A Proposed Life Cycle for Voluntary Childfree Couples

Sara L. Pelton & Katherine M. Hertlein


To link to this article: http://dx.doi.org/10.1080/08952833.2011.548703

Published online: 24 Feb 2011.
A Proposed Life Cycle for Voluntary Childfree Couples

SARA L. PELTON
Family and Child Treatment of Southern Nevada, Las Vegas, Nevada, USA

KATHERINE M. HERTLEIN
Department of Marriage and Family Therapy, University of Nevada, Las Vegas, Las Vegas, Nevada, USA

Voluntary childfree couples have unique characteristics and problems from couples with children, including developing ways to escape the pressure from society and others to reproduce. Because of these unique challenges, the normative family life cycle may not adequately describe the stages through which these couples pass or the tasks they complete during the course of the relationship. In this article, we examine how voluntary childless couples fit and do not fit into a traditional family life cycle. We also present an adjusted framework and interventions specific to voluntary childfree couples.

KEYWORDS voluntary childless, childfree, couple therapy, life cycle, marriage

INTRODUCTION

Voluntary childfree couples are a minority in society (Gartner, 1998) and often overlooked in marital and family literature. These couples encounter unique challenges as they navigate through the normative family life cycle—one that does not always describe them properly or fit their needs. While there is a significant amount of literature addressing the needs of couples who are infertile (i.e., Scharf & Weinshel, 2000), there is little information on

Received December 3, 2010; accepted December 13, 2010.
Address correspondence to Katherine M. Hertlein, PhD, Department of Marriage and Family Therapy, University of Nevada, Las Vegas, 4505 Maryland Parkway, Box 453045, Las Vegas, NV 89154-3045. E-mail: katherine.hertlein@unlv.edu
voluntary childless couples. The purpose of this article is to focus on the needs of “voluntary childfree couples,” or those who are childless by choice. We outline how voluntary childless couples fit and do not fit into a traditional family life cycle and present an adjusted framework and suggest interventions specific to voluntary childfree couples.

The terms “voluntarily childless,” “childfree,” and “intentionally childless” have been used interchangeably throughout the literature to refer to those couples who choose not to have children. The language used to describe childfree couples is a sign of the stigma that society attaches to them. “Single individuals or couples who have chosen not to have children may be assumed erroneously to be suffering or compensating for loss, as implied by our language, which labels them ‘unmarried’ and ‘childless’” (McGoldrick & Walsh, 1998, p. 197). Forsyth (1999) observed that society often does not regard the childfree couple as a family, despite structural definitions. Park (2005) agreed that society’s views of childfree couples are associated with selfishness, materialism, immaturity, individualism, and are socially undesirable and maladjusted. The word “childless” implies that the couple is lacking in some way (Gillespie, 2000). Similarly, “childfree may be perceived as someone enjoying life away from children and the suggestion that children are a burden. Mawson (2005) noted “the social meaning on intentional childlessness has vacillated between polarities of acceptance and tolerance, and rejection and denigration” (p. 1). Further, several participants in Mawson’s (2005) study identified that the do not feel as if they are relegated to the “periphery” (p. 141) as opposed to being integrated as a whole into society. Therefore, the term “childfree” will be employed most often throughout this paper, as a more fitting description of these couples in hopes that a paradigm shift will occur—one that no longer stigmatizes couples who chose to remain childfree as abnormal, pathological, and deficient.

It is also worth nothing that a majority of this paper is devoted to heterosexual couples. Certainly, gay and lesbian couples also make decisions about whether to remain childfree; however, we found very few articles that dealt with this issue; more common in the literature was information regarding issues adoption (see, for example, Farr, Forssell, & Patterson, 2010). There was one article that summarized a model of gay couple development, but did not address decision about childrearing anywhere in their approach (McWhirter & Mattison, 1984, as cited in Scrivner & Eldridge, 1995).

**CHARACTERISTICS OF VOLUNTARY CHILDFREE COUPLES**

Abma and Martinez (2006) reported on data from U.S. Census Bureau population surveys, showing that in 1976, 11% of women aged 35–39 were childfree, compared to 20% in 2002. Among those aged 40–44, the percentage of childfree couples grew from 10 in 1976 to 18 in 2002. Clearly, the
number of couples choosing to be childless is increasing (Gillespie, 2000) but the latest stats hover at about 10% (Carter, 1998). Further, voluntary childless couples are disproportionately White (Abma & Martinez, 2006). They are 28% less likely to be affiliated with a religion than parents (Somers, 1993). In a study of childfree women aged 35–44, more voluntary childfree women worked full-time as compared to temporarily childfree and older women (Abma & Martinez, 2006). Childfree couples also had the highest family and individual incomes and the largest percent working in professional and managerial jobs. Specifically, childfree couples earn an average gross annual income of $12,500 more than parents (approximately $75,500 vs. $63,000; Somers, 1993).

Motives to Remain Childfree

In her study of childfree couples, Park (2005) found that both men and women were motivated by characteristics of introversion, sensitivity, anxiety, perfectionism, and impatience. Further, these traits were perceived as that which compromises one’s ability to parent. Park concluded these couples perceived remaining childfree as a way to a happier life though avoiding potential negative outcomes present in parenting. For men specifically, freedom has been cited as the most important factor in the decision to be childfree (Jacobson, 2001). Freedom includes the ability to be spontaneous, change jobs, and retire early. Jacobson also noted other factors, such as not liking children, avoiding stress and parenting mistakes as additional reasons for remaining childfree. This is consistent with the work of Somers (1993), who found that freedom, independence, dislike of the daily responsibilities that accompany raising a child, and making career a priority were the top reasons to remain childfree.

Marital and Life Satisfaction

The life satisfaction of voluntary childfree couples has been found to be quite high, attributed to the idea that they may have more time and money to pursue their interests, travel, and experiences if they had children. DeFrain and Olson (1999) believed the high marital satisfaction of childfree couples is based on the fact that partners devote more time to the relationship and, without children, may not feel pressured to stay in a poor relationship. Gillespie (2003) interviewed women age 21–50 about their childfree lifestyles and concluded that the advantages of increased freedom and autonomy, larger opportunities, a better financial position, and closer intimate relationships reveal how the lifestyle choice may be appealing. However, other research has found opposite results in terms of overall life satisfaction. Lang (2000) cited a Cornell University study of voluntary childfree couples
who worked together. They found wives (compared to any other group of women) reported the least success at work and the least satisfaction with their salaries; husbands reported the highest workloads, job prestige, and sense of control over their lives, as well as the highest levels of stress and depression. Lang (2000) speculates that couples without children to buffer the stress that tends to carry over from the workday.

PROBLEMS AND THEORETICAL CONCEPTUALIZATIONS OF VOLUNTARY CHILDFREE COUPLES

Emotions and Discord
Voluntary childfree couples may experience marital discord, as stressors such as work, decision-making, managing stereotypes and stigmas, and dealing with societal and familial pressure give way to depression and anxiety. Forsyth (1999) found that men and women both cited loneliness as the top negative feeling associated with their lifestyle. Other voluntary childfree couples later in the lifespan may present to therapy experiencing depression and grief over a decision that one or both partners now regret as loneliness and isolation take hold of the aging couple. The couple may be struggling with questions of “what ifs?” as the partners realize they have no one to carry on the family name or to leave an inheritance. Additionally, the partners may be faced with anxiety of their partner’s inevitable illness or death with no support from adult children.

Decision-Making Processes
Couples may present to therapy unsure how to negotiate the issue of whether or not to have children. According to Carmichael and Whittaker (2007), most decisions to remain childfree are made by the couple, but in a couple different ways. One scenario is that the decision stems from a decision point early in the relationship that remains rigid over the course of the couple’s relationship. Another scenario is where one partner’s choice to remain childfree becomes a choice by circumstance for the ambivalent partner, tipped by negative attitudes about childrearing by the firm partner. A third scenario may be the couple who agrees to remain childfree at the beginning of their relationship, but after time, one or both partner wish to become parents. Couple conflict is bound to ensue when the couple is continually faced with a repeated decision-making process over years or decades against a backdrop of pressure to reproduce from family, friends, and society, all the while the couple is still struggling to define new adult individual and couple identities.

Hird and Abshoff (2000) discovered that “the decision-making process takes place within the context of changing life events and relationships. That
is, rather than an early and irrevocable decision, intentional childlessness is a choice arrived at over time” (p. 354). Landa (1990) added that the decision-making process is cyclical in nature, with the decision made over and over, especially at key life transitions that may involve the marriage or career changes. Couples may also experience other individuals disregarding their decisions, inferring or outright stating that they will change their minds at some point, such as when they “find the right person” or when they become more mature (Gillespie, 2000). This assumption contradicts research which suggests that decisions to have children within a couple remain relatively stable over time (Qu, Weston, & Kilmartin, 2000).

The Stigma of Not Having Children

Lampman and Dowling-Guyer (1995) noted stereotypes of voluntary childfree women as selfish, deviant, immature, and unfeminine. Hird and Abshoff (2000) also reported voluntary childfree women often experience difficulty with being accepted by society as adults, equating motherhood with womanhood. “Women especially seldom escape the culture’s view that a childless woman is not a ‘real’ woman” (Carter, 1998, p. 249). Griffin (1996) recounts how her childfree friend came face-to-face with negative stereotyping:

> Childless women these days can expect frequent encounters with insensitivity: “We just bought a video camera” . . . The saleslady asked how many children we have. I said, “None.” She looked at me and said, “Then why would you need a video camera?” (p. 100)

Women may bear the most burdens of the pressures that family and friends impose on them. Stern (1994), in an editorial in *Woman’s Day* magazine, criticizes and mocks her childfree friends:

> We think they’re selfish . . . We think they’re rigid . . . They are self-absorbed, hypochondriacal, competitive, anxious . . . My child-free chums name their dogs “Baby,” celebrate their cats’ birthdays and bury them all in pet cemeteries . . . Are mortally obsessed with cysts, moles, sunburn, and cellulite . . . Some of them are on antidepressants (my diagnosis is Empty Futuritis). (p. 62)

While Walker (1999), Mawson (2005) and others reported that the stigma is still attached more strongly to women, men also may experience stigma attached to being in a committed relationship and not having children. LaMastro (2001) studied the judgments that people had toward childfree couples and concluded that childless men were judged unfairly and less warm and hardworking than fathers. It appears that both partners
of the voluntary childfree couples must learn to cope with stereotypes and social stigmas that go along with non-parenthood. Letherby (2002), in his study of stigmatized childfree couples, found that people viewed both partners of a voluntary childfree couple as less caring and less driven. Hird and Abshoff (2000) claimed that the pressure is not limited to parents or friends, but may come from even from strangers, as society encourages reproduction for a variety of reasons, including prevention of loneliness in old age, avoiding regret later, and owing parents the chance to become grandparents.

THE NORMATIVE FAMILY LIFE CYCLE

The normative family life cycle, as developed and presented by Carter and McGoldrick (1998), is based heavily on the assumptions that all couples reproduce. Stage Three is defined as “Families with Young Children,” where the key task is to accept new members into the system. Stage Four is “Families with Adolescents,” in which family boundaries must become more flexible to permit children’s independence. Stage Five is “Launching Children and Moving On,” in which parents become empty-nesters and prepare to develop adult-to-adult relationships with their children. Due to the emphasis in the three stages of the framework, the normative life cycle may not adequately describe the phases tasks through which voluntary childfree couples pass. Based on this framework, childless couples must navigate through a “normative” developmental path in a “non-normative” way.

DeMaria and Harrar wrote *The Seven Stages of Marriage* to help couples understand the evolution of their relationship through a series of stages, which follow a linear succession from Passion to Completion (2006). This text is a marital enrichment resource primarily written for couples, with data collected from a Reader’s Digest survey with over one thousand participants. DeMaria and Harrar make the assumption that their readers marry in their mid-twenties and have children, as evidenced when they describe the Cooperation stage, where the couple learns to work together with children, and the Reunion stage where the couples experience the “empty nest” of their children leaving the home. While a valuable resource for couples, these stages are still not appropriate for describing the life cycle of voluntary childless couples, as their lives will not involve many of these experiences, but other experiences just as meaningful.

In introducing the need for a relationship life cycle, Monte (1989) asserted that an important role of the therapist is to assist the couple in moving past their perspective and entertaining other perspectives. Monte (1989) suggests that the therapist balance giving power to the client’s perspective as well as helping them to see other paths. As a result, Monte’s (1989) life
Proposed Life Cycle for Childfree Couples

cycle is underwritten by particular assumptions regarding experience and development. Yet even with this approach, Monte (1989) acknowledges that the “normative” model will be a “committed monogamous relationship with some specific characteristics” (p. 292). Monte delineated these characteristics as:

- Heterosexual;
- Middle class;
- Similar chronological age;
- Mid to late 20s when entered relationship;
- Relationship is publicly acknowledged;
- If they have children, they do so within the first few years of the relationship;
- Births of children are spaced a few years apart; and
- Relationship endures over each partner’s lifetime.

Monte (1989) described each task in the relationship life cycle as being characterized by schemas and focal issues. For examples, the focal issues for couples in the “starting up” phase of the relationship (defined as 0–2 years) include differentiation, identity, intimacy, and trust. Monte (1989) described years 3–7 as “decision time” for couples, among which one decision is whether to have children. Monte conceptualized the decision to have or not have children makes a statement about their commitment to one another. Specifically, if a couple decides to have children, they are essentially stating that they believe their commitment is strong enough to extend their family; if they do choose not to have children, the statement is that their commitment to each other is strong enough to handle judgments they may receive by making this decision (Monte, 1989).

One critique of this model is the characteristics of couples outlined by Monte (specifically, the qualification of the heterosexual and middle class lifestyle). Certainly, there are many committed relationships that are not heterosexual, do not being or sustain themselves in a middle class socio-economic bracket, or begin at any time within the couple’s life (not just the mid 20s). Another critique of this model is that many couples do not follow the timeline as described by Monte. The placement of when children occur during a relationship lifecycle has evolved. For example, in the 1920s, 18% of children were conceived premaritally whereas in the 1990s, the percentage was 53% (Bachu, 1998; England & Edin, 2007). Monte assumes that, if a couple has children, they do so within the first few years of the relationship; however, recent statistics show that what may appear as childlessness is really a couple delaying having children (potentially meaning not having children within the first few years of a relationship) (Martin et al., 2009; Mathews & Hamilton, 2009).
THE VOLUNTARY CHILDFREE COUPLE LIFE CYCLE

We propose a voluntary childfree lifecycle that further dissects the critical issues during Monte’s (1989) decision-making stage. This cycle attends to the process itself, as well how to manage the stigma after making the decision, and working with the couple to develop an identity and legacy that is not dependent on having children. See Table 1 for questions at each identified task.

Task 1: The Decision-Making Process

Griffin (1996) advocated that couples make a conscious choice as to whether to have children rather that living for years in ambivalence. Such a choice comes with the benefits of freeing up psychic space set aside for parenthood, allowing a different adult identity to emerge, and renewed creative energy that may now be spent on new projects. Therapists must help couples navigate through this complicated process and encourage couples to explore the decision, without letting it dominate their lives for years. Again, conflict resolution may be a necessary component of this process, if partners disagree on whether or not to have children. Therapists will likely deal with marital discord and conflict according to their own theoretical orientations and styles. Examples include therapists aiding couples with individuation (symbolic-experiential), differentiation (intergenerational), and boundary creation (structural) in order to clear the space for the decision to belong to the couple, regardless of outside pressures that may factor into anxious doubting of the self and going back and forth for years on whether or not to have children. Again, the decision to remain childfree, once made, may have a freeing effect on the couple. A ritual to mark to the decision and personally grieve, if necessary, may also help couples in this process.

Task 2: Managing Stigma and Pressure

During the important task of stigma and pressure management, voluntary childfree couples must learn to cope with this incredible pressure put on them to reproduce by family, friends, acquaintances, and society. Therapists should explore with the couple what strategies they have for coping with the stigmatization. Some of these strategies might include developing a more-defined couple identity (see Task 3), identifying the specific triggers which elicit a feeling of stigmatization, and finding support for managing stigma within the larger community. The accomplishment of this task may aid the couple in the other developmental tasks of decision-making and defining an identity, as the stress of having to answer to others may keep the couple stuck in these other areas.
Therapists must carefully consider the couple’s cultural context, including the partner’s gender, race, ethnicity, religious views, and so forth, especially when addressing stigma and pressure. The meaning of remaining childfree by choice is very likely to be tied in to partner’s beliefs that have been shaped by these cultural factors. Therapists must be aware of how these cultural factors have played into the couple’s values and beliefs, but also be sensitive to these issues as well.

Another area in which stigma is attached is the difference in gender rules and roles. According to Sigel (1992), part of the stigma is originated because it goes against values that people were socialized to believe since childhood. Traditionally, women’s gender stereotypes include being a housewife, caring for children, doing household tasks, and participating in non-public jobs such as maids and service workers. Men generally were viewed as heading the household and dealing with finances. Women are now able to support themselves with higher education and more public jobs, making it somewhat difficulty for society to accurately describe a woman’s “place” (Kite, 2001, p. 215). Women struggle between fulfilling their own prescribed gender roles or instead fulfilling male ones and consequently losing respect for not being feminine enough (Kite, 2001).

Stigma and pressure management may be accomplished in a variety of ways. Park (2002) identifies strategies to respond to perceived pressure or insensitivities of those who believe that it is every person’s duty to reproduce. These strategies include passing, identity substitution, condemning the condemners, and self-fulfillment. Passing may be used when one is still capable of childbearing. Men may use passing for example, by saying, “I’m not ready for the responsibility yet.” Women may say, “Yeah, someday,” when told she would make a good mother (Park, 2002, p. 32). In identity substitution, criticism is deflected by presenting involuntary childlessness to quickly end the conversation. For example, a woman may say she has no desire to have kids. When still pressured, she states that she cannot have them to shame people so they will back off (p. 33). Condemnation of the condemners included taking responsibility for the decision while denying that there are negative qualities associated with it. For example, when the voluntary childfree woman is asked who will take care of her when she is old, she replies, “That would be a totally selfish reason to have children” (p. 35). Finally, self-fulfillment is putting it straightforward and honestly, “I know it sounds incredibly selfish, but it’s my life. It’s what I want to do. I think I’ve learned not to apologize for it anymore” (p. 36).

The management of stigma and stress may occur throughout the entire adult life cycle, as opposed to the decision-making process which inevitably ends when the couple is no longer able to have children. Therapists may help couples who present to therapy overcome stress and stigma associated with remaining childfree by recognizing that the pressures they face from family members may cause them the most stress. They also need to
empower clients to realize that they can write their own gender roles and rules as they see fitting to their relationship. Therapists may first teach the couples the techniques to handle pressure put upon them via psychoeducation. Next, a discussion about which of these techniques fit best with each partner’s personality and value system can occur, with the therapist carefully considering the partner’s cultural context. This is a vital step and is not only ethical on the therapist’s end to ensure the techniques are appropriate for their clients, but also plays the dual role in assisting partners with the self-awareness necessary to aid the couple in defining a new adult identity. Additionally, structural therapists may use the intervention of challenging family assumptions (Gehart & Tuttle, 2003) in order to highlight the possibilities of the childfree couple’s potential to have a fulfilling life. Finally, experiential role-play may be a fun way for the couple to reinforce these new ways to handle outside pressure as well as help empower the partners to be assertive and firm in their choices.

The process of learning to manage stress and stigma may be empowering for the couple as they begin to focus on themselves, instead of outside forces. The last three tasks for the childfree couple to accomplish puts the couple in the position of feeling good about their decision, as the work of defining an identity, building a support system, and leaving a legacy sets them up for success.

The therapist should also consider using a focused genogram (DeMaria, Weeks, & Hof, 1999) as a starting place with these couples, as the questions posed require the partners to carefully consider all of their developmental tasks. Therapists may choose to ask the questions in sequence, setting the tone for everything that may be addressed throughout the therapeutic process, or ask the questions according to the topic at hand. As an assessment tool, the focused genogram may aid therapists in determining the levels of the partners’ intrapsychic and interpersonal aspects of differentiation, triangles in the system, and the multigenerational transmission of emotional processes of the couple (Gehart & Tuttle, 2003). Specifically related to childless couples, the focused genogram questions might include an assessment of the family patterns around family pressure, stigma, and decision-making.

Task 3: Defining an Identity

Viewing oneself as an adult is an important life cycle task for the voluntary childfree couple. While many consider the moment of transitioning into parenthood the same moment that they became an adult, such a claim cannot be applied equally to the couple who chooses not to have children (Mawson, 2005). The decision to remain childfree is the time for the couple to learn about themselves and each other by exploring individually and together their qualities and pursuing their interests. All the advantages of remaining childfree may be appreciated, as the couple is freer to travel, pursue hobbies,
and become active in the community. In many cases, the choice to remain childless is associated with increased opportunities for women in the workplace and potentially greater job satisfaction (see, for example, Nave-Herz, 1989).

The childfree couple has the unique opportunity to carve out adult identities that do not include parenthood. These opportunities include the potential for the partners to learn about themselves and each other, maximizing growth. Developing healthy couple and personal boundaries may assist the partners in the process of self-awareness. Another important part of couple boundaries includes guarding against marital and work-related stress, as voluntary childfree couples do not have children that may otherwise buffer it. Managing work-related stress may be accomplished by the couple spending time together doing activities such as cooking, taking a wine tasting class, planning vacations, and so forth. However, if the couple limits their leisure time to only activities with each other, routine and boredom may ensue. The couple should also work on interests independent of each other.

Task 4: Building a Support System and Leaving a Legacy

Marriage and family therapists must advocate for the couple building a support system to help decrease the anxiety the couple may experience as they age. This might include seeking support groups or getting the couple connected with other activities where there are likely to be couples without children. Maintaining ties in the community ensures that the couple will stay connected to the world outside of the marital relationship, helping to prevent those feelings of depression and anxiety that comes along with loneliness and isolation. Therapists may also aid the couple in finding their unique way to leave their mark on the world, as they navigate through their own life cycle. Narrative therapists will find these tasks necessary and important, and use future-oriented talk (Gehart & Tuttle, 2003) to empower the couple in these areas as they close the chapter on their narrative of middle adulthood and look toward the future.

FUTURE DIRECTIONS

The majority of the literature on childfree couples is outdated and consists mainly of marital satisfaction of voluntary childless couples. Another body of research in this area is limited to feminist studies of stereotypes and stigmas that voluntary childfree women face. Further research needs to target the life cycle of adults, and more specifically, those who remain childless by choice, so that marriage and family therapists can make informed decisions regarding treatment of this special population. Until this task can be
TABLE 1  Focused Genogram Questions for Voluntary Childless Couples

| Decision-making | Who in your family chose to not have children?  
| Who are/were the family members' reactions to this decision?  
| Were you labeled negatively (i.e., the black sheep) or have any negative consequences imposed on them from family members (i.e., losing an inheritance, cut-offs, etc.)?  
| How did you come to the decision to remain childfree? Does this decision wax and wane? How much time and consideration have gone into this decision? Do you agree as a couple?  
| Stigma | What degree of pressure do you feel to reproduce from your family? Friends? Society? If so, how do you manage the pressure? Are all newly married couples expected to have children at some point in the future? Is the subject of when and how many children the couple plans to have (or not) something that is up for discussion among you and your parents, sibling, extended family? Have you told your family of your plans to remain childfree? What are their reactions when told you would not be having children?  
| Identity | How do you know when you have achieved adult status? How do or will you know when your family views you as achieving this? Does being an adult mean reproducing? Is your personal sense of femininity or masculinity equated with parenthood? How about with your family and friends? Does motherhood equal womanhood or fatherhood equal manhood? What is your sense of identity as an individual? As a couple? Who or what shapes that? If you choose to remain childless, how or will that sense of identity change?  
| Support System | How much importance was placed on children in your family of origin? Extended family? What value do children serve in your family (i.e., carrying on the family name)?  
| Leaving a Legacy | How do you see your relationship working, growing, and being maintained in the future? What activities do you share as a couple? Independent activities? How were people remembered in your family? Were the couples who decided not to have children successful in their lifestyle and/or at work? How would you like to be remembered? Is there a particular legacy you wish to leave? How have you prepared for retirement and/or elderly years?  

accomplished, the view of voluntary childfree couples will remain abnormal and pathological.

Marriage and family therapists must bear in mind that childfree couples may not fit developmentally into the normative family life cycle when conceptualizing their cases. Childfree couples may present to therapy for issues regardless of childlessness; however, therapists must understand that couples may face these other problems in the context of decision-making, facing pressure and stigma, and striving to build support systems and identities.
Proposed Life Cycle for Childfree Couples

free from parenthood. Whether they are an adjunct to couples’ counseling or the purpose of therapy, the use of interventions of focused genograms, psychoeducation, role-plays, rituals, and so forth, target broad therapeutic goals of decision-making, developing healthy boundaries, and defining a new adult and couple identity. Finally, marriage and family therapists must carefully consider professional ethics, as well as examine their own beliefs and biases regarding childfree couples in order to be effective with this special population.

REFERENCES


