## Jeni Loftus
Purdue University, USA

## Paul Namaste
Performa Higher Education, USA

# Expectant Mothers:
## Women's Infertility and the Potential Identity of Biological Motherhood

### Abstract
Using the voices of 196 infertile women we analyze women's infertility from the perspective of identity theory. Results illustrate how the potential identity of becoming a biological mother can have an extremely high level of salience, therefore women enact behaviors that attempt to make the potential identity of motherhood a reality. However, because a discrepancy exists between the potential and actual identities, these women experience harmful consequences until they either become pregnant or choose to stop infertility treatments. By understanding how these women create, interpret, and sustain the potential identity of being a biological mother while struggling to reject a possibly permanent infertile identity, this study offers new insights into both the social process of infertility and identity theory.

[1] Jeni Loftus is an Assistant Professor in the Department of Sociology at Purdue University. Her research focuses on gender, health, family, sexuality and social psychology. Among her current research projects are a study on the causes and consequences of age discordant relationships among adolescents and a study of the social psychological effects of female infertility. Her research has appeared in journals such as American Sociological Review, Archives of Sexual Behavior, Sociological Focus and The Journal of Youth and Adolescence.
Contact: jml@purdue.edu

[2] Paul Namaste Ph.D. is a Sociologist who earned his degree from Indiana University - Bloomington. His main research interests revolve either around issues of self & identity or the effects of higher education on race, class & gender inequality. Paul is currently the head of the survey research division at Performa Higher Education, a consulting firm that works with small, private colleges throughout the United States.
Contact: paulnamaste@gmail.com

In many countries throughout the world, the motherhood mandate is strong: women are expected to have children. When women experience difficulty in meeting this mandate through infertility, it often has a profound impact on them. They are unable to easily meet this societal expectation and this personal desire to become a biological mother. For some women this is a permanent condition, their doctors inform them that they will never be able to have biological children of their own. For the vast majority of women facing an infertility diagnosis, however, infertility constitutes a temporary stage where the ultimate outcome is unknown. These women often face months, and many times years, of costly and invasive infertility procedures that may or may not eventually lead to a viable pregnancy and birth.[3] For these women infertility is typically a long period of uncertainty. In this paper we use identity theory and tie it in to theories in psychological social psychology to explain the impact infertility has on women's identities. We argue that for the women in this study the potential identity of biological mother operates much like an actual identity in terms of identity theory. The potential identity has a high level of salience to the infertile women in this study and they have a high level of commitment to the potential identity of biological mother. We also point out that the high level of emotional distress exists because there is a discrepancy between the potential identity (biological mother) and the actual identity (infertile woman). By utilizing this approach we provide a better understanding of the infertility process for women who have difficulty conceiving or carrying a child to a live birth. We also show how potential identities can operate within the identity theory framework.

Whether temporary or permanent, infertility is usually defined as occurring when: (1) a woman (or couple) fails to achieve a pregnancy over any one year period of regular sexual activity without the use of any contraception; or (2) as the repeated inability to carry a pregnancy to a live birth (Sciarra 1994). Men and women are equally likely to be infertile, with thirty-five percent of cases attributable to female factors, thirty-five percent to male factors, twenty percent to an interactive factor, and ten percent to reasons unknown (Leiblum 1997). Whatever the cause, infertility is indicated by the fact that a woman does not become pregnant or cannot carry a child to a live birth. Therefore, even if the woman is not the cause of the condition, she becomes the focus of the problem.


**Previous Research on Infertility**

The study of the social and psychological impact of infertility is not new, in fact in his 1963 book Stigma, Erving Goffman (1963) used the example of an infertile individual as an example of a discreditable attribute. As well, in 1965, David Kirk (1964) talked about the pain and difficulty of infertility. A rather large body of research on infertility has followed. Loss and mourning constitute a large part of the infertility experience (Menning 1977; Meyers 1990). Life goals, status, prestige, and self-confidence are all subject to loss and require a period of mourning (Burns 1990; Pfeffer and Woollett 1983). However, mourning the loss of a child that has never been physically present results in a great deal of emotional ambiguity and strain

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[3] The procedures range from the simple to the complex, and from the relatively inexpensive to the extremely expensive, costing thousands of dollars per cycle. Therefore, not all women who face a diagnosis with infertility can afford treatments. For these women infertility may become a permanent condition.

(Ibidem). Medical treatment creates further ambiguity and prolongs the mourning process. Each new treatment cycle brings hope, but every failed attempt rekindles the mourning for a child that may never exist (Sandelowski 1993). Even if a child is conceived and brought to term, the stress and ambiguity of going through a long period of treatment can cause lasting effects. For individuals who never conceive, the long-term impact on social relationships and psychological well-being is potentially much stronger (Greil 1991b; Matthews and Matthews 1986; Pfeffer and Woollett Ibidem; Sandelowski Ibidem).

Infertility can have pervasive personal and social consequences as well. In a country where newly married couples often plan on having biological children, and where remaining childless is often viewed as deviant (Miall 1985; Miall 1986), individuals who are infertile often feel stigmatized (Greil Ibidem; Miall 1985; Miall 1986) and view themselves as having a social disability (Menning Ibidem). Frequently feeling socially uncomfortable, people with infertility tend to isolate themselves, particularly avoiding situations where pregnant women or families with young children may be present (Greil Ibidem; Menning Ibidem; Miall 1986; Pfeffer and Woollett Ibidem). Usually ignorant of its presence in others or its psychologically distressing effects, people not struggling with infertility often unwittingly contribute to further pain by making comments that could be perceived as insensitive (Menning Ibidem; Miall 1985). These personal and social consequences have a damaging effect on a woman's sense of self. Integrating's (1963) concept of "spoiled identity", Charmaz's (1983) "loss of self" among the chronically ill, and Thoits' (1985) self-labeling process in mental illness, Greil (Ibidem) draws an analogy between the "secret stigma" of infertility and the stigma of chronic illness, painting a vivid picture of the effects of infertility on the self.

Although significant research has focused on the social and psychological effects of infertility, much work remains to be done regarding the causes of these effects. For example, while Greil's (Ibidem) focus on the concept of a spoiled identity is important, it falls short of a fully satisfying explanation. Goffman (Ibidem) explains that a spoiled identity can occur when a discrepancy exists between a person's actual identity and an ideal, or what he calls a "virtual identity." According to Goffman, "[t]his discrepancy, when known about or apparent, spoils his social identity; it has the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world" (1963: 19). The concept of a spoiled identity has a finality to it, where it is assumed that the ideal identity is an impossibility. What happens if there is a discrepancy between the actual identity and the ideal, but the person refuses to relinquish hope that the ideal identity is possible? Is the identity then actually spoiled? This distinction is crucial for women who are having problems with infertility. So long as women maintain hope for and pursue what we are calling the "potential identity" of becoming a biological mother, not only are they socially and psychologically affected by being a woman with infertility, they are also affected by their efforts to become a fertile one. By focusing on both the actual and the potential identities, a more complete understanding of the effects of infertility can be attained.

Greil (1991a) himself notes this in other work. He notices that infertility is a state of uncertainty. Most infertile couples do not see parenthood as something that is completely beyond their grasp. He argues that they often do not see themselves as permanently childless, but rather see themselves as "not yet pregnant." Because they are in this period of uncertainty Greil uses the term liminality to describe their current state. They are caught between two worlds, they are no longer themselves children, but they cannot meet the requirement of parenthood to move into adulthood

either. Greil (Ibidem) writes that infertile individuals experience infertility as "a condition that the infertile can neither escape nor accept as inescapable" (1991: 177). While Greil's concept of liminality does describe an aspect of women's experience with infertility, like anticipatory socialization or a spoiled identity, it fails to adequately explain the process that causes women to pursue biological motherhood despite its physical, psychological and social obstacles and consequences.

Observing the choices and behaviors of women with infertility from the perspective of identity theory highlights influences on commitment, salience, and their relationship to a potential identity. Matthews and Matthews (1986) were the first to discuss the relevance of identity theory to the understanding of infertility. Utilizing Stryker's hypothesis that the higher the commitment to and thus salience of an identity, "the greater the probability that a person will actively seek out opportunities to perform in terms of that identity" (1980: 84), Matthews and Matthews propose that a failure to perform the identity of biological parenthood would cause "identity shock," and the impact of the shock would be related to the level of commitment. They therefore conclude that "the greater the commitment to biological parenthood, the greater will be the identity shock brought about by infertility and involuntary childlessness, and the more negative the effect on self-esteem" (Matthews and Matthews Ibidem: 646). However, like Greil's (1991b) their approach is based on the idea that biological parenthood is an identity that is already spoiled. Using a potential rather than a spoiled identity approach, we expand upon the arguments of Greil (Ibidem) and Matthews and Matthews (1986) providing useful results for both identity theory and women's infertility.


## Theoretical Background

Sociologists increasingly have recognized how theories of social cognition, a long-standing tradition in psychological social psychology, might inform various theoretical perspectives on the self in sociological social psychology. Sheldon Stryker (1991), one of the key developers of identity theory, proposes some possible links between identity theory and two theories of social cognition: cognitive self-schemas (Markus and Nurius 1986, 1987) and self-discrepancy theory (Higgins 1987; Higgins, Klein, and Strauman 1987). Combining the connections Stryker (Ibidem) indicates between identity theory and social cognition theories, and using the voices of women who wish to share their experiences with others, we analyze infertility from the perspective of identity theory.

Infertility, like many medical conditions, has physical causes that create negative emotional and social effects. The interactive approach of this study provides new insights into the social mechanisms that affect the motivations, choices, and outcomes associated with women's infertility. By understanding how these women create, interpret, and sustain the potential identity of being a biological mother while struggling to reject a current and possibly permanent infertile identity, we expand both our understanding of women's infertility and the relationship of the self to society from the perspective of identity theory.

Grounded in the symbolic interactionist perspectives of Cooley (1902), Mead (1934), and Blumer (1969), identity theory postulates that the self emerges from the interaction of the individual with others in the external environment — thus society shapes self, which shapes behavior. Identities are viewed as internalized sets of role expectations created by social structures that also facilitate or constrain who comes

together in what social settings in order to develop and partake in these roles (Stryker 1980). Identity theory suggests that multiple identities are arranged in a hierarchical structure in order of their salience, which refers to the probability that a particular identity will come into play within or across a variety of situations. The more likely a given identity will be invoked in any number of situations, the higher its salience and the higher its position in the salience hierarchy (Stryker 1987, 1992; Stryker and Serpe 1982). Therefore, choices between or among behaviors will reflect the location in the salience hierarchy of certain identities.

Commitment to a particular role determines the choice of behavior and therefore the level of salience a particular identity will have. In identity theory, a person's relationship to others is viewed as playing a certain role. A person's willingness to enact that role behavior shows the person's desire to take on a given identity within that relationship or network of relationships. Commitment is therefore defined as the potential cost to an individual of giving up meaningful relationships if they choose not to play their given role based on their identity for that relationship or social network (Stryker 1987, 1992).

The level of commitment to a particular identity can be conceptualized in two distinct ways: extensiveness and intensiveness. Extensiveness refers to the number of relationships associated with a particular identity, and intensiveness refers to the emotional attachment attributed to the relationships associated with the identity (Stryker and Serpe Ibidem). Commitment essentially prioritizes which relationships an individual is potentially willing to give up in order to enact one identity rather than another. Therefore, commitment impacts identity salience, which impacts role choice (Stryker 1992). Stryker (1987) suggests that larger institutional, organizational, and stratification factors can influence commitment by determining the formation and maintenance of social networks and the access to them. Stryker and Statham (1985) also believe that emotion, master statuses (e.g. age, race, gender, class), and personal traits influence commitment.

In identity theory, the self is not a singular entity, but rather a system of various identities. Similarly, Markus (1977) views the self as a structured system of salient self-schemas. Self-schemas are generalizations about the self that develop from past experiences in order to help explain one's own behavior (Markus and Nurius 1987). Markus and Nurius (1986, 1987) demonstrate that self-knowledge can be used to motivate future behavior as well as explain past behavior.

Enduring hopes and fears about the future are self-schemas known as possible selves (Markus and Nurius 1986). What someone desperately would like to become, what someone thinks s/he is capable of becoming, and what someone is afraid of becoming are all forms of possible selves that serve two important functions. First, they provide an incentive for behavior by offering an image of the self to be strived for or avoided. Second, possible selves provide a context in which to interpret and evaluate the current view of the self and current behavior outcomes. However, because possible selves are based on what an individual believes is possible more than on actual experience, this form of self-knowledge is more vulnerable and can be threatened by changes and inconsistencies in information about the self (Markus and Nurius Ibidem).

Stryker (1991) suggests that self-schema theory illustrates the need to explicitly incorporate a time dimension into identity theory. We suggest potential identities as an identity theory equivalent of possible selves, thereby establishing a temporal dimension that not only addresses the present and the past, but also extends into the future.

Higgins, Klein and Strauman (1987) examine the affective links of self-cognitions by establishing a framework for understanding how particular emotional consequences are associated with particular self-inconsistencies. Inconsistencies can arise between self-states that consist of two parameters: standpoint on self, and domain of self (Higgins Ibidem; Higgins et al. Ibidem). Each standpoint (Own, Other) can also be combined with one of three domains (Actual, Ideal, Ought) to form one of six self-state representations.[4] They propose that people are motivated to make their Actual self-states match their Ideal or Ought self-states, and that people suffer emotional consequences when there are chronic or momentary discrepancies between them.

In addition to suffering emotional consequences as a result of self-discrepancies, Higgins, Klein, and Strauman (Ibidem) suggest that different types of self-discrepancies produce different types of discomfort. They demonstrate that Actual: Ideal discrepancies are more likely to result in depression, whereas Actual: Ought discrepancies are more likely to result in anxiety and guilt.[5] Results also indicated that the intensity of the emotional distress increases as the perceived level of self-discrepancy increases.

Since identities are internalized social role expectations, the source of these expectations may be generated by others as well as by the self, making a strong parallel to the concept of standpoint on self. Similarly, with the addition of potential identities to the identity theory framework, comparisons can be made to ideal and ought selves as well as actual selves. Stryker (1991) believes it is reasonable to hypothesize that Actual: Ideal discrepancies can create affect that increases the salience of identities, which will in turn motivate behavior to resolve the discrepancy. Therefore, we suggest that if there is a discrepancy between a potential identity and the actual identity, and the commitment to the potential one is strong, then the high salience of the potential identity will motivate behavior for striving to make the potential identity a reality. However, we must also suggest that behaviors and interactions that bring evaluative attention to the potential:actual discrepancy will bring about negative emotional consequences as well. Because a potential identity could be viewed as an ideal or ought self, one or both types of emotional distress may result.

The women in this study have a variety of identities that are important to them: wife, daughter, daughter-in-law, woman. These identities come with them a set of behavioral expectations. One of those behavioral expectations for these identities is often to become a mother. Husbands often expect their wives to give them children, parents and parents-in-law often expect their daughters and daughters-in-law to give them grandchildren. Because these identities have a high level of salience to these

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[4] The standpoint on self refers to the point of view from which a person can be judged, which includes one's Own standpoint and the standpoint of the Other. The Actual domain refers to the qualities that the self is judged to currently possess. Conversely, the Ideal domain represents hopes, goals, and wishes for a person, and the Ought domain indicates their perceived duties, obligations, and responsibilities (Higgins 1987; Higgins, Klein, and Strauman 1987). The Actual/Own and the Actual/Other are self-state representations that people commonly call the self-concept. The remaining four self-states (Ideal/Own, Ideal/Other, Ought/Own, Ought/Other) are what Higgins, Klein, and Strauman (Ibidem) define as "self-directive standards" or "self-guides."

[5] They suggest that Actual: Ideal discrepancies represent the absence of positive outcomes, which bring about feelings of disappointment and sadness to varying degrees. Likewise, they propose that Actual: Ought discrepancies represent the presence of negative outcomes, bringing about fear, apprehension and guilt.

women they have a strong commitment to the identity of potential biological mother. By accepting infertility as permanent, these women may feel as though they are not meeting these behavioral expectations and therefore they do not experience self-verification leading to emotional distress. These women are then motivated to continue with treatments to enact the potential mother identity and not accept infertility as permanent.

From this review of the theory, if we are to see potential biological mother working as a potential identity within the identity theory framework, we should expect to find three things:

1) Potential biological mother should operate like an actual identity in terms of salience and commitment. We should see women demonstrating their commitment to the potential mother identity by seeing it tied into a network of relationships with others.

2) We should also see women demonstrating the salience of the potential mother identity by seeing them choose to invoke that identity over less salient identities.

3) We should see a high level of emotional distress concerning these women's inability to make this potential identity an actual identity.

It should be noted that this paper is in no way a test of identity theory. While we were motivated by and influenced by concepts within identity theory, we specifically chose not to collect data in the way that has been traditionally done to study identity theory. Our hope and intention was to collect qualitative data and to see if it would suggest new insights for identity theory that we had not considered before. As such the above expected findings are not truly hypotheses. They are findings that we should expect, but we are not, nor can we truly test hypotheses with these data. While this paper does suggest new insights, they must be tested further with other data in a way more traditionally done using identity theory.

**Methodological Approach**

The data for this paper were collected using an on-line open-ended questionnaire. Subjects were recruited by posting advertisements in twenty-four newsgroups and message boards on the Internet dedicated to infertility. By posting our advertisements on these newsgroups and message boards, we made them available to anyone who looks at the messages on these boards – potentially thousands of women. Our advertisements introduced us as researchers interested in the experiences of women struggling to conceive or carry a pregnancy to a live birth. We invited women who fit that description to participate in the study by going to our website and completing the questionnaire. Our only requirement for participation was that the individual be a woman, and at least eighteen years of age. The data arrived via e-mail with all identifying information for the woman stripped. The women were assured complete anonymity in participating in the project.

The questionnaire consisted of a variety of questions related to demographic issues and medical history with infertility; however, the bulk of the questions were open-ended in nature and pertained to the women's reactions to and experiences with infertility. For instance, women were asked how infertility has affected their lives; how they think about themselves; how it has impacted their relationships, etc. The questionnaire generally generated long responses from these women; the data were thus rich and varied.

Our study group consists of 196 women. All women who participated in the study had had at least some difficulty in conceiving or carrying a child. Thirty-six respondents reported that both they and their male partners had infertility problems.[6] This group of women has a median age range of twenty-six to thirty, a modal income of $30,000-59,999, is primarily white, from the United States, married, and has attended at least some college. The demographics of this study group are similar to that of other studies of infertility, which have also tended to focus on white, upper middle class women. One advantage to our data is that not all of the women in the study fall within these general demographics. While other studies have primarily had homogenous samples, ours is more diverse, with at least seven percent non-white, eleven and a half percent non-American, and among the Americans, they are located in forty-two of the fifty states. We also have eight and a half percent with an income of $29,999 or below, and fifteen and a half percent with a high school diploma or less. Thus, our study group partially taps into segments of the population that are normally not included in research conducted on women with infertility. Although the selection of women for this study is not random, it is more diverse than many small clinical based samples or small support group based samples, as are often used in infertility research.

The questionnaires, which consisted primarily of open-ended questions, were analyzed using QSR NUD*IST, a qualitative data management program. We used an inductive approach to analysis but were guided by social psychological principles and concepts. We developed a coding scheme by each reading through the responses separately and then meeting to discuss and map out a scheme. We then each went back and coded according to that scheme. Using this method we allowed the codes to emerge from the data, but were able to use one coding scheme in the end. We coded the data separately in order to improve the coding validity. Inter-coder reliability across all categories was 85.3%.

The style of questions used does not permit us to measure commitment in a traditional mathematical fashion, but the content of the responses permits us to create a coding scheme that shows the affective level of commitment of these women. Also, the relative salience of one identity versus another can be determined by the choices between behaviors that represent particular identities. Specifically when we were coding for instances of commitment we looked for comments where potential motherhood appeared to be tied into her other important identities. We were also looking for an emotional attachment to this potential identity and to the connected relationships and identities. When we were coding for salience we looked for cases in which women appeared to choose to invoke the potential motherhood identity over other important identities, such as when she might choose to give up her career in order to pursue infertility treatments.[7]

One can argue that by using a study group of women from discussion forums we are accessing a population with a high level of commitment that may be higher than those women with infertility who do not fill out the questionnaire. While to some extent this may be true, it is only those women that are highly committed to the potential identity of biological motherhood that identify themselves as having problems with infertility and who would seek out medical treatment. Also, if we are correct in assuming that prolonged medical treatment helps to sustain hope and thus sustains the potential identity, then this group is the one we wish to target. We are not arguing, however, that our study group is representative of infertile women in general. The point of this study is not to be able to generalize our results to all

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[6] All of the women in this study indicated that they were in heterosexual relationships.

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infertile women. The point of the study is to explore the process of infertility that the infertile women in this study go through and how theories in social psychology can help us to better understand that.

## Infertility and the Potential Identity of Biological Mother

Previous research on infertility has already demonstrated some of what we stated earlier that we ought to find in this paper if potential biological mother operates as an identity in identity theory. As mentioned above, this previous literature has already shown that women have a strong negative emotional reaction to the experience of infertility (see for instance Greil 1991b; Miall 1986; Sandelowski 1993) and that infertile women have a tendency to isolate themselves from others when going through infertility (see for instance Greil Ibidem; Miall Ibidem). We include the data in this paper that helps to show these points for several reasons, first, it is important to the argument that potential mother operates like an actual identity in identity theory, but also much of this data in the previous research cited here is over twenty years old. Despite many advances in this time period for the role of women in society, we find little change in the experience of infertility.

### *Commitment to the potential identity*

The potential identity of biological mother carries both extensive and intensive commitments. Potential motherhood is associated with a number of other important relationships for which she has a strong emotional connection. If these other roles are perceived at least in part as being dependent upon fulfilling the identity of a mother, the commitment to these other roles lends support to the commitment of becoming a mother. This concept of one identity being connected to several others through a network of overlapping commitments and role expectations refers to what Strauss et al. (1984) term "identity spread."

The spillover of the commitment to a potential identity with other identities can put tremendous pressure on a woman to complete what she accepts as expectations and responsibilities to one identity because of expectations and responsibilities of other identities. In response to how she reacted when she was diagnosed with infertility, this thirty-one year-old British woman said she felt:

> annoyed, frustrated, guilty, useless, felt I was letting everybody down (my husband wants a baby, my stepson wants a wee brother or sister to play with, my parents want some grandchildren, and they're getting old). More than anything, very sad...

Besides being disappointed for her own potential loss, she felt that if she did not achieve her identity as a biological mother, she would not be fulfilling her role expectations as a wife, step-mother, and daughter. Also, as Higgins, Klein, and Strauman (1987) suggest, because she perceives a discrepancy between her actual identity and both her ideal and ought roles of the potential identity, this woman is experiencing both sadness and guilt related consequences, thus she also demonstrates the intensive commitment to these relationships.

Identity theory postulates that a high degree of commitment causes high identity salience. If because of identity spread, the salience of an identity is interconnected

with relationships that bring strong commitment and high salience to another identity, then the commitment and therefore salience to the first identity will also be very high. Two identities that appear to have a high degree of salience for women with infertility and a strong commitment based on many and/or emotionally important relationships are that of being a wife and being a woman, and a threat to the identity of motherhood threatens the role expectations of these other very salient identities as well.

Many women strongly equate their potential identity as a fertile woman with the identity of being female.

> Sometimes it makes me feel defective. The major defining characteristic of being female is the ability to bear children, and I can't do that.

> Sometimes it is simply the experience of pregnancy and childbirth that is believed to define a woman.

> Maybe it's just my ignorance of being childless that I want a biological child first. I want to experience childbirth and all the misery or pleasure that only women can talk about. I want to belong in that group.

However they specifically defines themselves as female, many women who experience difficulty bearing children somehow feel "broken" and like a failure in achieving one of their expected roles as women.

If a woman's commitment to motherhood connects to being a wife as well as being a woman, then one would expect the commitment, and therefore the salience, of the potential mother identity to be that much stronger.

> My husband and I so desperately want children. I feel like I failed doing my womanly thing. I feel a huge amount of guilt.

If another master status such as race factors into the equation, the commitment could potentially be even stronger because the biological aspect of bearing children takes on added significance.

> I think people want us to get over this and adopt. That is the most insulting statement to me as if adoption will cure our grief and make us parents. I really want to experience pregnancy. I am in a bi-racial marriage and it is so important to have that genetic link to our child. I have always dreamed about being a mother and have been buying baby and maternity clothes from the day we started.

Because of the strong commitment to related salient roles, the connections between being female, a wife, a daughter, and a mother can be incredibly strong for many women. Regardless of which identity is most salient, the fact that they appear to be so inter-connected shows how strong the commitment and thus salience of the identity of being a fertile woman can be, even if only in a potential state. It is therefore logical to suggest that if the intensiveness and extensiveness of the commitment to motherhood is tied to the role of one master status (gender) and possibly a second (race), the potential identity of being a mother may attain the role of a master status as well.

### *Salience of the potential identity*

When the salience of the potential identity of being a biological mother is strong, the commitment to behaviors that may help her achieve that identity become highly salient as well. As long as a woman is infertile, desires to be a mother, and believes that the motherhood identity is attainable, she may invest a great deal of time, energy and money in achieving it. However, acknowledging the actual identity of being infertile threatens the potential one, so behavior must be enacted to try to insure that the potential identity is reached. Thus, a potential identity is an ideal or ought identity that has been temporally extended to prevent it from spoiling. Infertility and the desire to become a biological parent can be so salient in a woman's life that she gives up other roles and identities. Because she is so focused on achieving a particular role, other roles and associated relationships may become neglected or ignored.

Women with infertility often isolate themselves from the fertile world for a number of reasons, in particular because those not experiencing infertility say the wrong things to women with infertility. Women of a certain age without children are constantly asked when they will have a little one. This question can be quite devastating to a woman with infertility who is trying so hard to have a child of her own.

> It is very difficult to go out in public or to a friend's house because everywhere you turn there are people asking questions about why you do not have any children.

Sharing with other people that you are experiencing infertility can be difficult. It is a very personal issue, which most people do not understand. Knowledge of the woman's infertility does not stop others from saying hurtful things, in particular providing advice for how to get pregnant. Rather than be reminded of this discrepancy between their desired self and their actual self, these infertile women choose to give up relationships with friends in order to preserve this potential identity.

Women with infertility not only have problems with what people say to them, but also have problems just being out in public. Children and pregnant women, constant reminders of their potentially failed status as a biological mother, are everywhere. Even being in their own homes does not keep them safe from these reminders, as images appear in commercials, television shows, and movies that indicate their perceived failure. Women with infertility often avoid family gatherings where there will be children, do not go to baby showers, and let go of their friendships with people who have children because all of these experiences are constant reminders and are too painful for the women with infertility.

> I don't have dinners for friends or family anymore. I only go to church on Sundays and the grocery store when necessary. I avoid malls when I think there will be moms with strollers and I do my grocery shopping late at night or early in the morning so that I don't have to see [pregnant] women or babies and toddlers.

These women are altering their behaviors due to this potential identity of biological mother. They sometimes invoke this identity over certain friend identities. They choose to give up friendships which are unsupportive rather than give up the potential identity of biological mother.

Women with infertility are also often isolated from the fertile world because so much of their time is taken up with infertility treatments that may help them attain the

identity that they so desperately desire. The high level of both extensive and intensive commitments to motherhood motivates these women to pursue treatments for their infertility and to make their potential identity an actual identity. Infertility can consume every aspect of women's lives, demonstrating just how salient it is and how far the "identity spread" can reach. Women give up other activities in order to work towards this potential identity of being a biological mother, a process that can be very time-consuming.

> When you want to get pregnant and you can't, your whole life begins to revolve around your cycle. You are constantly thinking about what cycle day you're on, what meds you're using... will it work this month, so on and so forth. It completely takes over your life...

Experiencing infertility can also cause a woman to place the rest of her life on hold while she attends to her infertility. Some women become so committed to their potential identity that they neglect other aspects of their lives while they devote themselves to solving infertility problems.

> Life plans are also put on hold - everything from vacation planning, to career advancement, buying a new house, all suspended while in the process of seeking treatment.

They may choose to give up a career identity in order to pursue the potential identity.

> I also turned down employment opportunities, because of the schedule of infertility treatments. Sometimes I need to go to the doctors 2 or 3 times a week. I needed a job that was flexible during the day, so I only teach part-time in the evenings. I suppose I could be making about $20,000 more a year. Infertility really takes a toll on every aspect of your life.

For some women, the potential identity of biological mother is so salient that it changes nearly every relationship in their lives. They invoke the more salient potential identity over these other identities.

> Every thread of my life has changed because of infertility. My marriage has suffered with the pressure and financial strain of infertility. My friends have changed. Those that did not care about my situation are long gone. My career has been affected, I changed jobs to a job I don't like much. The new job provided money for the treatments. The relationship with my family has changed, I hate to spend holidays at home, too many babies and pregnant relatives. My faith has been forgotten, I used to believe in prayer-now I don't.

Their willingness to let other identities go in order to pursue the potential identity shows the high level of salience of the potential identity. In order to spare themselves the pain, they distance themselves from friends and family, and in many cases, from society in general, leading to physical and emotional isolation. Women with infertility are so committed to the potential identity of being a biological mother that they give up other identities if they need to, such as friend or family member or career person, in order to work towards achieving it. Women with infertility attempt to avoid those aspects of their social world which cause them pain with regard to their desire to be mothers, but unfortunately, the high salience of that identity often leads to the pain of isolation.

The high level of commitment and salience of the potential identity motivates women to not only pursue infertility treatments but also to continue in treatments even when there is no indication that they will eventually become pregnant and carry a child to a live birth.

> I thought a low dose of clomid would be enough to "jumpstart" me. Now I'm taking 200mg and waiting to see if I ovulate THIS time and I just don't have hope that I will. I always said I could never do injectables and if we got to that point it was time to stop... but being faced with it now, I can't see stopping after only 4 cycles.

So long as any level of possibility remains, many women's hopes remain alive, and their affective commitment to their potential identity of being a mother remains strong. Some women have such a powerful intensive commitment to their potential identity that they deny the possibility that any other option is possible.

> I cannot even fathom NOT being able to have children. We are struggling with infertility at present, but have never been told, nor will we believe that we can't have children.

Because of the conditional connection between the actual and the potential identity, the connections between the commitment, salience and role related behaviors associated with the two identities become extremely complex. Identity spread allows numerous and emotionally important relationships to create a high level of commitment for the potential identity of being a biological mother. Because the salience of the infertile identity is also very high and invoking it threatens to spoil the potential one, women avoid social situations that may invoke the actual identity and engage in behaviors such as treatments that may allow the more salient potential identity to become reality. Consequently, the relationship between the actual and potential identity, leads women to avoid many of the relationships that helped to create the existence and importance of the potential identity that she is protecting. So long as a woman remains infertile and seeks the potential identity of becoming a biological mother, in one way or another she remains isolated, even from people that mean a great deal to her.

Although commitment to certain relationships may contribute to the high salience of the potential identity, it is precisely the high salience of the potential identity that causes choices in behavior that contradict the commitment to those relationships. For example, a woman's relationship with her husband and parents may foster a strong commitment to becoming a mother. However, in the process of trying to overcome her infertility, she may isolate herself physically and/or emotionally from her family and spouse.

### *Emotional distress over discrepancy between potential and actual identities*

Although the potential identity of being a mother is very salient, the identity of being infertile is still the actual identity. Since the identity of motherhood is only a possibility, anything connected to making that possibility a reality also achieves a high level of salience. Because of the interrelated nature of infertility and infertility treatments to this potential identity, until motherhood becomes a reality they will always be conditionally attached. This ever-pervasive presence of infertility and its

treatment are how Greil (1991b) and Miall (1985) justify elevating infertility to a master status like many other chronic illnesses.

Because a discrepancy exists between two highly salient identities (biological mother and infertile woman) we would expect two separate results. First, as shown above, we suggested that women will choose behaviors that will bring about the hoped for potential identity and eliminate the undesired actual identity. Second, we believe, as the work of Higgins, Klein, and Strauman (1987) would suggest, that women who experience a discrepancy between actual and potential identities will experience strong negative emotions and as a result encounter difficulties with their social relationships. So long as the potential identity of becoming a biological mother remains highly salient, not only are they socially and psychologically affected by being a woman with infertility, they are also affected by their behavior in an effort to become a fertile one.

As shown in the above sections, many women in this study end up isolating themselves in order to protect themselves from the pain caused by the constant reminders that there is a gap between who they are and who they would like to be. Consistent with Higgins, Klein, and Strauman (Ibidem) most women reported feeling negative emotions about their fertility related self-inconsistency. Furthermore, seventy-six percent of women reported feelings associated with what Higgins, Klein, and Strauman (Ibidem) would term either Actual: Ideal or Actual: Ought discrepancies.

Actual: Ideal discrepancies are associated with the absence of positive outcomes, and are more likely to bring about varying levels of sadness and depression (Higgins et al. Ibidem). A few women appeared to be only mildly affected by their infertility.

> I would say that it is kind of disappointing to not be able to conceive as easily as other women do, and that although it is a hurdle that we have to overcome, no one should ever take it and obsess over it (having a baby).

However, the majority of the seventy-two percent of women who reported feelings of pain and sadness expressed emotional levels that would suggest a higher salience of the potential identity.

> You don't realize just how much you want something and how very important it is to you until suddenly you can never have it. You want it with all your being - there is something very basic about wanting a child - something deep in your body and soul... and no matter what you do you can't get rid of this need. And everyone around you has what you want - and tells you that you don't REALLY want it - that you are lucky that you never will and that hurts - it hurts way down deep in a part of you that you don't even realize is there until it's empty and you can't fill it. It's like becoming permanently sad.

Several women even reported more extreme levels of depression.

> I feel incomplete, and like I am not serving any purpose on this earth. I am depressed a lot, and sometimes have suicidal thoughts. I feel worthless and sometimes think maybe I cannot have children for a reason. Maybe I would be a terrible mother.

Many of the women also explained that their feelings changed over time as their experiences with infertility progressed. Like others, this thirty-six year-old registered

nurse, after eight years of trying has a different perspective than when she started. After two years of denial, and one and a half years of treatment for clinical depression:

> [t]here is one feeling that remains-sadness and the severity depends on many factors. Mothers Day is horrid for me every year as it is such a reminder that yet another year has gone by and still no child. My day to day coping and thoughts are VERY different from several years ago.

The incomplete and empty feelings that these women are experiencing represent the absence of the child that is needed to establish the potential identity of motherhood. Perceived as a lack of meeting a desired goal, we should, as Higgins, Klein, and Strauman (1987) suggest, expect to see feelings of sadness in proportion to the level of salience the woman has for her relationship with that identity.

Actual: Ought discrepancies, on the other hand, are associated with the presence of negative outcomes, and are more likely to bring about feelings of anxiety and guilt. As seen in earlier quotes, because they are currently unable to achieve their role as a mother, many of these women feel guilt at not being able to fulfill obligations of related roles.

> I feel guilty for marrying my husband. We live on a farm, and having a next generation to pass it to is very important. I cannot provide this to him.

One of the more common feelings is a failure to do something that should be easy and natural.

> I feel broken. I know in my mind that it's not true but I feel like a failure. I am a woman - I was created to reproduce above all else - how could I not get pregnant?

Although many of these women have feelings of both depression and guilt, only twenty-two percent of the women in our sample reported feelings associated with failed expectations, suggesting that Actual: Ought discrepancies are less salient for these women than those relating to Actual: Ideal discrepancies. This suggests that the salience of the potential identity itself is greater than the salience of related identities. Because one of these related identities is usually a master status (gender), then it would provide additional suggestion that the potential identity of being a biological mother will often achieve a level of master status.

Because of the high salience of the potential identity, unfortunately these negative consequences will affect these women so long as they perceive a discrepancy between their actual self and their ideal self. This discrepancy affects their behavior, relationships, and emotions, and changes their sense of who they are.

> It is such a part of me, it defines who I am, what I will do, what I won't do (i.e.: baby showers) It is the cause of a lot of hurt, horrible comments, it has changed me completely!

So, unless they give birth to a child, making their potential identity an actual one, they must continue to endure.

**Conclusion**

Infertility is a powerfully disruptive condition that affects millions of women. Physically, emotionally, economically, and socially it takes a heavy toll on the lives of the women it affects. Through the synthesis of identity theory with cognitive theory, and a methodology that allows the voices of women with infertility to be heard, we believe that this study provides some new insights into the social process that affects the motivations, choices, and outcomes associated with women's infertility.

This theoretical synthesis illustrates how the potential identity of becoming a biological mother can have an extremely high level of salience, especially when it is associated with other highly salient identities that may include master statuses such as gender and race. The commitment to an identity that does not yet exist can be so strong that it engulfs almost every aspect of a woman's life. Existing only as a potential identity, motherhood is interconnected with the current identity of infertility until the potential identity is achieved, allowing the infertile identity to be dropped. Because the two identities mutually co-exist, the continued quest for the potential identity prolongs the potentially harmful physical, emotional, economic, and social effects of infertility. Actual: Ideal or Actual: Ought discrepancies create the conditions under which these effects can take place. If a woman with infertility does not desire to have a child, it is more likely that there is little or no emotional strain associated with a loss, no costs in terms of time and money for medical treatments, and probably no need for isolation in order to cope with what can be interpreted as insensitive social interactions.

It is only when a woman feels a discrepancy between what is and what could be that problems arise. As discussed above, when the ideal self is unable to be achieved, it becomes a "spoiled identity." However, as long as hope is alive, this potential identity remains alive and unspoiled. In the face of great uncertainty, adversity and pain, women continue to cling to the potential identity of becoming a mother. For such an identity to exist for so long in a potential state, even with the threat of never being realized, a woman must have an extremely strong commitment to the identity, and must believe not only that the potential identity is desirable but is also attainable.

The women in this study were all women who were involuntarily childless. It should be pointed out that the potential identity of biological mother would not operate in the same way for a woman who was voluntarily childless. If a woman has no desire to become a mother then we would not expect this potential identity to have high salience for her. It is possible that a voluntarily childless woman would still feel pressure from others who have the expectation that she become a mother (Miall 1986; Veevers 1980), but without her own desire to fulfill that role this potential identity would operate completely differently for the voluntarily childless.

This study not only contributes to the understanding of infertility, but contributes to the understanding of identity theory as well. By incorporating aspects of cognitive theory, we suggest the existence of what we call a potential identity. Like other role expectations, a potential identity is located in the salience hierarchy based on intensive and extensive levels of commitment. A potential identity has been shown to have characteristics of identity spread, and on its own, or if it is interconnected to other highly salient identities, it may even attain a level of salience commensurate with a master status. Unlike actual identities in that it exists only in a potential state, a potential identity's strength comes from the individual's desire over an extended period of time to make the identity an actual rather than a spoiled one. As a potential

identity, it is conditionally connected to an actual identity that represents its antithesis, and the connection remains until the potential identity is achieved and the former identity is discarded or the potential identity spoils and is abandoned. This discrepancy between actual and potential identity was shown to cause emotions and choices in behavior that contradict the typical connection between an identity and the relationships upon which its commitment is based.

Besides demonstrating that linking theories of social cognition with theories of the relation of self and society can increase understanding and explanatory power, our findings suggest that further work should be conducted to explore the properties and consequences of other highly salient potential identities. Other examples may include: the striving to become married; losing weight in order to become thin; overcoming illness or disability to become healthy or able; or even attending college/professional school/graduate school in order to become a professional.

Further research on infertility and potential identities also ought to be conducted. Because of the type of data we collected we could not conduct a traditional test of identity theory, and that was not our intention. But future research using survey data and testing the idea of a potential identity among infertile women in a more traditional way would be useful. In addition, while the data generated from our web questionnaire were rich, conducting in-depth interviews with infertile women would provide another source of valuable data through which one could explore this topic. Our results also indicate that there are motivational and temporal dimensions embedded in the structure of identity theory that should be further explored. Additional study into the nature and effects of potential identities, and of the effects of infertility on identity should prove beneficial and useful to sociologists as well as the women they are trying to help and understand.


## Acknowledgements

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