2): 33-36.
- Kane, E.W. (2009). 'I wanted a soul mate': Gendered Anticipation and Frameworks for accountability in parents' preferences for sons and daughters. *Symbolic Interaction*, 32 (4), 372- 389.
- Klein, M. (1940). *Love, guilt and reparation and other works*. Hogarth Press: London.
- Kretchmar, M.D., Worsham, N.L. & Swenson, N. (2005). Anna's story: A qualitative analysis of an at-risk mother's experience in an attachment-based foster care program. *Attachment & Human Development*, 7(1): 31-49.
- Kvale, St. (2000). The psychoanalytic interview as qualitative research. In J. Frommer and D. Rennie (Eds). *Qualitative psychotherapy research – methods and methodology*. Berlin: Pabst Science Publishers.
- Lagerberg, D. & Magnusson, M. (2012). Infant gender and postpartum sadness in the light of the region of birth and some other factors: a contribution to the knowledge of postpartum depression. *Archive of Women's Mental Health*, 15, 121-130.
- Lakeman, R., McAndrew, S., MacGabhann, L. & Warne, T. (2013). That was helpful... no one has talked to me about that before: Research participant as a therapeutic activity. *International Journal of Mental Health Nursing*, 22: 76-84.
- Landsman, G.H. (2009). *Reconstructing motherhood and disability in the age of perfect babies*. London and New York: Routledge.

- Lanes, A., Kuk, J.L. & Tamim, H. (2011). Prevalence and characteristics of postpartum depression symptomatology among Canadian women: a cross-sectional study. *BMC Public Health*, 11, 302-311.
- Langdrige, D. (2004) *Research Methods and Data Analysis in Psychology*. Essex: Pearson.
- Larkin, M. (2006, March 28). Ontology and epistemology in IPA. [Online forum comment]. Message posted to <https://groups.yahoo.com/neo/groups/IPANALYSIS/conversations/topics/946>
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120.
- Lawrence, C. (June, 1995). Parent first, child last. *The Daily Telegraph*.
- Lazarre, J. (1976). *The Mother Knot*. New York: Dell Publishing.
- Lemma, A. (2003). *Introduction to the Practice of Psychoanalytic Psychotherapy*. Chichester: Wiley & Sons.
- Leonhardt, D. (2003). Sugar and Spice, and Sour Dads. *New York Times*, November 16. Retrieved online at <http://www.nytimes.com/2003/11/16/business/economic-view-sugar-and-spice-and-sour-dads.html> on 17/06/2015 at 12.20.
- Lesko, N. (2001). *Act your age! A cultural construction of adolescence*. New York: Routledge.
- Leung, S., Arthur, D.G. & Martinson, I. (2005). Stress in women with postpartum depression: a phenomenological study. *Journal of Advanced Nursing*, 51 (4), 353-360.

- Lewis, S. and Nicholson, P. (1998). Talking about early motherhood: recognising loss and reconstructing depression. *Journal of Reproductive and Infant Psychology*, 16 (23-3), 117-197.
- Lorber, J. (1991). *The Social Construction of Gender*. London: Sage
- Madill, A., Jordan, A. and Shirley, C. (2000) 'Objectivity and reliability in qualitative analysis: realist, contextualist and radical constructionist epistemologies'. *British Journal of Psychology*, 91, 1-20.
- Mariotti, P. (2012). *The Maternal Lineage: Identification, Desire and Transgenerational Issues*. East Sussex: Routledge
- Mauthner, N.S. (1999). "Feeling low and feeling really bad about feeling low": Women's experiences of motherhood and postpartum depression. *Canadian Psychology*, 40, 144-161.
- Maykut, P.S. & Morehouse, R.E. (1994). *Beginning qualitative research: A philosophic and practical guide*. (Vol. 6) Psychology Press.
- McDowell, L. (2000). The trouble with men? Young people, gender transformations and the crisis of masculinity. *International Journal of Urban and Regional Research*, 24(1): 201-209.
- Meyrick, J. (2006). What is good qualitative research? A first step towards a comprehensive approach to judging rigour/quality. *Journal of Health Psychology*, 11(5), 799-808.
- Milgrom, J, Ericksen, J., McCarthy, R., & Gemmill, A. (2006). Stressful impact of depression on early mother-infant relations. *Stress and Health*, 22(4), 229-238.
- Miller, B.D. (2001). Female selective abortion in Asia: Patterns, policies and debates. *American Anthropology*, 103, 1083-1095.

- Monson, O. & Donaghue, N. (2015). You get the baby you need: Negotiating the use of assisted reproductive technology for social sex selection in online discussion forums. *Qualitative Research in Psychology*, 12 (3), 298-313
- Oakley, A. (1980). *Women confined: towards a sociology of childbirth*. Oxford: Martin Robertson.
- Obermeyer, C.M. (1996). Fertility norms and son preference in Morocco and Tunisia: Does women's status matter? *Journal of Biosocial Science*, 28, 57-72.
- Orbach, S. (1997). Mothers, parenting, gender development and therapy. In W. Hollway & B. Featherstone (Eds). *Mothering and Ambivalence*. (89-110) London and New York: Routledge.
- Pande, R.P. & Malhotra, A. (2006). *Son Preference and Daughter Neglect in India: What happens to living girls?* Washington D.C.: International Centre for Research on Women.
- Parker, R. (1997). The production and purposes of maternal ambivalence. In W. Hollway & B. Featherstone (Eds). *Mothering and Ambivalence*. (17-36) London and New York: Routledge.
- Parker, R. (2005). *Torn in two: The experience of maternal ambivalence*. London: Virago.
- Patel, V., Rodrigues, M. & DeSouza, N. (2002). Gender, poverty and postnatal depression: A study of mothers in Goa, India. *The American Journal of Psychiatry*, 159 (1), 43 – 47.
- Peddie, V.L., van Teijlingen, E. & Bhattacharya, S. (2005). A qualitative study of women's decision-making at the end of IVF treatment. *Human Reproduction*, 20 (7): 1944-1951.

- Perl Kingsley, E. (1987). Welcome to Holland. Retrieved online at <http://www.our-kids.org/archives/Holland.html> on 17/08/2015 at 14.54.
- Porter, M. (2010). Focus on Mothering: Introduction. *Hecate*, 36, 5-16.
- Potter, J. & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London: Sage.
- Preece, J., Nonnecke, B. and Andrews, D. (2004). The top five reasons for lurking: improving community experiences for everyone. *Computers in Human Behaviour*, 20, 201-223.
- Rahilly, E. P. (2015). The Gender Binary meets the Gender-Variant Child: Parents' negotiations with gender-variant children. *Gender & Society*, 29 (3), 338-361.
- Raphael-Leff, J. (2010). Healthy maternal ambivalence. *Studies in the Maternal*, 2 (1): 1-15. Retrieved from [http://www.mamsie.bbk.ac.uk/back\\_issues/issue\\_three/documents/raphael-leff.pdf](http://www.mamsie.bbk.ac.uk/back_issues/issue_three/documents/raphael-leff.pdf) on 16/08/2015 at 13.51.
- Ricouer, P. (1970). *Freud and Philosophy*. New Haven, CT: Yale University Press.
- Rizq, R. (2008). The research couple: a psychoanalytic perspective on dilemmas in the qualitative research interview. *European Journal of Psychotherapy & Counselling*, 10 (1): 39-53.
- Reid, K., Flowers, P. & Larkin, M. (2005). Exploring lived experience. *The Psychologist*, 18 (1): 20-23.
- Robertson, E., Grace, S., Wallington, T. & Stewart, D.E. (2004). Antenatal risk factors for postpartum depression: a synthesis of recent literature. *General Hospital Psychiatry* 26(4), 289-295.
- Robson, C. (2002) *Real world research* (2nd Ed). Oxford: Blackwell Publishing.

- Rothman, B.K. (1998). *Genetic Maps and Human Imaginations*. New York: WW Norton & Company.
- Rubin, J.Z., Provenzano, F.J. & Luria, Z. (1974) 'The Eye of the Beholder: Parents' views on sex of newborns.' *American Journal of Orthopsychiatry*, 44, 512-519.
- Ryan, S. & Runswick-Cole, K. (2008). Repositioning mothers: mothers, disabled children and disability studies. *Disability and society*, 23(3), 199-210.
- Sarbin, T.R. (1986) *Narrative Psychology: The Storied Nature of Human Conduct*. New York: Praeger.
- Sen, A. (2001). *Development as Freedom*. Oxford: Oxford University Press.
- Serour, G.I. (2004). Transcultural issues in gender selection. *International Congress Series*, 1266, 21-31.
- Shelton, N. & Johnson, S. (2006). I think motherhood for me was a bit like a double-edged sword: The narratives of older mothers. *Journal of Community and Applied Social Psychology*, 16 (4), 316-330.
- Silverstein, M.L. (1999). *Self Psychology and Diagnostic Assessment: Identifying Selfobject Functions*. Oxon: Routledge.
- Skalkidou, A., Sylven, S.M., Papadopoulos, F.C., Olovsson, M., Larsson, A. & Sundstrom-Poromaa, I. (2009). Risk of postpartum depression in association with serum leptin and interleukin-6 levels at delivery: a nested case-control study within the UPPSAT cohort. *Psychoneuroendocrinology*, 34, 1329-1337.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using Interpretative Phenomenological analysis in health psychology. *Psychology and Health*, 11, 261–271.

- Smith, J.A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Journal of Reproductive and Infant Psychology*, 17, 281-299.
- Smith, J.A. & Eatough, V. (2007). Interpretative Phenomenological Analysis. In E. Lyons & A. Coyle. (Eds.) *Analysis Qualitative Data in Psychology*. London: Sage.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis*. London: Sage.
- Smith, J.A. & Osborn, M. (2008). Interpretative Phenomenological Analysis. In J.A. Smith (Ed.) *Qualitative Psychology: A Practical Guide to Methods* (2<sup>nd</sup> ed). London: Sage
- Strawbridge, S., & Woolfe, R. (2003). Counselling psychology in context. In R. Woolfe, W. Dryden and S. Strawbridge (Eds.), *Handbook of counselling psychology* (2nd ed., pp.3-21). London: Sage.
- Stern, D. (1998). *The Birth of a Mother: How the motherhood experience changes you forever*. New York: Basic Books.
- Stiles, W. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13: 593-618.
- Stoppard, J.M. (2000). *Understanding depression: Feminist social constructionist approaches*. New York: Routledge.
- Sylvén, S.M., Papadopolous, F.C., Mpazakidis, V., Ekselius, L., Sundstrom-Poromaa, I. & Skalkidou, A. (2011). Newborn gender as a predictor of postpartum mood disturbances in a sample of Swedish women. *Archive of Women's Mental Health*, 14, 195-201.

- Teichman, Y., Rabinovitz, D. & Rabinovitz, Y. (1992). Gender preferences of pregnant women and emotional reaction to information regarding foetal gender and postpartum: An examination of Freud's view about motivation for motherhood. *Sex Roles*, 26 (5-6), 175-195.
- Utulu, S.N. & Lawoyin, T.O. (2007). Epidemiological features of HIV infection among pregnant women in Makurdi, Benue State, Nigeria. *Journal of Biosocial Science*, 39 (3), 397-408.
- Van den Akker, O. (2003). Genetic and gestational surrogate mothers' experiences of surrogacy. *Journal of Reproductive and Infant Psychology*, 21 (2): 145-161.
- Viitanen, T. (2014). The motherhood wage gap in the UK over the life cycle. *Review of Economics of the Household*, 12 (2): 259-276. Retrieved online from <http://link.springer.com/article/10.1007/s11150-012-9145-x> on 10/09/2015 at 14.30.
- Wall, M. (2011). Hearing the voices of lesbian women having children. *Journal of GLBT Family Studies*, 7(1/2): 93-108.
- Ware, J.E., Kosinski, M. & Keller, S.K., (1994). *SF-36® Physical & Mental Health Summary Scales: a user's manual*. 5<sup>th</sup> ed. Boston: The Health Institute.
- Wasinski, A. (2015). The experience of adoption in a biographical narration of adoptive parents. *Archive of Psychiatry and Psychotherapy*, 17(1): 59-67.
- Wellson, E. (1988). *Mother, Madonna, Whore*. London: Free Association Books.
- Wells, K. (2011). A narrative analysis of one mother's story of child custody loss and regain. *Children and Youth Services Review*, 33(3): 439-447.
- West, C. & Zimmerman, D. (1987). Doing Gender. *Gender & Society*, 1, 125-151.
- Whitford, M. (1991). *Luce Irigaray: Philosophy in the feminine*. London and New York: Routledge.



- Willig, C. (2001). *Introducing qualitative research in psychology. Adventures in theory and method* (2nd ed.). Berkshire, UK: Open University Press.
- Winnicott, D.W. (1965). The concept of trauma. In C. Winnicott, R. Shepherd and M. Davis (Eds). *Psychoanalytic Explorations: D. W. Winnicott*. London: Karnac Books.
- Wittchen, H-U. (2010). Women-specific mental disorders in DSM-V: are we failing again? *Archives of Women's Mental Health*, 13, 51-55.
- Woolett, A., Dosanjh-Matwala, N. & Hadlow, J. (2007) Reproductive decision making: Asian women's ideas about family size, and the gender and spacing of children. *Journal of Reproductive and Infant Psychology*, 9(4), 237-252.
- World Health Organisation, (WHO), (2000). *Women's mental health: An evidence based review*. Retrieved online on 21/01/2014 at 16.47 from [http://www.who.int/mental\\_health/publications/women\\_mh\\_evidence\\_review/en](http://www.who.int/mental_health/publications/women_mh_evidence_review/en)
- World Health Organisation (WHO). (2001). *World health report 2001: Mental health: New understanding, new hope*. Retrieved online on 21/01/2014 at 15.45 from [http://www.who.int/whr/2001/en/whr01\\_en.pdf?ua=1](http://www.who.int/whr/2001/en/whr01_en.pdf?ua=1)
- World Health Organisation (WHO) (2014). *Gender and genetics*. Genomics Resource Information Page, World Health Organisation. Retrieved online on 10/06/15 at 14.26 from <http://www.who.int/genomics/gender/en/index4.html>
- Xie, R., He, G., Liu, A., Bradwejn, J., Walker, M. & Wen, S.W. (2007). Foetal gender and postpartum depression in a cohort of Chinese women. *Social Science and Medicine*, 65 (4), 680-684.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15, 215-228.

## **APPENDICES**

## **APPENDIX A**

### **PARTICIPANT INFORMATION SHEET**

#### **What is it like to give birth to a baby that is not the gender you were hoping for? Hearing the voices of mothers with 'gender disappointment'.**

Thank you for your interest in this research project. I am interested in recruiting mothers who have experienced 'gender disappointment'. This term refers to feelings of sadness around, or disappointment in, the sex of a newborn or unborn baby. Participants will partake in a single interview lasting approximately 90 minutes with an optional follow-up session. The interview will be one-to-one with a female researcher and will be audiotaped and transcribed by the same researcher. It can take place in your home or any other suitable location. Any identifying details will be taken out of published work and your anonymity will be protected.

Participants must be White British women, over the age of 18, who are not currently being treated by a medical doctor for post natal depression. However, being in counselling or therapy will not exclude you from the study. We are particularly recruiting White women as the area has already been researched in the African and Asian communities.

Should you be willing to participate in this study, please read and sign both copies of the enclosed Consent Form. Retain one for your own records and the researcher will obtain the other from you at the interview. If you should have any questions or concerns, please contact me, using the details below.

#### **Investigator Contact Details:**

Fiona Groenewald  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD

[groenewf@roehampton.ac.uk](mailto:groenewf@roehampton.ac.uk)

07752 212142

**Director of Studies Contact Details:    Head of Department Contact Details:**

Dr. Rosemary Rizq  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
r.rizq@roehampton.ac.uk  
+44 (208) 392 3021

Dr Diane Bray  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
d.bray@roehampton.ac.uk  
+44 (208) 392 3627

## **APPENDIX B**

### **INTERVIEW SCHEDULE**

1. What made you come forward for this study?
2. Can you tell me about your own family of origin?  
Prompts: sex of siblings, ordinal position in family, closeness to parents?
3. Can you tell me about your earliest thoughts about having a family yourself?
4. What was your experience of this pregnancy?
5. When you found out the sex of your last baby (either at birth or at a pre-natal scan), what was your response/feelings?
6. How have your feelings changed since then (if at all)?
7. What has the response of others/close to you been to your feelings?
8. How important is being in control to you?
9. What are your thoughts about the future for your family?
10. Can you describe the way you've talked to yourself about what you are going through?

# APPENDIX C

## ETHICAL APPROVAL

8/27/2015

Ethics Application Ref: PSYC 14/... - Fiona Mary Groenewald (Research Student)

Ethics Application Ref: PSYC 14/ 112

Jan Harrison

Tue 21/01/2014 12:13

To: Fiona Mary Groenewald (Student) <groenewf@roehampton.ac.uk>;

Cc: Lance Slade <L.Slade@roehampton.ac.uk>; Rosemary Clare Rizq <R.Rizq@roehampton.ac.uk>;

1 attachment (47 KB)

Ethics Risk Assessment Form (Nov 2011).xls;

Dear Fiona,

### Ethics Application

**Applicant:** Fiona Groenewald  
**Title:** Exploring the concept of 'gender disappointment' and how new mothers experience it:  
**you**  
**Reference:** An Interpretative Phenomenological Analysis  
**Department:** Participant facing title: What is it like to give birth to a baby that is not the gender you were hoping for? Hearing the voices of mothers with 'gender disappointment'.  
**Reference:** PSYC 14/ 112  
**Department:** Psychology

Many thanks for your response and the amended documents. I am pleased to confirm that all conditions for approval of this project have now been met. We do not require anything further in relation to this application.

Please note that on a standalone page or appendix the following phrase should be included in your thesis:

*The research for this project was submitted for ethics consideration under the reference PSYC 14/ 112 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 21.01.14.*

Please advise us if there are any changes to the research during the life of the project. Minor changes can be advised using the Minor Amendments Form on the Ethics Website, but substantial changes may require a new application to be submitted.

Many thanks,

Jan

**Jan Harrison**

Ethics Officer - Research Office, Academic Enhancement Department  
University of Roehampton | Froebel College | Roehampton Lane | London | SW15 5PJ

<https://outlook.office365.com/owa/#viewmodel=ReadMessageItem&ItemID=AAMkADE2YmUxMDJhLTU4Y2lNGY3ZC1hOTRlLWE0MTJhY2E3OGY3Y...> 1/3

## APPENDIX D

### PARTICIPANT CONSENT FORM



#### **What is it like to give birth to a baby that is not the gender you were hoping for? Hearing the voices of mothers with ‘gender disappointment’.**

This project aims to explore and understand the concept of ‘gender disappointment’. This term refers to feelings of sadness around, or disappointment in, the sex of a newborn or unborn baby. I am interested in interviewing eight mothers who have experienced this phenomenon. The interview will take approximately 90 minutes and will be one to one with a female researcher who will audiotape and transcribe the interview. It can take place in your home or any other suitable location. After the interview you will be debriefed and provided with an identification number which you will use if you wish to withdraw from the study at any time. Any identifying details will be taken out of published work, and your anonymity will be protected. Participants will be reimbursed for their expenses.

Participants must be White women over the age of 18, who are not currently being treated by a medical doctor for postnatal depression. However, being in counselling or therapy will not exclude you from partaking in the study.

We are particularly recruiting White women as the area has already been researched in the African and Asian communities. It is hoped that by lending your voice to this study you will contribute to a greater understanding of this phenomenon.

#### **Investigator Contact Details:**

Fiona Groenewald  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
[groenewf@roehampton.ac.uk](mailto:groenewf@roehampton.ac.uk)  
07752 212142

#### **Consent Statement:**

By signing this form you agree to the following (please tick):

- I agree to be interviewed on a one to one basis by a female researcher

- I am aware that I am free to withdraw from the study at any point
- I understand that, should I withdraw after the data has already been analysed and submitted for publication, my contribution will still be included but in an anonymised, collated form
- I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name .....

Signature .....

Date .....

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However, if you would like to contact an independent party please contact the Head of Department or if the researcher is a student you can also contact the Director of Studies.

**Director of Studies Contact Details:    Head of Department Contact Details:**

Dr. Rosemary Rizq  
 Department of Psychology  
 University of Roehampton  
 Whitelands College  
 Holybourne Ave  
 London  
 SW15 4JD  
 r.rizq@roehampton.ac.uk  
 +44 (208) 392 3021

Dr Diane Bray  
 Department of Psychology  
 University of Roehampton  
 Whitelands College  
 Holybourne Ave  
 London  
 SW15 4JD  
 d.bray@roehampton.ac.uk  
 +44 (208) 392 3627



## APPENDIX E

### PARTICIPANT DEBRIEF FORM



#### **What is it like to give birth to a baby that is not the gender you were hoping for? Hearing the voices of mothers with ‘gender disappointment’.**

Thank you very much for your participation in this project, which sought to explore and understand the phenomenon of ‘gender disappointment’ from the viewpoint of new White mothers who had experienced it. You may recall we were particularly interested in targeting this group of women as the area has already been researched in the African and Asian communities. Your time and interest are greatly appreciated.

Please indicate below if you wish to receive a full transcript of your taped interview once it is ready:

YES, I would like to

NO, I would not

Should any aspect of your participation in this project be of concern to you, now or in the future, you are welcome to contact me in the first instance.

You may wish to speak to someone independent of the study, or make a complaint, in which case please contact either Dr Rosemary Rizq or Dr Diane Bray, whose contact details are below.

Alternatively, if you have been upset or distressed by anything that may have arisen for you during the interview, you may wish to discuss this with your GP or with a therapist. Details of counsellors and therapists can be found on the following websites:

[www.bps.org.uk](http://www.bps.org.uk)

[www.bacp.co.uk](http://www.bacp.co.uk)

This is to remind you that you are free at any stage to withdraw from the project, using the anonymous identification number which you have been given during this debriefing session. Should you wish to withdraw, simply contact me with this number and I will ensure that your voice recordings are deleted. However, please note that if you wish to withdraw once the report is complete your data may still be used in a collated and anonymised form in published work.

#### **Investigator Contact Details:**

Fiona Groenewald  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
[groenewf@roehampton.ac.uk](mailto:groenewf@roehampton.ac.uk)  
07752 212142

**Director of Studies Contact Details:    Head of Department Contact Details:**

Dr. Rosemary Rizq  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
[r.rizq@roehampton.ac.uk](mailto:r.rizq@roehampton.ac.uk)  
+44 (208) 392 3021

Dr Diane Bray  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
[d.bray@roehampton.ac.uk](mailto:d.bray@roehampton.ac.uk)  
+44 (208) 392 3627

## APPENDIX F

### PARTICIPANT DEMOGRAPHIC QUESTIONNAIRE



Please complete the following:

Name: .....

Date of Birth: .....

Country of Birth: .....

Is English your home language: Yes / No

Please give details of your children:

	D.O.B	Male/Female
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

Marital Status: Married / Single / Living with Partner / In a relationship / Widowed / Divorced

#### Investigator Contact Details:

Fiona Groenewald  
Department of Psychology  
University of Roehampton  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
[groenewf@roehampton.ac.uk](mailto:groenewf@roehampton.ac.uk)  
07752 212142

#### Director of Studies Contact Details:

Dr. Rosemary Rizq  
Department of Psychology  
University of Roehampton

#### Head of Department Contact Details:

Dr Diane Bray  
Department of Psychology  
University of Roehampton

Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
r.rizq@roehampton.ac.uk  
+44 (208) 392 3021

Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
d.bray@roehampton.ac.uk  
+44 (208) 392 3627

# APPENDIX G EXAMPLE OF ANALYSED TRANSCRIPT

Gender Disappointment / 10 ben mean  
 as a named concept  
 Keeping sex a surprise  
 till birth  
 CID as a secret  
 Sivanic  
 Prevention of GA  
 Societal expectations  
 David + assumption  
 Generational gender  
 pattern -  
 mind you know  
 Shock - diagnosis  
 of a boy

**PARTICIPANT C**

Descriptive  
 Inquisitive  
 Emotive

FG: OK so the first thing I guess is just to ask you what made you come forward for the study, what made you decide to talk about it?

C: Um, it is something that I particularly struggled with, with the last two pregnancies, and especially with my second one, because we didn't know he was going to be a boy. I struggled quite a lot after he was born, and I sort of went onto 'www.GD1.com' this time when we found out that the third baby was going to be a boy, and I saw your post and I thought it would be useful for me. Really, to be able to speak to somebody about it, because up until that point I hadn't really spoken to anyone about it, and um, also, because I think it is a really important issue, and I hope that, you know, this study will help other people too, because um, it's something that I think more people struggle with than they let on, sort of thing. I think a lot of people find it, especially those of us that have got... I know a lot of people that have got, sort of two, of the same gender, and then they'll go on to have another child, and they're always, oh no, I don't mind. I don't mind what I have, but I just wonder if that's always true, you know, or if it's just something that people don't like to talk about, because it's taboo. You know, you're not meant to be disappointed when you have your baby, you're meant to be full of love, and you know, happiness, and sometimes there is some disappointment attached to it unfortunately. Yeah, I did struggle a lot with the second, more so because I didn't know what we were having, than I have done this time, and I think that's definitely helped, that we knew the sex of the baby this time, so it has made it a bit easier for me.

FG: So you had one boy, and you knew what you were having?

C: I had one boy... my first boy I didn't know what I was having, um I wanted a boy first. Or I told myself I wanted a boy first, I think I would have been just as happy if I'd had a girl first. Yeah, I think did want a boy first, I always thought it would be nice to have a big brother to look after any subsequent children we had, and then second time, I just assumed, you know, I'd get a girl. That would be what would happen, you know that would be, that's what happened in my family, that's what happened to a lot of friends I knew, it's what I wanted, and I just thought, that will be easy, you know, we'll have a girl. Um, and then when we, and everyone told me it would be a girl, and you know, you're carrying different, it must be a girl, I felt differently, everything. Maybe I was convincing myself as well, you know trying to, and then when he was born and he was a boy, I remember even in the delivery suite just being so shocked that he was boy. Um, the disappointment didn't kick in straight away, you know, you're on a high at first, what

had a 'quite severely element of surprise didn't help had kept a better highlight re it significant but common prevalent than people realise - the norms of motherhood, supported to be experienced  
 happens to know an advanced  
 deviated before  
 assumption that she will get what she wants  
 generational pattern  
 first flush of relief  
 not stressed + fear  
 1 shock + fear  
 disappointment

feeling sad & feeling bad for  
 feeling sad  
 incidental son  
 role of the husband  
 secret has  
 (boy) children as a distraction  
 The incidental sons  
 denial of emotions  
 societal pressure  
 ways of coping  
 control

30 with all the hormones, but I would say, I don't know how long it took, definitely did feel disappointed and  
 31 very guilty as well, like you were saying earlier, I felt bad that I felt disappointed that he was a boy, but I  
 32 did. So, we tried for another one, and I'd researched, you know, sort of, um, what's it called, swaying,  
 33 and the diet, and we did all that, and we swayed, and we timed it very carefully, my poor husband had to,  
 34 you know, (laughs) but he went along with it because he knew I wanted a girl, and he was a boy as well,  
 35 so, um, I was very disappointed through that pregnancy, and the whole time I was hoping that it was  
 36 wrong, but actually, when he was born, I was really pleased, so, it was fine (tearful)

**FG: It's upsetting...**

37  
 38 C: Never really spoken about this like this before. Um, so yeah, I did find easier, in that we knew that  
 39 there was a 95% chance that he was going to be a girl, and when he was, uh, that he was a boy, sorry,  
 40 and so when he was a boy, it was fine. And I actually feel a lot better this time than I did the second time  
 41 but I suppose there is still a longing for a girl. (cries)

**FG: Mmm, I've heard about this, um, yearning.**

42  
 43 C: (very tearful) Mmm, it is, definitely, I can't really, I don't like to think about it too much, because it is  
 44 upsetting, because it might never happen, um, but um, I'm so busy at the moment, with having three, and  
 45 he's still so young, um, I'd like to think that you know, knowing now how I feel, I feel better this time than I  
 46 did the second time, I'd definitely find out the sex of the baby again, because I do think that helped. Um,  
 47 I'd like to think that I wouldn't struggle so much the fourth time, but, um, we've talked about having  
 48 another one. A lot of me thinks it would be nice to have, for him (THIRD SON), another boy, because my  
 49 first two children are so close together, um, they're very close in age, and they're very close, relationship  
 50 and everything, so it would be nice for him to have that too. Um, but, I don't know if I'm just kidding  
 51 myself really, that, maybe, I would, because I did cry, after I had the scan. Not straight away, but after  
 52 about an hour, I really did get quite upset, so yeah, it's hard. Like I say, and you just, a lot of my friends  
 53 have got girls, as well (tearful) so... or a boy and a girl...

**FG: The pigeon pair...**

54  
 55 C: Yeah, exactly. (Laughs) Yeah, what society thinks is the perfect family, although I know that it's  
 56 probably not. Yeah, there's, there's definite benefits to having children of the same sex, but there's  
 57 something in me (tearful) that wants a girl, you know, and there's nothing you can do. (cries) You can try

feeling joy and  
 feeling bad for  
 feeling low  
 - random statistic  
 (moving smoothly  
 along)  
 husband could support -  
 I've but it wouldn't be  
 his choice - she is  
 single minded  
 something that's  
 been kept under  
 and secret for so long

• had to distract her -  
 • self and not dwell on it  
 • heavy shut down the  
 possibility of another  
 already moving on to  
 another one  
 • torn between what  
 she wants & what she  
 thinks would be good  
 for her son, but also  
 posing herself against  
 the possibility of another  
 boy.  
 • ways of minimizing  
 herself that there are  
 advantages to her  
 situation  
 • no control over it

fantasies of motherhood  
 something is still circling  
 public perception of boys  
 engaged wants  
 public opinion on confirmed private thoughts

58 as hard as you like, like we did, but there's not a lot that you can do if it doesn't work. So... it's... you  
 59 know, after we had the scan for (THIRD SON), I had to try and come to terms with the fact that it might  
 60 never happen, so, it's hard, because it's something I'd always wanted, ever since I was a little girl.  
 61 FG: So much so that you were convinced with your second child, that it was a girl? You didn't  
 62 even find out, it was kind of...  
 63 C: No, no. It was just a given. That's what will happen, you know.  
 64 FG: And you said that's what it was like in your family?  
 65 C: Well, I've got a younger brother actually, so I was first, but boy and a girl, yeah.  
 66 FG: Just the two of you?  
 67 C: Yeah, A lot of our friends have a boy and a girl. Occasionally... some of them have got two girls.  
 68 There doesn't seem to be, I don't know, if this is the case, but there doesn't seem to be such a, um,  
 69 thing, specially in this country, I found on that site that quite a lot of, I think it's an American based site  
 70 anyway, but it seems to be more in America that um, it's more of a thing to have a boy, but in this country  
 71 I feel like the desired gender is a girl. I don't know if that's the case but or not but that's the impression I  
 72 get. That if you have two girls, then that's fine, but if you have two boys... I have been... Every single  
 73 day (starts crying) somebody will say to me 'oh, poor you, no girls' - something like that. Excuse me,  
 74 sorry... (cries)  
 75 FG: It's ok, it's ok.  
 76 C: Um, that is hard.  
 77 FG: Every single day, you'll get a comment 'poor you'  
 78 C: Yup, every day. Yup.  
 79 FG: 'How do you cope, shame' - these are the things I've heard from other mothers.  
 80 C: Mm, hm, yup, yeah yeah. Poor mummy, oh you poor thing.

- you get the boy even if you don't want him - violation  
 damage  
 fantasies of motherhood  
 assumption

CULTURAL?  
 the idea that girls are more favored -> why in the UK, your misogyny?  
 people feel sorry for you if you have 2 boys, 3 boys and how very odd that about of?

is comprehensible to some (to me) but it's a shabby way of forming her feelings?

Keeping your guard up  
 The baby became my son  
 I do love them  
 Isolation  
 Safe haven online  
 Admire you a bad mother, a bad person  
 Fear of losing a daughter - relationship

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**FG: What do you think that's about?** (very fearful in his bid)  
 C: I don't know. But it doesn't help. And I have now, a stock reply, or set of replies, that either, someone will say, 'oh poor you' or 'poor mummy', in front of my other children, which I find really rude, and I just say 'lucky me' or 'lucky mummy' because I've got such lovely boys. And I do think that, you know, and I don't, I'm not, I did struggle a bit when I had my second boy, but I don't any more. I want to make that clear. That I love him to bits, you know. But it was hard at first, when they're just a, a dot, you know, you haven't a got a huge bond with them, but now I wouldn't change anything, I wouldn't change my children for the world, I just would still like a girl. You know.

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**FG: Yeah, it's not a disappointment in what you have, it's what you don't have...**  
 C: Yeah, not at all, yeah, I've read that online, that really helps, seeing things online, because, like I say, I've only spoken to one person, um, apart from yourself. I've only spoken to one of my friends about it. Um, it's not something that you can talk about very easily with people so, it does help to go online and see that you're not the only one, you're not a bad person, you're not evil for feeling like that, and like you say, it's not disappointment in my children, it's disappointment in what I haven't got, and I don't really, I don't know what it is particularly, because you know, my friend, who's also, she's pregnant with her third boy, she's always been desperate for a girl, she sort of has got a bit of a thing about the clothes. And yes, the clothes are nice, and I suppose it would be nice, but I don't, I think it's probably the relationship you have when you are older. I've got quite a good relationship with my mum, and um, mmm, my husband actually has got a good relationship with his mum, he's quite close with his mum, but I think, a lot of boys, you know, once they get older, they move away from their mums a little bit, so maybe it's that I don't know, I don't know why I've just got this, this yearning to have a daughter.

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**FG: So, there's something about the here and now, the clothes, but for you that's not as much as...**  
 C: Yeah, that's not a huge issue, you know, I know what I'm doing with boys, we know how to dress boys, girls clothes are nice but that's not, it's such a minor thing to me really. It's the relationship, I think, possibly when they're, I don't even think it's when they're young, because my boys are closer to me than they are to their dad, to be honest, the eldest one does sometimes say I love mummy better than you, you know, which must be quite hard for my husband to hear, but they're with me all the time, you know, we do have a very good relationship, um, maybe it is, yeah, the thing when they're older, I don't know.

at the moment it's ok, the but she's already scary for the quite.

-has to have her guard up, her defence ready

-feels he needs to assure me that she loves her son  
 -innocent object, my personality

isolation, the need to keep her feelings secret, safe haven of the entire woman-ly

reassurance that you are not a bad mother, a bad person  
 normalizing the emotions & thoughts boys move on girls stay close - believes that even in the face of evidence to the contrary

a good keeper - from the do her job, it's about the relationship



Creating meaning

Boys & guns are just different

Stereotypes of boys & girls

Included children  
Societal expectations

110 FG: There's a fear that they will marry, and kind of drift away...

111 C: Yeah, probably, yeah, that's part of it, um, I probably, I'm a teacher, and I always got on quite well with  
112 the girls, and having sons has actually made me kind of have a better understanding of boys, you know,  
113 being a teacher and everything. Not that I didn't like, or anything like that, it was fine, you know, the boys  
114 in my class were lovely, but, don't know, it's just, you get on, most women get on better with other  
115 women, don't they, so maybe it was that, so I seemed to have, um, you can talk to little girls about, you  
116 can do things with little girls, do girly things together that you don't always do with boys, it's just different,  
117 isn't it.

• looks for the partner in having boys

• choice making about gender appearance, gubs are for gubs, boys are for boys

118 FG: So there's something about feeling opposite to your children because you're not the same  
119 gender as they are...

• gub to flirt about

• no assumptions + stereotypes

• able to find joy in her boys difference

120 C: Yeah, probably, although my eldest son, sometimes people will describe what a stereotypical little girl  
121 is like, what they do, how they play, he's quite like that actually, um, obviously he doesn't wear the same  
122 sort of clothes, we don't do our make up together and some of the things that my friends do with their  
123 daughters and paint each other's nails and that sort of thing, but he is quite a, he likes, writing and  
124 reading and you know, those quieter activities. My second son is what I would say is a stereotypical boy,  
125 very boisterous, loves getting dirty, climbing, all those sorts of things, but I love, I love that side of him, I  
126 think that's, I love to see him, I think it's great that they're so different as well. And then, we don't know  
127 what this one is going to be like but we'll see.

128 FG: How old are your first two?

129 C: my eldest one will be five in September, so just over 4 and a half, and the middle one's three and a  
130 half, so they're close.

131 FG: Yeah, yeah. Did you envisage having a large family?

132 C: No, we thought we'd have a boy and a girl, I remember we went, we got married in church, we had to  
133 go to a sort of relationship thing before we got married, and you had to make your family out of play  
134 dough or something, and we both, you had to do it without the other one seeing, and we both made a  
135 boy first and a girl second. So, yeah, we both sort of thought that's what it would be, and that is, like you  
136 say, society's perfect pigeon pair, particularly having a boy first, a boy and a girl. You know.

• societal pressure to perform, be perfect! - assumption that you will conform to this

any own

so stereotypical - big boy, little girl

vs. 3 boys & 1 potentially 4-

*Coping by counting  
SDVIA living*

137 FG: and I think you said that ostensibly, even though that's probably not the truth, if you live in a  
138 family with a boy and a girl, maybe you don't think you've got the perfect family.

*Assumptions*

139 C: No, because you have two boys and my two do get on really well, and they're into the same sort of  
140 things, even though they're quite different, you know, people say to me if you take them somewhere  
141 sometimes the girl wants to do something and the boy wants to do something else so it doesn't always  
142 make life easy, and you could get two boys who are completely different and don't get on. I've got two  
143 cousins who are grown up now and they have no relationship, they don't dislike each other, they've just  
144 got nothing in common, so, you know, you can have a boy and a girl, like me and my brother are actually  
145 quite close. We're quite similar in our characters and our interests, so yeah, it's just, I don't know. It's just  
146 something I always thought, from a little girl, that I would have a daughter.

147 FG: And um, I've seen on the website, as you say, it seems that on the whole a girl is very

148 C: desired

149 FG: desirable, so it's been quite easy for me to recruit women who've had boys and wanted a girl,  
150 rather than the other way around.

151 C: yeah, like I say I don't think it's such a big thing in this country, possibly overseas, like you said as  
152 well, different cultures,

*Social /  
national  
desire*

153 FG: Yeah which is why I'm focusing on the... cos obviously in the Asian culture the boy is very  
154 sought after. What do you make of that? Why do you think in our cultures girls are the, the  
155 'currency'?

*Keeping the  
ground up  
Dude*

156 C: I don't know really, I mean obviously a hundred years ago, or more, then in this country as well it was  
157 boys, it's really swung round now to girls, and as I say, every single day I will get a comment from  
158 somebody, a complete stranger will say to me, you know, I can be in the supermarket, anywhere, and  
159 someone will make a comment about the fact that I have three boys and I'm quite defensive about it now,  
160 inside, hopefully it doesn't come across too much to them, you know, a complete stranger, but I'll almost  
161 someone said to me the other day about him (THIRD SON) 'Ooo, a boy?' and um 'is he your first' and I  
162 um, said no, no I've got three boys now, and um, just straight in there, to kind of, I don't want anybody's  
163 pity, certainly not any perfect stranger's pity, and I feel like I have to defend the fact that I've got three

*talking about the  
advantage of boys -  
or 2 of the same gender*

*but Rangines  
evidence to the  
contrary*

*assuming she would  
have a daughter -  
life long assumption*

*guarantee more  
desirable*

*needing to be on  
her guard against  
comments - nobody  
assault*

*not wanting people  
to pity her -  
confirming what she  
feels?*

Boys are an affliction  
 Girls are the prize  
 Binary thinking  
 Constant attack  
 Societal gaze  
 Caudalizing the boys  
 Stereotypes  
 Other (liberals)

164 boys, straight away. Um, I do know somebody who, my closest friend, she said I think it's absolutely  
 165 awful, and if I am ever with you, I'm going to say to someone 'how rude, that you said', but she said you  
 166 don't get it if you have two girls, do you. But I don't know if the man gets it, you know, if the father, and I  
 167 do know someone who's got two older daughters and she said her husband used to have that a bit,  
 168 maybe not so much, but they are sort of twenty now, but she said he used to get 'oh poor thing, you  
 169 know, when they're teenagers' and this and that, and he always used to be quite defensive as well, so  
 170 you know, maybe it is something that men suffer with more, than if they have a son, if they have two  
 171 daughters they get oh you poor thing, so maybe that's something worth investigating.

172 **FG: Yeah, that can be my next project (laughs). It's outrageous, really, that your three beautiful**  
 173 **boys should be seen as some sort of affliction.**

174 C: Yes, it is, and I think one day, I had, within the space of about half an hour, I had three people say to  
 175 me oh you poor thing, and I remember after the second one, I was driving up the road and I thought the  
 176 next person that says that to me, I'm going to say 'lucky me' and that's, that's kind of my main one that I  
 177 say now. And this girl, that was the third person, said 'oh, poor mummy' with my eldest son standing next  
 178 to me, who like I say is nearly five, and is, you know, knows what she was getting at, and I said NO,  
 179 LUCKY MUMMY, and she sort of looked a bit taken aback, because I think I was a bit sharp with her, but  
 180 I just felt like saying to her 'you're the third person to say that to me in the last half an hour' and, um, and  
 181 actually that evening my son said to me, 'mummy do you mind being the only girl in our family' and I said  
 182 no, I don't, I feel very special because I'm the only girl, I'm very lucky to have you boys as well. But it had  
 183 obviously played on his mind as well, and I find that hard, that they might be feeling that they're not, you  
 184 know, good enough as well.

185 **FG: What do you think it is about boys that make people think that three is just too many?**

186 C: I think, sometimes people, especially if they haven't got boys, can think that they're boisterous, and  
 187 messy and you know, a handful, and they're not pretty, and they don't sit quietly and they charge about  
 188 and are very loud, and yes they can be, but I know plenty of people that have got girls that are also loud  
 189 and boisterous and climb and get dirty and you know, so, it's just a stereotypical thing, it's a stereotype  
 190 that we have in our country, a little bit, but um, I think, yeah, I think it's people that haven't got boys that  
 191 say that. I've got a friend who had her daughter first, the same age as my eldest son, and she's recently  
 192 had a boy, and she said to me, after she had the boy, she said um, I really didn't want him to be a boy

• NB - something about how young men/boys are viewed in Britain

• her friend depends how  
 as you would if you had  
 schoolyard chuds, and then  
 'rubs salt' in it by  
 saying it wouldn't happen  
 to her.

• looking at it from the  
 man's perspective -  
 gender binaries -  
 why is this so  
 important?

• something awful -  
 being consigned to  
 how different would  
 it be if everyone just  
 entered her?  
 • the iden are aware  
 of it - what damage  
 does this do?  
 • constant attack

• stereotypes and  
 pub & perceptions -  
 because no boys are  
 women and they're  
 the majority of the  
 children & it was  
 the other way round  
 would girls be seen  
 as petty, bitchy, bitchy  
 or 'bitchy' 'bitchy'?

Envy  
 Sons as a distraction  
 Unintended  
 The role of social media  
 Gdequated  
 mthinfertility  
 Gxed?  
 Have you bud?  
 Prejudice born of  
 Ignorance?

193 because I had an idea of what boys were going to be like, but now I've got a boy I really love him, and it  
 194 is a different feeling to having a girl, she sort of admitted that it is a different kind of bond, I suppose, but  
 195 she said it's lovely, it's just different in a good way, so yeah, I think that people that haven't got sons,  
 196 think that they're going to be messy dirty loud, a handful.

197 **FG: And what's it like for you to have friends that have either got one of each, or have got their**  
 198 **girls, what's it like when you get that news?**

199 C: Oh, when I get the news it's hard, it's really hard, actually, if you hear that somebody's going to have a  
 200 daughter, um, if they've already got, like I say I've got friends who've already got daughters, at the  
 201 moment it's fine, because I'm kind of so wrapped up in him (THIRD SON), but when I was pregnant, and  
 202 um, when I'd had my second son, and when I was pregnant this time and I was really hoping that they'd  
 203 got it wrong, um, that's, it's tough to be around girls, it's hard to go on Facebook and see people's new  
 204 baby girls, and um, if they've had their scan and it's going to be a girl, that's hard, um, I've got a friend  
 205 actually who's got three boys and she's just found out she's having a girl, and um, I don't know, she's  
 206 never said to me, she's never said that she wanted a girl, she's always said oh I'm happy with my boys,  
 207 and she may well be, but sometimes I wonder if that's actually true, knowing how I feel myself and  
 208 knowing how so many other women feel. She may be perfectly happy with it, but when I found out that  
 209 she was having a girl, I was happy for her, because I thought, if you have struggled like I've struggled,  
 210 then you've got what you wanted, and I'd love to be in your position, so that's lovely for her. Sometimes it  
 211 just feels like some people have got, it just happens so easily and we've tried so hard (cries). You just  
 212 think that's not fair, you know.

213 **FG: Yeah, and it must be hard to feel like that when you've got something amazing...**

214 C: Yeah, and they're lovely children you know, and I love them to bits, obviously, I'm biased, but I think  
 215 they're absolutely fantastic (laughs) but yeah, sometimes it, people that have, you know, two or three  
 216 girls, I think I just want one, you know...

217 **FG: Yeah, and you said something earlier about pity, you said I wouldn't want a perfect stranger**  
 218 **to pity me... is that part of what's wrapped up in the not being able to talk about it - not wanting**  
 219 **people to pity you?**

stereotypes →  
 prejudice  
 repair hug, hard wanting what others  
 have - envy - unable  
 to fully be happy  
 for them  
 - she's distracted  
 holding the CD at bay,  
 but because it will come  
 back.  
 - social media - not  
 really - only passing  
 the message  
 - really discouraging &  
 in the same way that  
 somebody with fertility  
 problems might talk  
 about women who  
 defend her children  
 and her maternal  
 bond

- all the women have concerned  
 really easily

Pride & pity  
 Probing your boys  
 Prevalence of  
 Admiration  
 The facade  
 Keeping it  
 hidden  
 Social gage  
 intrusion  
 Role of the  
 husband  
 Future disappoint-  
 ment  
 Control - what  
 you get what  
 you're given

C: Mmm, yeah, that is part of it. I said that to my husband, when um, he, he sometimes says to people about us wanting a girl or not having a girl and I'm, I don't want people to know that really, it's it is taboo to feel that that. I wouldn't want people to think I'm disappointed in my boys, for a start, I don't want anyone to feel sorry for me, because I know how lucky I am, really, you know we fall pregnant really easily, I fall pregnant very easily, so I know how lucky I am to have children, some people can't have any, you know, but um (cries) yeah, so I wouldn't want, that seems so ungrateful to me, that you're sorry that you haven't got a girl, but um, I'm sure there are more people that feel that way than actually let on, but um, nobody ever talks about it. And um, I only told my friend, recently, because I knew how desperate she was for a girl. And she found out she was having her third boy and I thought, she needs to know, that she's not the only one. She was so surprised, I was quite pleased that she was surprised really, cos I'd obviously done a good job of covering it up. She couldn't believe that I felt the same way, I've known her since we were sort of, 11 or 12, so, so for me not to tell her, even though I knew that she felt the same, and I've never really admitted it, I'd never admitted it to her until a few months ago, so...

FG: Just shows the extent of which, how badly you need to hide it...  
 S: Yeah, yeah.

FG: Can you tell me a bit more about, your thoughts for the future, for your family?

S: Well, that's another thing we get asked a lot, and I got asked a lot after I had my second son... are you going to try for a girl, is very common, and are you going to have anymore, which I get the feeling means are you going to try for a girl? Um, so, we were asked it on Saturday actually, and my husband said well it's not really up to me, he said no comment or something, um, so we have talked about having another baby, but obviously I know that there's a good chance that it's going to be another boy, you know, I'd like to think that I wouldn't suffer as much but I don't really know until I'm in that situation. Like I say it would make his life, um, probably, easier in a way, to have another boy, it would, sometimes I think if I had a girl now she might be a bit left out by the three boys, I don't know, you get what you're given, that's what I always say to people, you know, when people say are you going to try for a girl - you get what you're given, so um, but yeah, I think we might have one more baby, but I'm trying so hard not to think of it being a girl, just to think of it, trying to almost think it's going to be another boy, because we seem to be quite good at making boys, so, people always say it's 50/50, but somehow we've managed to land up with three boys so we'll probably land up with another one, but um, yeah, I don't know, I just don't want to

depending upon getting  
 how happy you only to have  
 from decided

- doesn't want pity (pity)  
 - wants to protect boys  
 - knows it is taboo but  
 - knows it is not possible  
 - men's comparison with  
 - these that are up there but  
 - fact

- only told to Nick who  
 - you feel very sure with  
 - understand  
 - 'pleased' that she is  
 - managing to keep up the  
 - facade - even from a  
 - life long friend.

- like in the public eye -  
 - people feel like to ask  
 - v. personal questions  
 - about children  
 - husband doesn't  
 - home much say  
 - just saying already he  
 - disapproves that  
 - might occur  
 - what does this mean?  
 - you have to give up  
 - (what's)?

Was an illness  
 Drawing a line  
 incidental boys  
 Control  
 The children you  
 already have  
 Gas an illness  
 Control take  
 Keeping it  
 hidden

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go through what I went through with the last pregnancy. Like I say, now that he's here, I think the problem was with my second one. I really did suffer quite a lot after he was born, um, possibly with some form of postnatal depression. I sometimes wonder if that was because of the gender disappointment I did feel quite depressed, um, so, I haven't felt like that this time, so hopefully if I did have another baby and I found out he was a boy, knowing that it wasn't so bad once he was born, might, might be better, sort of thing. I don't know if that feeling of wanting a girl ever goes away, but there has to come a point where you say enough is enough, you can't just keep having children. Um, in the hope that you have a girl.

FG: Yeah, you mentioned the swaying, which is timing intercourse...

C: Yeah, yeah, we did that, it didn't work, I mean, nothing is hundred percent, is it, absolutely nothing.

FG: How do you feel about women who go overseas, the...

C: Yup, I looked into that, I was at that point, but the financial implications are HUGE, it was a lot of money, um, and I just think, for my own family situation, to spend that amount of money on something, um, that could be spent on the rest of my family, would feel pretty selfish. We have not got an unlimited pot of money, we're not millionaires, if we were, then fair enough, if you had a plentiful supply of money then that's maybe a little bit different, but um, and, on the um website I did actually see someone who'd done that, and then they'd messed it up and they got the wrong gender, so, you know, nothing is hundred percent. My friend who also suffers from gender disappointment said she looked into it, but um, I think we both realise that it's not a pleasant process to go through. Even though you really do yearn for a daughter, it's not a particularly pleasant way of getting one, you know, if it's not meant to be then it's not meant to be, kind of thing.

FG: so if money were no object, you would still have reservations...

C: I would think about it, but I really don't know, I've never even talked about that with my husband, I really don't know what he his feelings would be. It's such a big undertaking, to travel to America or somewhere else, and go to through, it's quite a gruelling process to go through on your body, it's not a nice way to conceive a baby, I know people that have actually been through IVF and it's not, it's not the best thing, and again, it doesn't always work, does it. So you could try once, and it costs, I don't know, tens of thousands of pounds, you might not actually conceive, never mind getting the correct gender, so it's a big, big deal really, I don't think I could actually do that. Yeah. I looked into it, and after I had my

and certainly - also?  
 I'd wish back to PND?  
 you don't get over it  
 but you have kids  
 incidental boys Rat  
 keep coming in the  
 quest for a girl  
 rare are no safe bets

no children you  
 already have use up a  
 lot of your resources

also constructed as  
 our illness

really experiment  
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 100% guaranteed -  
 and that's the only  
 option available

she knows a lot about  
 it but could just tell  
 to him about it.  
 how is keep so much  
 of what she is going  
 through & worried

Draw my class

Role of husband - isolation

Holding tightly to the dream

Looking for a cause

Shame  
Role of husband

277 second son, I seriously, I started saving money, I really did consider going for it, but when push comes to  
278 shove, when it came to the crunch, I just thought no, I can't actually do it.

FG: So you didn't even discuss that with your husband.

279 C: No, no, and to be honest, although he does know I want a girl, he doesn't know you're here today, he  
280 doesn't know I'm talking to you about this, because, I, he doesn't know the extent of it, because I have  
281 spoken to him a couple of times, and um, I think after a while we just, he can't understand it, it's not so  
282 much, some men really do want a daughter, he wasn't particularly fussed about wanting a daughter. I  
283 think he would have liked a son, he's now got three, so he would rather have had a son than a daughter,  
284 so he's got what he wanted, you know, he knows, he would love me to have a daughter, and I know he  
285 would love a daughter, he would love the daughter if we had one, but he hasn't got the strong feeling that  
286 I have, and I think, after we had the scan for (THIRD SON) after a little while, I think he got fed up of me  
287 talking about it to be honest, you know, he just can't see my point, and to be honest, sometimes nor can  
288 I, I really don't know what the big deal is about having a daughter for me, but it is something that I always  
289 wanted from when I was a little girl, and it's something that I always expected to happen, and I don't  
290 know what it is, why I get so upset about it, and I don't know if any of the other women can explain,  
291 really, what it is, if it is society.

(Break in tape while participant goes to settle baby)

FG: Yeah... so we were talking about thoughts for the future, and the extremes to which women  
294 are prepared to go, IVF with PGD, that sort of thing... and then we were talking about your  
295 husband and him perhaps not understanding the depths of your feelings, and that's really the  
296 sense I get, is that actually few people have understood how isolating this is.  
297

298 C: Yeah, I think there's a big sense of shame as well, of, you know, I do feel yeah, ashamed to talk  
299 about, or embarrassed, guilty that you feel that way, so, I really don't think that he gets it, um, and, I don't  
300 know, maybe get a bit of a feeling that he thinks I should be happy with what we've got. And I agree with  
301 that, you know, in a, in a way... and I am happy, you know, with my boys but um, yeah, there's just a, just  
302 wanting that daughter. And, um, I think he gets a bit, um, I don't know what the word is, maybe frustrated  
303 in a way, like what more can I do? He probably feels a bit bad, that he hasn't given me what I want, as  
304 well. And people have said to him, and I didn't know this was a saying until we had sons, that it takes a  
305 real man to make a girl, as well, he has had that said to him, so, you know, I've heard that a few times

isolated even from husband - need

failed to really understand wants of her, but he's OK, he's got his son.

holding onto something so tightly even though you don't know why

any more, looking for a cause or explanation - is external/internal?

sense of shame that you feel internally, something within to be kept away from?

even get away from yourself but you can't control it, like a compulsion or obsession

- responsibility of the man to provide the girl - XY chromosome

Social pressure

Facebook - social media

Triggers for

loss of addiction

Control

Instant gratification

Commodification

The personal

as political

306 now, I hadn't heard it till we had two sons, yeah, but the husband of the girl, who's just found out that  
307 she's having a daughter after three sons, he put on Facebook, oh, turns out I am a real man, because I  
308 can, I've made, you know, we've got our daughter. So, yeah, maybe there is a little bit of that going on,  
309 for men.

**FG: Social media's got a lot to be responsible for.**

310  
311 C: Yeah, yeah definitely, I saw something in the paper the other day about how it affects people's moods,  
312 and I think there's a lot to be said for that. I try and just quickly scroll past if anybody's put anything about  
313 um, girls, and I know some people sort of hide people's posts if they've put things on there, if it's all about  
314 their daughters, and that sort of thing. I know it's something that, from the website that a lot of people  
315 struggle with that, I can relate to that.

**FG: There's something about missing a whole life experience here, mothering a daughter somehow.**

316  
317  
318 C: Yeah, I think there's something else about, in our society now you can more or less have everything  
319 you want, and that's one thing you can't have, it's one thing you have very little control over unless you  
320 go down the IVF/PGD route, you know, this is something we don't have any control over. Uh, I think  
321 when I looked into after I had my second son, I don't know if it was legal in this country, but it did used  
322 be legal in other European countries, to have sort of, and it is still legal here if there's a medical reason  
323 isn't it, in this country, but um, there are people on there saying, why can't it be legal here, we can have  
324 everything, so maybe this is good in a way, that this is one thing we can't have. We can have more or  
325 less everything now, money can buy anything, can't it, and if you want a new face or a new chest or  
326 whatever you can go and have plastic surgery, and you can buy whatever you want to buy, but in a lot of  
327 cases this is something you can't buy. So, I think there's a lot of people feeling frustrated about the fact  
328 that it can be done but it's not legal, in this country.

**FG: In this 'instant gratification' world...**

329  
330 C: Yeah, exactly, one click on your phone and you can buy whatever you want to buy, and it's just, it's  
331 there isn't it, within days, you can have whatever you want, so...

**FG: Yeah. What about adoption? What about adopting a girl?**

what is going on in  
society that we feel OK  
to comment on these  
things - 5 or 6 years'  
'treasure men',  
family?  
molesters?

- instant in your  
face reminder of your  
loss - needing to avoid  
things - as you would  
with an addiction or an  
eating disorder?

- instant gratification - we feel  
gratification - we feel  
frustrated these days if  
we can't get what we  
want when we want it  
- can't immediately do as  
much as you'd like to.  
- oppression from govt -  
becomes a political issue -  
the personal  
becomes political.



Extends part of self  
Role of husband

333 C: Yeah, again, that's something that has crossed my mind, but there's just something about having a  
334 daughter with your genes and everything, so, it's, and I don't, I really don't think that's something my  
335 husband would go for either. Have another baby, yes, but adopt one, I don't think he'd, I don't think  
336 he'd... do that.

wanting an extension of  
- yourself  
- hasn't even raised it  
with husband.

337 FG: Because it wouldn't be your own genes?

338 C: Yeah, I think so, I think that is a, that's such a huge thing as well isn't it, to actually adopt. Yeah. Like I  
339 say, I fell pregnant very quickly, so it's not even something we've ever had to discuss, about you know, if  
340 we hadn't ever been able to have any children, it's not something that's even cropped up, so I don't  
341 think, so... no.

falling pregnant comes  
easily, - wants to  
carriage down that line

Feminism

342 FG: And, how do you feel about being a woman? What's life been like for you, as a woman?

feminist streaks  
- reaction to male-

Gender inequality

343 C: Um, I am, quite an independent, I hate any form of sexism, so I, um, I feel like not, I do feel like it's  
344 getting better but I do feel like there's still an element of you know, it's a bit of a male dominated society.  
345 Um, I probably did grow up in a house, well I did grow up in a house where my dad was the dominating  
346 force, so yeah, it's probably, it is getting better but there are still some men in the world that feel like they  
347 are superior to women, so, yeah, I don't know if that has anything to do with any of it, but I like to feel like  
348 I can do anything that I want, anything that a man can do, and actually, probably, in our house, I'm more  
349 of the dominating force over my husband. He grew up in a very, um, he grew up with his mum, which is  
350 quite nice actually that he likes strong women and doesn't feel like he has to be, the man, yeah, possibly  
351 in charge or certainly a lot more equal in this house than the house where I grew up. My dad was  
352 definitely, the boss.

- denigrated house -  
how she was raised in  
- respectful of gender  
inequality.  
- sees herself as a  
strong woman - difficult  
to resist power up her house,

Dominant, in control

353 FG: So you feel as though you're the one who is in control of your boys, and the home?

needs an ally.

354 C: Yeah, probably. To be honest, and my husband is, he's happy with that, yeah. That's good that works  
355 for us.

- she's in charge, in  
- who? but can't control

356 FG: Because one thing that has occurred to me, is, the shift we were talking about earlier, the  
357 swing towards people wanting girls, might have something to do with the fact that women are  
358 more valued now than they were hundred years - you wouldn't want to bring a daughter into the  
359 world, because she wouldn't have a great life, whereas today, women can have...

Now one thing.  
- no matter how strong  
you are, if you are a  
13 team of 1 against  
a team of 4, can you  
still dominate?

Princesses  
Princes  
Lammal (Lamb)

360 C: Yeah (woman) have whatever they want, do whatever they want, I do think it is moving more that way, since, I  
361 was, I'm 37 now and even since I was a teenager, I think even in the last twenty years things have come  
362 on a lot so, yeah, maybe that's part of it as well, I don't know, yeah. There is a very, and I always say, if I  
363 did have a girl, I wouldn't want her to be dressed in pink, and, but there is a real move towards that as  
364 well, isn't there, that annoys me, actually, you can buy toys for girls that are pink, you can buy unisex  
365 toys, but you can't buy a blue toy — but why should it be a pink toy for a girl and a blue toy for a boy and I  
366 always say if I did have a girl I wouldn't dress her all in pink and that whole thing of them a little princess  
367 and you know, you sometimes see that on cars, the stickers of 'Princess on board' and I don't like all of  
368 that anyway, so it's not for that reason, maybe, but they do seem to be elevated to princess status you  
369 know, girls, you don't hear so much about boys being a prince, occasionally, but it is a real thing of these  
370 girls being...

FG: Slugs and snails and puppy dogs tails,

371  
372 C: Yeah, yeah, and that as well. And I remember that nursery rhyme, when I read that to my boys a little  
373 while ago, I remember that when I was a little girl, and it didn't sort of, I didn't think of it so much because  
374 I was the girl, so I was sugar and spice and all things nice, but for a boy, when you read that, it's horrible  
375 really, that boys are sort of, snakes and snails and all sorts of horrible things, and the girls are sugar and  
376 spice and all things nice, quite explicit in the meaning there really.

FG: Mmm, and you talked earlier — because what I am hearing from you is not the kind of 'pink and frilly and I just want to paint her nails and do her hair'...

C: No, no

FG: I am hearing something about a friend, that relationship when you're older

C: Yeah, more so, yeah.

382 FG: And I wonder, I guess, there's something about being quite lonely in your own family,  
383 because you're different to everyone else

384 C: Yeah, probably, I think that might be part of it as well

girls can 'heart of all' -  
so maybe now women  
we more or less bringing  
a daughter with the world  
around identity with the  
current herd because  
gendered boys + girls  
princesses - discrepancy +  
inequality again because  
boys aren't 'princes'  
what are the origins of  
this nursery rhyme:  
- slugs & snails - only  
horribly that's the  
way you perceive them,  
but is explicit + ingrained  
- it doesn't matter if you're  
again I mean of girls so  
you wouldn't even notice  
it

Slugs & Snails

'you children are not your children'

Exclusion rituals

Feminine rituals

Fears for the future loss

Bonds = the

her/had

her/had

Girls

Boys

Competition

Boys as

alien

features

385 FG: I mean I'm thinking about things like periods, explaining that to boys, not having a girl to  
386 even things out

387 C: Yeah, I think at the moment, that's what I was saying, I hope this is true really, I think when they're  
388 young, your relationship with them is probably very similar whether they are a boy or a girl, you know.  
389 I think if I had a daughter, now, I'd be as close to her as I am to my sons, now. But yeah, like you say,  
390 once they start entering that teenage and adulthood, then I think things change, and I think... I mean I  
391 have very good female friends, you know, I have a lot of friends, but again, most of them have daughters,  
392 and some of them are older as well, and I see them - my best friend, her daughter is 17, and she's her  
393 only child as well so they have a very strong bond, and they do things that I can't really see myself doing  
394 with my boys when they're 17/18, maybe I'm wrong, I hope I'm wrong really, I hope we do go shopping  
395 together and there will be at least one of them that wants to do that with me, or go to the cinema, and she  
396 goes out for meals with her and yeah, they're very much like friends, I have friends, obviously, but I think  
397 that's different to having a daughter.

398 FG: Do you think there are any women who envy you?

399 C: Probably, well, I think if you can't have children at all, then maybe. I think there must be - there must  
400 be one woman in this country, no there must be women in this country that do want sons, that can't have  
401 sons, but again, it's just something that is never talked about.

402 FG: So for you it feels like the attitude is no children/boys/girls (indicates levels of priority)

403 C: Yeah, that is the feeling I get, that's the feeling that I don't just have for myself, it's the feeling I get  
404 from other people who do say to me every single day 'you poor thing or poor you' - so I do feel like that  
405 is the case, a lot of the time. Not for everybody, I'm sure not everybody... and I've got a friend who um,  
406 she's got a daughter, but she's really good with my boys and she's um hoping to have another baby and I  
407 think she'd be a very good mum of sons, but I do think some women who've only got daughters, they are  
408 scared of boys, but I think on the whole, I think it does seem to be girls/boys/no children. There must be  
409 people who want to have sons, but I don't really get the feeling that... I spoke to someone the other day,  
410 she's got two daughters in their twenties, and she said she was desperate for a son, and she never got  
411 one, but I think that's really quite unusual, to hear that.

she's excluded

-coming herself  
that's not how it is,  
but already feeling  
what the future might  
be?  
-your daughter as  
your best friend, some-  
one to do the feminine

things with  
boys - the her/had bond  
you children to  
you

-can't comprehend  
no - boys are a  
runner-up boys

you're at the lowest  
level you want to  
go to one up, but  
if you're in the  
middle you do  
too.

confirmed by them  
competition -  
evolutionary?

412 FG: Have you had other disappointments in your life, and how did you cope with those – or was  
413 this different to that?

414 C: Um, the only one that really stands out for me is I did a degree, as well, and when I applied to do my  
415 PGCE I didn't get my first choice of where I wanted to be, and I remember my mum saying to me, you  
416 know, everything turns out all right in the end, everything will turn out all right and you will see kind of that  
417 it's been the best thing, and it was actually, because I ended up doing my PGCE and getting a job, sort of  
418 linked, it all followed through from that. So yeah, there is a part of me that things that everything happens  
419 for a reason, and not that I'm particularly religious or anything but that this is actually, maybe I had those  
420 feelings actually, maybe I had those preconceived ideas about lots of boys, before I had boys, so it's  
421 helped me realise that they're not a scary species, and they're not as, you know... they are lovely, so  
422 there's nothing awful about having sons. Maybe I thought that more than one boy would be, not as nice  
423 as it is, you know, it's lovely, lovely to have more than one boy now, but it is, it was definitely hard at  
424 first....

425 FG: You have a brother? Are you close to him?

426 C: Yeah, I am actually, I am close to him. I think it's, I think a lot of it is, I am close to my mum, and I  
427 would like that when I'm older. That's probably a big part of it, and I did grow up in a house where my dad  
428 was the boss, and probably, um, I think, get the feeling, that he's a bit old fashioned in his views, so  
429 women are slightly lower, not as important as men, kind of thing, so maybe that's part of it, that's in my  
430 head as well, when you get down to the nitty gritty.

431 FG: You said something earlier about being a 'mum of boys' – how do you think motherhood has  
432 changed you, and how do you think you are specifically a mother of boys, or how are the  
433 changes specific to that?

434 C: I don't know really, motherhood has definitely, I mean I used to have a very carefree life where you  
435 could just come and go as you pleased, so that's sort of made me, slowed me down in that sort of way,  
436 but in a good way, I like the way, I always wanted to be a mother. I always say I'm glad I had my crazy  
437 twenties, and this was what I was heading for, I always wanted to be a mother ever since I was a little  
438 girl. So, it's changed my life, it's hard to remember really my life before I had children, it's five years ago  
439 now, so it's definitely changed my life, I can't do the things I used to do but I do different things, and I  
440 enjoy just the easy come, easy go, especially because they're not at school yet. But as for them being

Fake/contrat-  
creating meaning  
everything for a  
happens for a  
reason  
Galathea  
relationships  
patterns  
Investment  
in motherhood  
Motherhood  
isn't the  
disappointed

looking for a more  
logical way  
spend your  
ways of coping and  
creating meaning out  
of her experience,  
fear saving herself,  
that it still means to be

generational teachings  
robustful of her  
dad for making that  
men were more his se  
rebel against this  
boy wanting girls -  
can't imagine a parent  
child opposite sex rel.  
not so close a partner  
- investment in identity  
as a mother  
- it's not motherhood that's  
the disappointing part

Social construction  
 of gender roles  
 Coping methods  
 Fantasy  
 Child  
 Imaginary  
 baby  
 The complex  
 female bond  
 Intimacy &  
 power

441 boys - as I say the older two are so different, um, that my second one is, yeah, more of a stereotypical  
 442 boy, I sometimes try and project myself to thinking if I did have a daughter, or two daughters, how would  
 443 my life be different then, but it's hard to imagine really, because a lot of the girls that the boys are friendly  
 444 with, they're very similar actually, I mean they do have different toys, but the things they do, the way that  
 445 they, you know, in the garden they'll be playing with water, the girls do that, they play with bubbles, they'll  
 446 get all the toys out, they dress up, the way they play is really quite similar.

447 **FG: And I think this ties in with what you were saying earlier, this society we live in where we can**  
 448 **get whatever we want, it's almost like, not only will I have a daughter, but she'll be the perfect**  
 449 **daughter, but actually, you could have a child with a disability, you could have a tomboy..**

450 C: Yeah, yeah, and I do know grown up, female friends that don't get on with their mums, and so just  
 451 because you have a daughter doesn't mean you'll have a lot in common, and I know that, you could have  
 452 a daughter and we could clash, I've got friends who have daughters they clash with because they are  
 453 quite similar, or they just don't get on with their mums, if they're older, they don't have a lot to do with  
 454 their mums. So it's just a notion that I have, that it would be...

455 **FG: And this is what I'm hearing is that despite all of these things, you love your boys to bits, you**  
 456 **wouldn't change them, you know that a daughter may not make you complete, it doesn't still that**  
 457 **yearning in you.**

458 C: Yeah, and um, I don't, I remember when I was pregnant with my second child, and I thought what if  
 459 this is a daughter and we don't get on, I do remember having a very strong feeling, a bit of a panic, that,  
 460 yeah, it might not work out, it might not be perfect, and it probably wouldn't be, you would have your ups  
 461 and downs, I mean my own mum can sometimes say something and you just... A mum and a daughter  
 462 can sometimes have quite a complex relationship, you know, because if it's ever a comment about  
 463 weight, or something about your appearance, or something like that, then it's... my mum can say  
 464 something to me that if another woman said that to me, you would just be, aghast, you know she'd say  
 465 something when I was pregnant, oh your tummy's getting really fat, you know, if another woman said  
 466 that... you know sometimes it think maybe it's not a nice thing to be a woman that can make another  
 467 woman feel so... because she can say things and you think oh, blimey, so yeah, a mum and a daughter  
 468 can have a difficult relationship. And me and my dad actually get on really well now, better than we did  
 469 when I was a little girl, I think he probably found me quite a strange creature → he grew up with a brother

alter

- society  
 - prejudice - what?  
 - construction - a boy  
 - makes a boy be  
 - evidence but not  
 - very strong concept  
 - clearly a slippery  
 - up a slippery  
 - talking to a boy  
 - about why he grew  
 - feelings about  
 - father - daughter  
 - mother - daughter  
 - relationship  
 - not be  
 - judgment to having a  
 - different to a girl  
 - son and him the female  
 - on a bond, bond is  
 - female bond  
 - so brought  
 - competition, power,  
 - who's got... in hand, by  
 - who's got... really  
 - who can be really  
 - who can be really

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he was quite close to, and then he had a much younger sister, so... but again in a very male dominated house, you know, the dad was the boss. We didn't have a great relationship when I was growing up but we have a better one now, so.

**FG: And the last thing was.... Kind of how you've talked to yourself about this experience, how you've tried to kind of**

C: Justify it  
**FG: Justify it, yes, make yourself feel better about it**

C: Just that, yeah, I suppose, that I should be grateful, and I am grateful, you know, to have three healthy children, um, some people can't have any children, so, you know. That you can't always have what you want, so you do have to just get on with it. I suppose, whenever I say, you get what you're given, hopefully that goes into my head, and kind of telling myself it as much as telling someone else, that you do get what you're given, you can't choose, the sex of your baby, sort of thing. Yeah, but it is, still feeling that guilt, for feeling this way, guilty for feeling, um, that you want that, and, yeah, the shame, but knowing that it is OK in a way, because there are other people, when I go online, that it is OK feeling like that because there are other people that struggle with it too, but, it's um, yeah, you know, you do feel quite isolated in it, which is again why I wanted to speak to you, to help other people, because, there are a lot of people that feel like this, so yeah, and hope that it does... And even you know when I was going for my antenatal checks, especially this time, they say so do you know what you're having - yeah, a boy, and what have you got - two boys, and you almost want them to say how do you feel about it, but it's not a recognised thing, you know, in the medical profession, you know, no medical person has ever said to me how do you feel about it, or anything, you know, nobody's ever asked me or said are you ok with that, ever.

**FG: Even after you were struggling with your second son? The health visitor...**

C: I never spoke to anybody about that, never. Because I didn't want to admit it. You know, I didn't want to admit it to somebody and have them think I was a bad mother or a bad person.

**FG: Well and I guess you want to protect your boys from it too. You don't want them to think that mummy was unhappy...**

*a disappointed mother = a bad mother = a bad person*  
*keep it to yourself*

*can understand your mother's experience*  
*dad - a softener*  
*able to look at the whole phenomenon but it's not really her*  
*no one person*  
*trying to convince herself a decision*  
*repeating to myself*  
*feeling guilty but I've come to a point of assurance*  
*reality is*  
*and probably doing in*  
*in a big way*  
*such as sex, which makes the sex which you are up of what happens*  
*about the disappointed wife*

*copying method*  
*feeling meaningful*  
*feeling embarrassed*  
*Isolation*  
*feeling*  
*Isolation*  
*frame*  
*lack of support*  
*professional*  
*ignorance*  
*A bad mother*  
*Silence / Isolation*







Expectations of  
motherhood

554 that way about him, but it's an awful thing to think, but motherhood is not always what you expect it to be,  
555 and some people are disappointed in the whole thing of motherhood, so um, yeah, I suppose I shouldn't  
556 feel so bad that I felt like that. Yeah it was, such a shock, when he was not a girl.

557 END OF TAPE

hotagur vs  
was a boy.

just one aspect of  
motherhood struggle  
- women may only  
with, and he has  
or boy, she has  
It's significant  
in charge, she is  
being "but sex is  
"phase" but sex is  
so determined  
concept.  
Time to reassess herself  
love.

## APPENDIX H

### EXAMPLE OF LIST OF EMERGENT THEMES

#### Participant C: Initial Emergent Themes: 30 IN TOTAL

##### Constructing gender disappointment as an illness

C1:9 *I think it is a really important issue, and I hope that this study will help other people too, because um, it's something that I think more people struggle with than they let on*

C10:250 *I really did suffer quite a lot after he was born, um, possibly with some form of postnatal depression, I sometimes wonder if that was because of the gender disappointment I did feel quite depressed*

C18:486 *And even you know when I was going for my antenatal checks, especially this time, they say so do you knowing what you're having – yeah, a boy, and what have you got – two boys, and you almost want them to say how do you feel about it, but it's not a recognised thing, you know, in the medical profession, you know, no medical person has ever said to me how do you feel about it, or anything, you know, nobody's ever asked me or said are you ok with that, ever.*

C20:550 *I do think it was a form of postnatal depression, but it's just, I didn't feel comfortable expressing that with someone, because I knew, that if it was, probably because he was a boy, and it's just something that you just don't talk about.*

##### The shock of a boy

C1:16 *I did struggle a lot, with the second, more so because I didn't know what we were having, than I have done this time, and I think that's definitely helped, that we knew the sex of the baby this time, so it has made it a bit easier for me.*

C1:26 *everyone told me it would be a girl, and you know, you're carrying different, it must be a girl, I felt differently, everything. Maybe I was convincing myself as well, you know trying to, and then when he was born and he was a boy, I remember even in the delivery suite just being so shocked that he was a boy.*

##### Gender disappointment as a secret shame

C1:11 *I know a lot of people that have got, sort of two, of the same gender, and then they'll go on to have another child, and they're always oh no, I don't mind, I don't mind what I have, but I just wonder if that's always true, you know, or if it is just something that people don't like to talk about, because it's taboo.*

C8:204 *I've got a friend actually who's got three boys and she's just found out she's having a girl, and um, I don't know, she's never said to me, she's never said that she wanted a girl, she's always said oh I'm happy with my boys, and she may well be, but sometimes I wonder if that's actually true, knowing how I feel myself and knowing how so many other women feel.*

C9:226 *I'm sure there are more people that feel that way than actually let on, but um, nobody ever talks about it.*

C11:298 *Yeah, I think there's a big sense of shame as well, of, you know, I do feel, yeah, ashamed to talk about, or embarrassed, guilty that you feel that way*

C18:481 *Yeah, but it is, still feeling that guilt, for feeling this way, guilty for feeling, um, that you want that, and, yeah, the shame, but knowing that it is ok in a way, because there are other people, when I go online, that it is OK feeling like that because there are other people that struggle with it too but, it's um, yeah, you know, you do feel quite isolated in it, which is again why I wanted to speak to you*

##### What a good mother does

C1:14 *You know, you're not meant to be disappointed when you have your baby, you're meant to be full of love, and you know, happiness*

C4:85 *I did struggle a bit when I had my second boy, but I don't any more. I want to make that clear. That I love him to bits, you know. But it was hard at first, when they're just a, a dot, you know, you haven't a got a huge bond with them*

C16:436 *I always wanted to be a mother. I always say I'm glad I had my crazy twenties, and this was what I was heading for, I always wanted to be a mother ever since I was a little girl.*  
C18:493 *I never spoke to anybody about that, never. Because I didn't want to admit it. You know, I didn't want to admit it to somebody and have them think I was a bad mother or a bad person.*

C20:542 *I suppose, um, I cared for him, I met his needs, I fed him I changed his nappy, I did all of that, but I didn't feel a sort of bond, I felt quite, it's horrible to actually say it out loud, but I felt quite indifferent to him, you know*

C19:512 *yeah, now, he's so lovely and affectionate, and he's a little fireball, and crazy, and I love him for all those reasons, and yeah, sort of, it's horrible to think that I didn't bond with him very quickly because he was a boy.*

C21:554 *I can't actually believe that I felt that way about him, but it's an awful thing to think, but motherhood is not always what you expect it to be, and some people are disappointed in the whole thing of motherhood, so um, yeah, I suppose I shouldn't feel so bad that I felt like that. Yeah it was, such a shock, when he was not a girl.*

#### Expectations of motherhood

C1:21 *Yeah, I think did want a boy first, I always thought it would be nice to have a big brother to look after any subsequent children we had, and then second time, I just assumed, you know, I'd get a girl.*

C3:59 *I had to try and come to terms with the fact that it might never happen, so, it's hard, because it's something I'd always wanted, ever since I was a little girl.*

#### Feeling sad and feeling bad

C2:30 *I definitely did feel disappointed and very guilty as well, like you were saying earlier, I felt bad that I felt disappointed that he was a boy, but I did.*

#### The incidental sons

C2:32 *So, we tried for another one, and I'd researched, you know, sort of, um, what's it called, swaying, and the diet, and we did all that, [...] and he was a boy as well, so.*

C2: 47 *I'd like to think that I wouldn't struggle so much the fourth time, but, um, we've talked about having another one.*

C5:132 *No, we thought we'd have a boy and a girl. (NOT A LARGE FAMILY) I remember we went, we got married in church, we had to go to a sort of relationship thing before we got married, and you had to make your family out of play dough or something, and we both, you had to do it without the other one seeing, and we both made a boy first and a girl second.*

C8:214 *Yeah, and they're lovely children you know, and I love them to bits, obviously, I'm biased, but I think they're absolutely fantastic (laughs) but yeah, sometimes it, people that have, you know, two or three girls, I think I just want one, you know...*

C9:245 *I think we might have one more baby, but I'm trying so hard not to think of it being a girl, just to think of it, trying to almost think it's going to be another boy, because we seem to be quite good at making boys, so, people always say it's 50/50, but somehow we've managed to land up with three boys so we'll probably land up with another one*

#### The role of the husband

C2:33 *we swayed, and we timed it very carefully, my poor husband had to, you know (laughs) but he went along with it because he knew I wanted a girl*

C9:238 *my husband said well it's not really up to me, he said no comment or something, um, so we have talked about having another baby*

C11:280 *to be honest, although he does know I want a girl, he doesn't know you're here today, he doesn't know I'm talking to you about this, because, I, he doesn't know the extent of it, because I have spoken to him a couple of times, and um, I think after a while we just, he can't understand it*

C11:299 *I really don't think that he gets it, um, and, I don't know, maybe get a bit of a feeling that he thinks I should be happy with what we've got.*

C11:303 *He probably feels a bit bad, that he hasn't given me what I want, as well. And people have said to him, and I didn't know this was a saying until we had sons, that it takes a real man to make a girl, as well, he has had that said to him*

C20:548 *not ever something that I ever said to anyone else, not even to my husband, and I think even if I said this to him now, he would be, probably disgusted with me actually, for feeling that way.*

#### Hidden feelings, secret tears

C2:35 *I was very disappointed through that pregnancy, and the whole time I was hoping that it was wrong, but actually, when he was born, I was really pleased, so, it was fine. (She starts to cry). Never really spoken about this like this before.*

C2:50 *Um, but, I don't know if I'm just kidding myself really, that, maybe, I would, because I did cry, after I had the scan. Not straight away, but after about an hour, I really did get quite upset, so yeah, it's hard.*

C9:228 *she found out she was having her third boy and I thought, she needs to know, that she's not the only one. She was so surprised, I was quite pleased that she was surprised really, cos I'd obviously done a good job of covering it up.*

C12:312 *I try and just quickly scroll past if anybody's put anything about um, girls, and I know some people sort of hide people's posts if they've put things on there, if it's all about their daughters, and that sort of thing, I know it's something that, from the website that a lot of people struggle with that, I can relate to that.*

#### Children as a distraction

C2:43 *I can't really, I don't like to think about it too much, because it is upsetting, because it might never happen, um, but um, I'm so busy at the moment, with having three, and he's still so young*

C8:201 *at the moment it's fine, because I'm kind of so wrapped up in him (THIRD SON),*

#### Through the lens of social perception

C2:53 *a lot of my friends have got girls, as well (tearful) so... or a boy and a girl... Yeah, what society thinks is the perfect family, although I know that it's probably not.*

C5:135 *So, yeah, we both sort of thought that's what it would be, and that is, like you say, society's perfect pigeon pair, particularly having a boy first, a boy and a girl.*

C9:236 *Well, that's another thing we get asked a lot, and I got asked a lot after I had my second son... are you going to try for a girl, is very common, and are you going to have anymore, which I get the feeling means are you going to try for a girl?*

#### Ways of coping and creating meaning

C2:56 *Yeah, there's, there's definite benefits to having children of the same sex*

C5:111 *I'm a teacher, and I always got on quite well with the girls, and having sons has actually made me kind of have a better understanding of boys, you know, being a teacher and everything.*

C6:139 *No, because you have two boys and my two do get on really well, and they're into the same sort of things, even though they're quite different, you know, people say to me if you take them somewhere sometimes the girl wants to do something and the boy wants to do something else so it doesn't always make life easy*

C16:418 *there is a part of me that things that everything happens for a reason, and not that I'm particularly religious or anything but that this is actually, maybe I had those feelings actually, maybe I had those preconceived ideas about lots of boys, before I had boys, so it's helped me realise that they're not a scary species, and they're not as, you know... they are lovely, so there's nothing awful about having sons.*

C18:477 *Just that, yeah, I suppose, that I should be grateful, and I am grateful, you know, to have three healthy children, um, some people can't have any children, so, you know. That you can't always have what you want, so you do have to just get on with it.*

#### Loss of control

C3:57 *There's nothing you can do. (cries) You can try as hard as you like, like we did, but there's not a lot that you can do if it doesn't work.*

C9:243 *You get what you're given, that's what I always say to people, you know, when people say are you going to try for a girl – you get what you're given*

C10:257 *Yeah, yeah, we did that, it didn't work, I mean, nothing is hundred percent, is it, absolutely nothing.*

C12:318 *in our society now you can more or less have everything you want, and that's one thing you can't have, it's one thing you have very little control over unless you go down the IVF/PGD route, you know, this is something we don't have any control over.*

C13:347 *I like to feel like I can do anything that I want, anything that a man can do, and actually, probably, in our house, I'm more of the dominating force over my husband.*

C19:500 *I don't like to be seen to be not coping, so I like to put on this front of everything's OK, but looking back, everything's not OK*

#### Keeping your guard up

C4:82 *And I have now, a stock reply, or set of replies, that either, someone will say 'oh poor you' or 'poor mummy', in front of my other children, which I find really rude, and I just say lucky me, or lucky mummy, because I've got such lovely boys.*

C7:174 *I had, within the space of about half an hour, I had three people say to me oh you poor thing, and I remember after the second one, I was driving up the road and I thought the next person that says that to me, I'm going to say 'lucky me' and that's, that's kind of my main one that I say now. And this girl, that was the third person, said 'oh, poor mummy' with my eldest son standing next to me, who like I say is nearly five, and is, you know, knows what she was getting at, and I said NO, LUCKY MUMMY, and she sort of looked a bit taken aback, because I think I was a bit sharp with her*

#### A safe haven online

C4:90 *I've read that online, that really helps, seeing things online, because, like I say, I've only spoken to one person, um, apart from yourself, I've only spoken to one of my friends about it. Um, it's not something that you can talk about very easily with people so, it does help to go online and see that you're not the only one, you're not a bad person, you're not evil for feeling like that*

#### Fear of losing sons

C4:99 *a lot of boys, you know, once they get older, they move away from their mums a little bit*

C15:393 *they do things that I can't really see myself doing with my boys when they're 17/18, maybe I'm wrong, I hope I'm wrong really, I hope we do go shopping together and there will be at least one of them that wants to do that with me*

#### Stereotypes

C5:114 *Most women get on better with other women, don't they, so maybe it was that, so I seemed to have, um, you can talk to little girls about, you can do things with little girls, do girly things together that you don't always do with boys, it's just different, isn't it.*

C5:124 *My second son is what I would say is a stereotypical boy, very boisterous, loves getting dirty, climbing, all those sorts of things*

C7:186 *sometimes people, especially if they haven't got boys, can think that they're boisterous, and messy and you know, a handful, and they're not pretty, and they don't sit quietly and they charge about and are very loud, and yes they can be, but I know plenty of people that have got girls that are also loud and boisterous and climb and get dirty and you know, so, it's just a stereotypical thing, it's a stereotype that we have in our country*

#### Pride and pity

C6:162 *I don't want anybody's pity, certainly not any perfect stranger's pity, and I feel like I have to defend the fact that I've got three boys, straight away.*

C9:222 *I wouldn't want people to think I'm disappointed in my boys, for a start, I don't want anyone to feel sorry for me, because I know how lucky I am, really, you know we fall pregnant really easily, I fall pregnant very easily*

## Girls are the prize

C3:70 *in this country I feel like the desired gender is a girl. I don't know if that's the case but or not but that's the impression I get. That if you have two girls, then that's fine, but if you have two boys... I have been.... Every single day (starts crying) somebody will say to me 'oh, poor you, no girls' – something like that. Excuse me, sorry.... (cries)*

C6:156 *I mean obviously a hundred years ago, or more, then in this country as well it was boys, it's really swung round now to girls, and as I say, every single day I will get a comment from somebody, a complete stranger will say to me, you know, I can be in the supermarket, anywhere, and someone will make a comment about the fact that I have three boys and I'm quite defensive about it now*

C7:164 *I feel like I have to defend the fact that I've got three boys, straight away. Um. I do know somebody who, my closest friend, she said I think it's absolutely awful, and if I am ever with you, I'm going to say to someone 'how rude, that you said that ', but she said you don't get it if you have two girls, do you.*

C14:367 *you sometimes see that on cars, the stickers of 'Princess on board' and I don't like all of that anyway, so it's not for that reason, maybe, but they do seem to be elevated to princess status you know, girls, you don't hear so much about boys being a prince, occasionally, but it is a real thing of these girls being...*

C14:372 *I remember that nursery rhyme, when I read that to my boys a little while ago, I remember that when I was a little girl, and I didn't think of it so much because I was the girl, so I was sugar and spice and all things nice, but for a boy, when you read that, it's horrible really, that boys are sort of, snakes and snails and all sorts of horrible things, and the girls are sugar and spice and all things nice, quite explicit in the meaning there really.*

C15:400 *I think there must be – there must be, one woman in this country, no there must be women in this country that do want sons, that can't have sons, but again, it's just something that is never talked about.*

C15:407 *I do think some women who've only got daughters, they are scared of boys, but I think on the whole, I think it does seem to be girls/boys/no children. There must be people who want to have sons, but I don't really get the feeling that... I spoke to someone the other day, she's got two daughters in their twenties, and she said she was desperate for a son, and she never got one, but I think that's really quite unusual, to hear that.*

## Binary thinking

C7:166 *But I don't know if the man gets it, [...] I do know someone who's got two older daughters and she said her husband used to have that a bit [...]; she said he used to get 'oh poor thing, you know, when they're teenagers' and this and that, and he always used to be quite defensive as well, so, you know, maybe it is something that men suffer with more, than if they have a son, if they have two daughters they get oh you poor thing*

## Collateral damage

C7:181 *that evening my son said to me 'mummy do you mind being the only girl in our family' and I said no, I don't, I feel very special because I'm the only girl, I'm very lucky to have you boys as well. But it had obviously played on his mind as well, and I find that hard, that they might be feeling that they're not, you know, good enough as well.*

C10:259 *Yup, I looked into that, I was at that point, but the financial implications are HUGE, it was a lot of money, um, and I just think, for my own family situation, to spend that amount of money on something, um, that could be spent on the rest of my family, would feel pretty selfish.*

C19:497 *obviously my third son can't understand what we're talking about, but I even feel bad that he's sitting on my lap and I'm talking about it with him in the same room. And I don't even, I think I was aware of it at the time, but sometimes it's not until afterwards that you think my goodness, I did actually struggle there,*

C19:501 *after my second son, so, sometimes I look at him and think oh I feel so bad that I felt like that for you*

## Envy

C8:199 *Oh, when I get the news it's hard, it's really hard, actually, if you hear that somebody's going to have a daughter. [...] when I was pregnant, and um, when I'd had my second son, and when I was pregnant this time and I was really hoping that they'd got it wrong, um, that's,*

*it's tough to be around girls, it's hard to go on Facebook and see people's new baby girls, and um, if they've had their scan and it's going to be a girl, that's hard, um.*

*C8:208 when I found out that she was having a girl, I was happy for her, because I thought, if you have struggled like I've struggled, then you've got what you wanted, and I'd love to be in your position, so that's lovely for her. Sometimes it just feels like some people have got, it just happens so easily and we've tried so hard (cries). You just think that's not fair, you know.*

#### Drawing a line

*C10:254 I don't know if that feeling of wanting a girl ever goes away, but there has to come a point where you say enough is enough, you can't just keep having children, um, in the hope that you have a girl.*

*C10:265 I think we both realise that it's not a pleasant process to go through (IVF). Even though you really do yearn for a daughter, it's not a particularly pleasant way of getting one, you know, if it's not meant to be then it's not meant to be, kind of thing.*

*C11:277 I started saving money, I really did consider going for it, but when push comes to shove, when it came to the crunch, I just thought no, I can't actually do it.*

*C20:534 Thinking about having an abortion. Yeah, yeah, but knowing that that wasn't something I could ever do, but the thought did cross my mind, crying, crying on a daily basis, especially at first, when I first found out that he was a boy*

#### Holding tightly to the dream

*C11:287 I think he got fed up of me talking about it to be honest, you know, he just can't see my point, and to be honest, sometimes nor can I, I really don't know what the big deal is about having a daughter for me, but it is something that I always wanted from when I was a little girl*

*C17:451 I know that, you could have a daughter and we could clash, I've got friends who have daughters they clash with because they are quite similar, or they just don't get on with their mums, if they're older, they don't have a lot to do with their mums. So it's just a notion that I have, that it would be...*

#### Commodification and instant gratification

*C12:330 We can have more or less everything now, money can buy anything, can't it, and if you want a new face or a new chest or whatever you can go and have plastic surgery, and you can buy whatever you want to buy, but in a lot of cases this is something you can't buy.*

#### The personal as political

*C12:321 I don't know if it was legal in this country, but it did used to be legal in other European countries, to have sort of, and it is still legal here if there's a medical reason isn't it, in this country, but um, there are people on there saying, why can't it be legal here, we can have everything, so maybe this is good in a way, that this is one thing we can't have.*

#### Daughter as an extension of oneself

*C13:333 Yeah, again, that's something (ADOPTION) that has crossed my mind, but there's just something about having a daughter with your genes and everything*

#### Feminism and gender inequality

*C13:343 Um, I am, quite an independent, I hate any form of sexism, so I, um, I feel like not, I do feel like it's getting better but I do feel like there's still an element of, you know, it's a bit of a male dominated society.*

*C14:364 that annoys me, actually, you can buy toys for girls that are pink, you can buy unisex toys, but you can't buy a blue toy – but why should it be a pink toy for a girl and a blue toy for a boy and I always say if I did have a girl I wouldn't dress her all in pink*

*C16:427 I did grow up in a house where my dad was the boss, and probably, um, I think, get the feeling that, he's a bit old fashioned in his views, so women are slightly lower, not as important as men, kind of thing, so maybe that's part of it, that's in my head as well, when you get down to the nitty gritty.*

Bonds are the ties that bind

*C15:392 my best friend, her daughter is 17, and she's her only child as well so they have a very strong bond, [...]and she goes out for meals with her and yeah, they're very much like friends. I have friends, obviously, but I think that's different to having a daughter.*

*C16:426 I am close to my mum, and I would like that when I'm older. That's probably a big part of it*

The complexities of the female bond

*C17:461 A mum and a daughter can sometimes have quite a complex relationship, you know, because if it's ever a comment about weight, or something about your appearance, or something like that, then it's...my mum can say something to me that if another woman said that to me, you would just be, aghast, you know she'd say something when I was pregnant, oh your tummy's getting really fat, you know, if another woman said that... you know sometimes it think maybe it's not a nice thing to be a woman that can make another woman feel so...because she can say things and you think oh, blimey, so yeah, a mum and a daughter can have a difficult relationship.*



## APPENDIX I EXAMPLE OF THEME CLUSTERS FROM INDIVIDUAL TRANSCRIPT

### PARTICIPANT C: Master and Sub Themes:

#### Master Theme 1

##### THE MOTHER LOAD

##### Sub-theme 1: What you expect when you're expecting

C1:21 *Yeah, I think did want a boy first, I always thought it would be nice to have a big brother to look after any subsequent children we had, and then second time, I just assumed, you know, I'd get a girl.*

C16:436 *I always wanted to be a mother. I always say I'm glad I had my crazy twenties, and this was what I was heading for, I always wanted to be a mother ever since I was a little girl.*

C1:26 *everyone told me it would be a girl, and you know, you're carrying different, it must be a girl, I felt differently, everything. Maybe I was convincing myself as well, you know trying to, and then when he was born and he was a boy, I remember even in the delivery suite just being so shocked that he was a boy.*

C20:5421 *suppose, um, I cared for him, I met his needs, I fed him I changed his nappy, I did all of that, but I didn't feel a sort of bond, I felt quite, it's horrible to actually say it out loud, but I felt quite indifferent to him, you know*

##### Sub-theme 2: Feeling sad and feeling bad

C2:35 *I was very disappointed through that pregnancy, and the whole time I was hoping that it was wrong, but actually, when he was born, I was really pleased, so, it was fine. (She starts to cry). Never really spoken about this like this before.*

C8:199 *Oh, when I get the news it's hard, it's really hard, actually, if you hear that somebody's going to have a daughter. [...] when I was pregnant, and um, when I'd had my second son, and when I was pregnant this time and I was really hoping that they'd got it wrong, um, that's, it's tough to be around girls, it's hard to go on Facebook and see people's new baby girls, and um, if they've had their scan and it's going to be a girl, that's hard, um.*

C8:208 *when I found out that she was having a girl, I was happy for her, because I thought, if you have struggled like I've struggled, then you've got what you wanted, and I'd love to be in your position, so that's lovely for her. Sometimes it just feels like some people have got, it just happens so easily and we've tried so hard (cries). You just think that's not fair, you know.*

C1:14 *You know, you're not meant to be disappointed when you have your baby, you're meant to be full of love, and you know, happiness*

C18:493 *I never spoke to anybody about that, never. Because I didn't want to admit it. You know, I didn't want to admit it to somebody and have them think I was a bad mother or a bad person.*

C19:500 *I don't like to be seen to be not coping, so I like to put on this front of everything's OK, but looking back, everything's not OK*

C11:298 *Yeah, I think there's a big sense of shame as well, of, you know, I do feel, yeah, ashamed to talk about, or embarrassed, guilty that you feel that way*

C2:30 *I definitely did feel disappointed and very guilty as well, like you were saying earlier, I felt bad that I felt disappointed that he was a boy, but I did.*

##### Sub-theme 3: Drawing the line

C2:56 *Yeah, there's, there's definite benefits to having children of the same sex*

C5:111 *I'm a teacher, and I always got on quite well with the girls, and having sons has actually made me kind of have a better understanding of boys, you know, being a teacher and everything.*

C6:139 *No, because you have two boys and my two do get on really well, and they're into the same sort of things, even though they're quite different, you know, people say to me if you take them*

*somewhere sometimes the girl wants to do something and the boy wants to do something else so it doesn't always make life easy*

*C16:418 there is a part of me that things that everything happens for a reason, and not that I'm particularly religious or anything but that this is actually, maybe I had those feelings actually, maybe I had those preconceived ideas about lots of boys, before I had boys, so it's helped me realise that they're not a scary species, and they're not as, you know... they are lovely, so there's nothing awful about having sons.*

*C18:477 Just that, yeah, I suppose, that I should be grateful, and I am grateful, you know, to have three healthy children, um, some people can't have any children, so, you know. That you can't always have what you want, so you do have to just get on with it.*

*C4:82 And I have now, a stock reply, or set of replies, that either, someone will say 'oh poor you' or 'poor mummy', in front of my other children, which I find really rude, and I just say lucky me, or lucky mummy, because I've got such lovely boys.*

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*C10:265 I think we both realise that it's not a pleasant process to go through (IVF). Even though you really do yearn for a daughter, it's not a particularly pleasant way of getting one, you know, if it's not meant to be then it's not meant to be, kind of thing.*

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## Master Theme 2

### BOYS VS GIRLS

#### Sub-theme 1: Stereotypes and social perceptions

*C2:53 a lot of my friends have got girls, as well (tearful) so... or a boy and a girl.... Yeah, what society thinks is the perfect family, although I know that it's probably not.*

*C5:135 So, yeah, we both sort of thought that's what it would be, and that is, like you say, society's perfect pigeon pair, particularly having a boy first, a boy and a girl.*

*C9:236 Well, that's another thing we get asked a lot, and I got asked a lot after I had my second son... are you going to try for a girl, is very common, and are you going to have anymore, which I get the feeling means are you going to try for a girl?*

*C5:114 Most women get on better with other women, don't they, so maybe it was that, so I seemed to have, um, you can talk to little girls about, you can do things with little girls, do girly things together that you don't always do with boys, it's just different, isn't it.*

*C5:124 My second son is what I would say is a stereotypical boy, very boisterous, loves getting dirty, climbing, all those sorts of things*

*C7:186 sometimes people, especially if they haven't got boys, can think that they're boisterous, and messy and you know, a handful, and they're not pretty, and they don't sit quietly and they charge about and are very loud, and yes they can be, but I know plenty of people that have got girls that are also loud and boisterous and climb and get dirty and you know, so, it's just a stereotypical thing, it's a stereotype that we have in our country*

#### Sub-theme 2: Girls come out on top

*C3:70 in this country I feel like the desired gender is a girl. I don't know if that's the case but or not but that's the impression I get. That if you have two girls, then that's fine, but if you have two boys... I have been.... Every single day (starts crying) somebody will say to me 'oh, poor you, no girls' – something like that. Excuse me, sorry.... (cries)*

C6:156 *I mean obviously a hundred years ago, or more, then in this country as well it was boys, it's really swung round now to girls, and as I say, every single day I will get a comment from somebody, a complete stranger will say to me, you know, I can be in the supermarket, anywhere, and someone will make a comment about the fact that I have three boys and I'm quite defensive about it now*

C7:164 *I feel like I have to defend the fact that I've got three boys, straight away. Um. I do know somebody who, my closest friend, she said I think it's absolutely awful, and if I am ever with you, I'm going to say to someone 'how rude, that you said that', but she said you don't get it if you have two girls, do you.*

C14:367 *you sometimes see that on cars, the stickers of 'Princess on board' and I don't like all of that anyway, so it's not for that reason, maybe, but they do seem to be elevated to princess status you know, girls, you don't hear so much about boys being a prince, occasionally, but it is a real thing of these girls being...*

C14:372 *I remember that nursery rhyme, when I read that to my boys a little while ago, I remember that when I was a little girl, and I didn't think of it so much because I was the girl, so I was sugar and spice and all things nice, but for a boy, when you read that, it's horrible really, that boys are sort of, snakes and snails and all sorts of horrible things, and the girls are sugar and spice and all things nice, quite explicit in the meaning there really.*

C15:400 *I think there must be – there must be, one woman in this country, no there must be women in this country that do want sons, that can't have sons, but again, it's just something that is never talked about.*

### Sub-theme 3: The incidental sons

C5:407 *I do think some women who've only got daughters, they are scared of boys, but I think on the whole, I think it does seem to be girls/boys/no children. There must be people who want to have sons, but I don't really get the feeling that.... I spoke to someone the other day, she's got two daughters in their twenties, and she said she was desperate for a son, and she never got one, but I think that's really quite unusual, to hear that.*

C2:32 *So, we tried for another one, and I'd researched, you know, sort of, um, what's it called, swaying, and the diet, and we did all that, [...] and he was a boy as well, so.*

C2: 47 *I'd like to think that I wouldn't struggle so much the fourth time, but, um, we've talked about having another one.*

C5:132 *No, we thought we'd have a boy and a girl. (NOT A LARGE FAMILY) I remember we went, we got married in church, we had to go to a sort of relationship thing before we got married, and you had to make your family out of play dough or something, and we both, you had to do it without the other one seeing, and we both made a boy first and a girl second.*

C8:214 *Yeah, and they're lovely children you know, and I love them to bits, obviously, I'm biased, but I think they're absolutely fantastic (laughs) but yeah, sometimes it, people that have, you know, two or three girls, I think I just want one, you know...*

C9:245 *I think we might have one more baby, but I'm trying so hard not to think of it being a girl, just to think of it, trying to almost think it's going to be another boy, because we seem to be quite good at making boys, so, people always say it's 50/50, but somehow we've managed to land up with three boys so we'll probably land up with another one*

C7:181 *that evening my son said to me 'mummy do you mind being the only girl in our family' and I said no, I don't, I feel very special because I'm the only girl, I'm very lucky to have you boys as well. But it had obviously played on his mind as well, and I find that hard, that they might be feeling that they're not, you know, good enough as well.*

C19:497 *obviously my third son can't understand what we're talking about, but I even feel bad that he's sitting on my lap and I'm talking about it with him in the same room. And I don't even, I think I was aware of it at the time, but sometimes it's not until afterwards that you think my goodness, I did actually struggle there,*

C19:501 *after my second son, so, sometimes I look at him and think oh I feel so bad that I felt like that for you*

## Master Theme 3

### THE PERSONAL AS POLITICAL

#### Sub-theme 1: Gender disappointment as an illness

C1:9 *I think it is a really important issue, and I hope that this study will help other people too, because um, it's something that I think more people struggle with than they let on*

C10:250 *I really did suffer quite a lot after he was born, um, possibly with some form of postnatal depression, I sometimes wonder if that was because of the gender disappointment I did feel quite depressed*

C18:486 *And even you know when I was going for my antenatal checks, especially this time, they say so do you knowing what you're having – yeah, a boy, and what have you got – two boys, and you almost want them to say how do you feel about it, but it's not a recognised thing, you know, in the medical profession, you know, no medical person has ever said to me how do you feel about it, or anything, you know, nobody's ever asked me or said are you ok with that, ever.*

C20:550 *I do think it was a form of postnatal depression, but it's just, I didn't feel comfortable expressing that with someone, because I knew, that if it was, probably because he was a boy, and it's just something that you just don't talk about.*

#### Sub-theme 2: Commodification and gratification

C12:321 *I don't know if it was legal in this country, but it did used to be legal in other European countries, to have sort of, and it is still legal here if there's a medical reason isn't it, in this country, but um, there are people on there saying, why can't it be legal here, we can have everything, so maybe this is good in a way, that this is one thing we can't have.*

C12:330 *We can have more or less everything now, money can buy anything, can't it, and if you want a new face or a new chest or whatever you can go and have plastic surgery, and you can buy whatever you want to buy, but in a lot of cases this is something you can't buy.*

C10:259 *Yup, I looked into that, I was at that point, but the financial implications are HUGE, it was a lot of money, um, and I just think, for my own family situation, to spend that amount of money on something, um, that could be spent on the rest of my family, would feel pretty selfish.*

#### Sub-theme 3: Feminism and equality

C16:427 *I did grow up in a house where my dad was the boss, and probably, um, I think, get the feeling that, he's a bit old fashioned in his views, so women are slightly lower, not as important as men, kind of thing, so maybe that's part of it, that's in my head as well, when you get down to the nitty gritty.*

C13:343 *Um, I am, quite an independent, I hate any form of sexism, so I, um, I feel like not, I do feel like it's getting better but I do feel like there's still an element of, you know, it's a bit of a male dominated society.*

C14:364 *that annoys me, actually, you can buy toys for girls that are pink, you can buy unisex toys, but you can't buy a blue toy – but why should it be a pink toy for a girl and a blue toy for a boy and I always say if I did have a girl I wouldn't dress her all in pink*

C12:318 *in our society now you can more or less have everything you want, and that's one thing you can't have, it's one thing you have very little control over unless you go down the IVF/PGD route, you know, this is something we don't have any control over.*

C13:347 *I like to feel like I can do anything that I want, anything that a man can do, and actually, probably, in our house, I'm more of the dominating force over my husband.*

C2:33 *we swayed, and we timed it very carefully, my poor husband had to, you know (laughs) but he went along with it because he knew I wanted a girl*

C9:238 *my husband said well it's not really up to me, he said no comment or something, um, so we have talked about having another baby*

**APPENDIX J  
MASTER TABLE OF THEMES**

<b>THEME</b>	<b>PPT, LINE AND PAGE REFERENCE</b>
<b>ALIENATION</b>	
<i>Alienation from self</i>	B18:408
	C3:92
	D14:378
	E7:169
	F15:427
	F20:568
<i>Alienation from sons</i>	A4:96
	B2:32
	C20:542
	D9:241
	E8:186
	F5:132
	I23:657
<i>Alienation from partner</i>	A12:349
	C20:548
	F8:200
	H3:73
	I7:206
<i>Alienation from society</i>	A12:328
	B13:285
	C20:550
	E3:55
	F2:35
	H1:6
	I3:76
<b>LOSS</b>	
<i>GD as a bereavement</i>	A19:539
	D5:128
	D12:314
	E15:379
	F16:451
	G5:145
	H7:178
	H11:294
	I29:518
	I29:826
<i>Loss of the perfect family fantasy</i>	A6:175
	B4:86
	C5:132
	D1:20
	E2:45
	G5:119
	H1:19
	I11:314
<i>Losing the generational thread</i>	A2:34
	C13:333
	D18:499
	E16:419
	G20:553
	H14:371
<i>Losing my sons</i>	A9:241
	B21:492

	C15:393
	D16:428
	E13:337
	F19:532
	I18:502
<b>CONTROL</b>	
<i>Obsessing over GD</i>	A24:670
	A4:112
	A4:116
	A9:255
	B13:289
	C12:312
	D8:208
	D8:199
	G7:201
	H4:103
	H15:390
<i>Trying to control my body</i>	B6:124
	C3:57
	D4:105
	E6:145
	F5:111
	G25:711
	G7:181
	H10:274
	I26:745
<i>Trying to control my thoughts and feelings</i>	A4:99
	B18:408
	C9:245
	D5:133
	D7:189
	E5:122
	F22:611
	G8:209
	H2:35
	I29:815
<i>Trying to regain control</i>	A16:442
	A23:644
	A4:101
	A12:338
	B16:363
	C10:254
	E14:363
	F20:548
	G6:154
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<b>COMMODIFICATION</b>	
<i>Commodifying boys</i>	B15:324
	B4:71
	C14:372
	C3:70
	C15:408
	D5:121
	E12:318
	G12:339
	H13:343
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	I14:394

	I12:349
<i>Commodifying girls</i>	A10:268
	A21:586
	B3:61
	C14:367
	D14:364
	D16:441
	E10:237
	E9:233
	F18:511
	G25:702
	G18:515
	H7:200
	H8:209
	H7:184
	I10:294
	I15:419
	I22:635
<i>Commodifying reproduction</i>	B7:147
	C12:330
	D10:266
	E12:304
	E16:431
	F4:106
	G17:468
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	G17:480
	I27:763