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# Mental Health Professionals' Perceptions of Voluntarily Childless Couples

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MENTAL HEALTH PROFESSIONALS' PERCEPTIONS  
OF VOLUNTARILY CHILDLESS COUPLES

A dissertation submitted to the Faculty of  
Antioch University, Santa Barbara in  
partial fulfillment of the requirements for the  
Degree of Doctorate of Psychology in  
Clinical Psychology with a Family  
Psychology specialization and a concentration  
in Family Forensic Psychology

By

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## Abstract

### Mental Health Professionals' Perceptions of Voluntarily Childless Couples

By

Felizon C. Vidad, M.A.

Studies conducted in previous decades have examined attitudes toward and perceptions of voluntarily childless men and women. Participants in these studies were usually comprised of high school, college, and university students. The results showed that, compared to those who were parents, voluntarily childless men and women were mostly perceived in a less favorable light. This study sought to investigate how voluntarily childless heterosexual couples are currently viewed and whether attitudes toward the voluntarily childless have changed since the earlier research was conducted. Participants in this study consisted of individuals who were practicing in the field of mental health and who might encounter voluntarily childless couples as clients. The collected data was analyzed, and areas of statistical significance were examined. Compared to the previous studies among student participants that indicated either more negative perceptions of the voluntarily childless, or very little or no bias at all, the current study's findings suggest that mental health professionals have more positive perceptions of individuals who choose to be childfree. Results were utilized to formulate recommendations for further research.

## **DEDICATION**

For my mama, Corazon Lugares Cabonce Vidad, who did not choose to be childfree.

## ACKNOWLEDGEMENTS

Here is where I get to break away from the academic voice and give a shout-out to all the peeps who helped make this dissertation happen.

To the 134 women and 47 men who took the time to participate in my study, thank you for your contributions. I am honored to be your colleague in the field of mental health.

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## INTRODUCTION

### *Background to the Problem*

Parenthood has always been a natural part of life. Obviously, childbearing is an essential biological function that keeps the human race from becoming extinct. Couples must reproduce to preserve the species. The earth's population could not purely consist of childless individuals; parents are necessary. To this day, the continuation of families cycling from one generation to the next is so customary that it is generally perceived as a normal way of life.

The prevalence of families in the United States is evident in any well-populated community. Countless places offer services and products designed to accommodate and draw parents and their children. "Family specials" are offered to patrons at amusement parks, bowling alleys, skating rinks, video rental stores, and restaurants. Special prizes for children are included with their meals at fast food chains. Shopping centers, shopping malls, department stores, and box stores such as Wal-Mart, K-Mart, and Target all emphasize their versatility in fulfilling the needs of every member of the family, including the family pet.

Along with commercial establishments, various forms of media steadily feature stories, news, messages, and images pertaining to different issues encountered by families. Commercials and television shows prominently feature storylines that typically revolve around a family's problems or concerns. A more recent trend in television has been the emergence of reality shows focused on

“real-life” families and their day-to-day experiences, with one of these shows featuring an extremely large family and parents who have expressed a desire to continue procreating (*19 Kids and Counting*); another show highlights a large family in which the parents conceived twins and sextuplets with the assistance of fertility treatments (*Jon and Kate Plus 8*).

This attention to families extends beyond the “real-life” families of reality television; much emphasis is placed on pop icons and their families, as well. A common topic for speculation is whether or not a celebrity is having a child, be it a biological birth or through adoption. Popular national magazines consistently feature cover pictures and stories of celebrities with their children, celebrities who are pregnant, or celebrities’ possible pregnancy “bumps.” In talk shows, news shows, and radio programs, much attention is drawn to whether or not any given high-profile individual is a “good” or “bad” mother or father. Throughout all of these varying messages, the underlying premise remains the same: parenthood is the norm. Additionally, heterosexual parents are represented more so than same-sex parents, so not only is parenthood constantly reinforced in American pop culture as the norm, *heterosexual* parenthood is more widely accepted and defines what is normal in this country.

Given the pronatalist nature of American society, the desire to have a family and to become a parent is not questioned. In comparison, the desire to *not* have children is more unusual. People who express a dislike for children or a

disinterest in having them are considered deviant. Furthermore, adults who choose not to have children are usually perceived as immature and selfish (Casey, 1998; Dever & Saugeres, 2004; Letherby, 2002). Because becoming a parent is treated as an accomplishment of adulthood, an individual who refuses to become a parent may be viewed as not wanting to “grow up.” A basic principle of parenthood is that, in order to raise a child effectively, one cannot *be* a child. Should an individual express refusal to become a parent, a prevailing assumption about that person is that he or she lacks the capabilities required of an effective parent, including a sense of responsibility and nurturance.

While pronatalism contributes greatly to the marginalization of those who choose to be childless, women who choose not to have children are further stigmatized by sexist attitudes and beliefs. A man who displays no desire to become a father could be considered as “sowing his wild oats” or unwilling to “settle down”; any number of reasons could be made for his choice, but most likely, as a man, he would not have to defend his choice to refuse fatherhood. A woman, on the other hand, will more likely find herself having to provide some explanation or reason for her choice because it suggests a rejection of her expected gender role of mother. In a society that promulgates the notion of an innate “biological clock” in every woman and genders are assigned “feminine” and “masculine” traits, a woman’s role is equated with motherhood. Women who choose not to have children are an aberration; their choice is questioned. By

contrast, a woman who desires to have children does not have to explain why she wants children; women are generally expected to *want* to be mothers.

In psychology, life-span developmental models include childbearing and rearing as normal components of the life cycle (Broderick & Blewitt, 2003; Carter & McGoldrick, 2005; Rowland, 1982). For example, according to Carter and McGoldrick's model, *The Stages of the Family Life Cycle* (2005), single young adults move out of their homes to join with partners and create new families. Normative stages of the family life cycle include having children, raising them, "launching" them from the home, and subsequently becoming grandparents as the second generation creates new families and continues the cycle.

Given that these developmental models are taught to students of psychology (who, most likely, have already been exposed to societal, cultural, and familial messages of pronatalism), these stages of life become reinforced as the norm among those who proceed to work in the field of mental health. What happens, then, is the subtle cultivation of a bias within the individual that he or she may bring into a clinical session without even being aware of it.

Because the nature of the relationship between therapist and client can influence the outcome and success of therapy (Bender & Messner, 2003; Cormier & Hackney, 1999; Root, 2005; Sommers-Flanagan & Sommers-Flanagan, R, 2003), it really is necessary for mental health professionals to be aware of their biases and to keep them from affecting clinical evaluation and treatment. If he or

she does not recognize the presence of a bias, the clinician's ability to empathize with the client and build an alliance could be impaired. In a case where the client is a woman who does not wish to have children, the clinician's bias could lead to inaccurate assumptions about the woman's personality; the client might be perceived as having unresolved childhood issues or difficulties with interpersonal relationships, for example. Treatment could also be affected, with the practitioner imposing values onto the client and inadvertently setting the agenda for the session, when it may not be the direction that the client wants to take.

Frequently, women who express their choice not to have children are faced with a dismissive attitude and comments such as "You'll want them some day," or "It will be different because they'll be yours" (Casey, 1998; Letherby, 2002). This insensitivity to the woman's feelings is another outcome of a pronatalist bias, and because therapists are not infallible, they are capable of having the same reaction to a voluntarily childless woman. Should this occur in a session, the client consequently could choose not to return to therapy. Like any other member of a marginalized population who encounters bias and prejudice, the voluntarily childless woman could feel misunderstood, disappointed, and disillusioned with the whole experience of therapy. In this instance, the therapist has (perhaps unwittingly) violated a key code of ethics: do no harm.

### *Purpose of the Study*

Over the years, attention to issues of diversity has grown. Today, mental health professionals are encouraged to be mindful of the experiences of marginalized populations. Frameworks and models have been developed to guide clinical practitioners (Hays, 2001; Pedersen, Draguns, Lonner, & Trimble, 2002; Sue & Sue, 2003), to help them be aware of advantages that they hold as members of various dominant groups and to be mindful of personal biases and perceptions that may impede their effectiveness as therapists. Because of this increased attention to diversity issues, as well as the prevalence of literature pertaining to multicultural counseling, most mental health professionals have a working knowledge of the assorted factors that lead to clients' experiences with prejudice or bias. Generally, these factors include age, developmental and acquired disabilities, religion, ethnicity, socioeconomic status, sexual orientation, indigenous heritage, national origin, and/or gender (Hays, 2001). Less prevalent in the literature, however, is the issue of pronatalism and how it contributes to bias toward the voluntarily childless. Subsequently, this is an area of their own professional development that mental health clinicians may overlook.

Therapists are human, too. Having been exposed to pronatalist messages in society, their culture, their family of origin and even in developmental psychology classes that perpetuate the notion that a normal life cycle includes mating and having children, therapists may have unexamined biases against

voluntarily childless men and women. They may make assumptions about or assign attributions to these childless individuals. Whether or not this actually happens, however, is not documented. Unfortunately, at this time, the existing body of literature that examines people's perceptions of the voluntarily childless does not include any studies specifically conducted among mental health professionals.

It would behoove the mental health profession to be aware of whether or not there exists a bias against voluntarily childless individuals, particularly since the number of women who are choosing to remain childfree seems to be on the increase (Abma & Martinez, 2006; Schapiro, 1980). If the problem is defined, then recommendations for improvement could be made. Being in a position to help or hurt an individual's sense of self-worth, a mental health practitioner has an ethical obligation to do no harm. Therefore, it is highly important for clinicians to be aware of their biases and to be apprised of more effective approaches to counseling those who belong to a marginalized population, such as the men and women who choose to be childless in a society where having children is the norm.

Currently, there is an absence of literature pertaining to pronatalist biases among mental health professionals. Therefore, the purpose of this study was to measure mental health professionals' perceptions of childless couples and to provide information to fill the void. This study is the missing piece.

## REVIEW OF THE LITERATURE

### *Terminology*

Within the research concerning people's perceptions of individuals and couples without children, the terms used by the authors to describe parental status vary. There is the descriptor "childless," and there is the descriptor "childfree." For different people, the two adjectives have significant meanings and may carry more or less weight than the other. Being "childless" denotes that the individual has no children, but the reasons for the childlessness are unclear. Adding the adverb "voluntarily" or "involuntarily" to the word "childless" marks the distinction: to be voluntarily childless means that the status is a decision made of one's free will; to be involuntarily childless means that the status is not a choice.

By comparison, the word "childfree" is less ambiguous than "childless." Being "childfree" indicates that the individual is free of children; the notion of being "free" of children suggests that the individual is not affected or restricted by the circumstance of having children. Some people who view raising children as impeding or obstructing a particular lifestyle may prefer to use the term "childfree" rather than "voluntarily childless," because of the word's association with freedom. Nevertheless, both the terms "childfree" and "voluntarily childless" signify choice, which marks the difference from being "involuntarily childless." For this reason, the words "childfree" and "voluntarily childless" will be used interchangeably throughout the body of this dissertation.

### *Experiences of Marginalization*

Within the existing literature regarding voluntary childlessness, women provide reasons for their decision not to have children and recount experiences of being stigmatized because of their choice to be childless (Casey, 1998; Dever & Saugeres, 2004; Gillespie, 2003; Goodbody, 1977; Landa, 1990; Letherby, 2002; Letherby & Williams, 1999; Mollen, 2006). Additionally, Connidis and McMullin (1996) examine the reasons for and perceptions of childlessness among older persons, including both men and women. Throughout these narratives, common themes are echoed among the experiences.

In *Pride and Joy: The Lives and Passions of Women without Children*, Casey (1998) presents a collection of interviews with 25 women who voluntarily chose not to have children. A common theme that emerges from the women's narratives is the experience of being dismissed and disregarded by others because of their choice to be childfree. For example, one woman was treated as if she didn't know what was best for her; she was told by a family member, "You'll change your mind when you get older." (Social pressure to change one's mind and to start a family was also commonly experienced by many childfree individuals quoted in the literature.) Another woman who worked in childcare was taken to task by a parent, who demanded, "What do you know about being a parent?" This type of attitude suggests a belief that childfree individuals, by lack of their own children, are unqualified to care for the young. In any case, whether

the comment came from a friend, acquaintance, family member, or stranger, the premise remained the same: a woman's choice not to have children automatically invited questioning because it deviated from the norm.

The sense of being "other" to the expected female role of motherhood is another common experience voiced by the voluntarily childless women in the literature. Many felt that they were viewed as an oddity because of their choice. Usually, they were regarded as being at fault somehow. One woman summarized the experience felt by many when she stated, "You can almost see it in (other people's) eyes. A woman and she doesn't want to get married and settle down and have babies. There must be something wrong with her" (Gillespie, 2000, as cited in Letherby, 2002, p.11). This automatic assumption that there is "something wrong" with a childfree woman when she voluntarily chooses to be childless further illustrates how deeply the pronatalist bias is entrenched in people's values.

McGuire (2007) also focuses on the experiences of women who choose to be childfree and how they experience bias and judgment from others who do not understand the decision. McGuire notes that, while feelings among the voluntarily childfree range from "not really minding breeders and their offspring" to "the more militant antibreeders," the childfree movement is united by the desire for a community, so that childfree individuals may feel less alone and more supported by others. The availability of the Internet has allowed online communities to form and provide forums for individuals to speak freely about the

difficulties of living in a child-centered culture. Among the organizations that focus on specific issues that face childfree people are Childfree.net, HappilyChildfree.com, and No Kidding! ([www.nokidding.net](http://www.nokidding.net)).

Common complaints voiced by members of these childfree communities include the experience that the needs of parents are often given priority over the needs of those without children (by restaurants, shopping centers, or airlines, for example); the difficulty of obtaining sterilization (a tubal ligation) if they have never had children; feeling pressured by family members to reproduce; and feeling criticized, scrutinized, and judged because of their choice. Employment law which allows for paid maternity leave and excused employee absences for child illnesses or school events are another source of preferential treatment for parents that can be a source of resentment for childless employees. Then, too, there are tax breaks that do not apply to childfree individuals, such as the exemptions for the head of household and for people with children. These kinds of experiences of the voluntarily childless are not typically examined or considered by the majority of the population, and this obliviousness continues to contribute to the childfree's experiences of marginalization.

*Existing Studies of Attitudes and Perceptions*

Several studies have been conducted to examine whether or not there are biases and negative perceptions of voluntarily childfree women. In a study performed by Calhoun and Selby (1980), participants were given information about a couple that was described as either having two children, voluntarily childless, or involuntarily childless. Results showed that the voluntarily childless woman was liked less and viewed more negatively on general personality descriptors than the involuntarily childless woman. In another study, Jamison, Franzini, and Kaplan (1979) found that a sterilized, childfree woman was rated as less sensitive and loving, less happy, less well-adjusted, less likely to get along with her parents, and less likely to be happy and satisfied at age 65, compared to an otherwise identically described mother of two.

It could be argued that both studies were conducted nearly three decades ago and therefore are not necessarily reflective of the current times. However, some might argue that we have become more child-centered rather than less in this culture. In fact, in a later study conducted by Lampman and Dowling-Guyer (1995), results supported the prior research that indicated there is a stigma of voluntary childlessness. In this study, participants were presented with a scenario of a couple that either had no children (due to choice or infertility) or had two children. Compared to the women in the involuntarily childless couple and the couple with children, the female member of the couple that was childless by

choice was rated as less caring, ambitious, determined, hardworking, successful, success oriented, competent, confident, reliable, and well-adjusted. Furthermore, the findings in a study done by LaMastro (2001) showed that childless individuals were rated less positively, regardless of the attributions made for their childlessness. Both voluntarily and involuntarily childless women were seen as possessing less interpersonal warmth (e.g. caring, sensitivity, and kindness) than those who were mothers.

At the same time, other studies have demonstrated little or no support for negative perceptions of the childfree by choice. Shields and Cooper (1983) found no support that the intentionally childfree individual imparts a strong negative stereotype. More recently, findings in a study conducted by Koropeckyj-Cox, Romano, and Moras (2007) indicated that delayed parenthood was viewed as normative and that the participants had few negative biases regarding infertility or childlessness by choice.

It should be noted, however, that all of these studies (from Calhoun and Selby's research published in 1980 to Koropeckyj-Cox, Romano, and Moras's research published in 2007) were performed with students as participants. With the exception of the 1979 study by Jamison, Franzini, and Kaplan that involved undergraduate, high school, and adult school students, the other studies involved the participation of undergraduate university students who usually earned extra course credit for their participation and were mostly enrolled in introductory

liberal arts courses, particularly psychology and sociology. Considering that undergraduate students lack the experience and academic coursework obtained by the graduate student or licensed professional who has met the requirements to work in a mental health setting, the findings of these studies can hardly be generalized to the greater population of mental health professionals.

Since it appears that no research has been collected to specifically examine mental health professionals' perceptions of childless couples, it seems especially vital to gather data of this sort. Even though education, training, and licensure distinguishes a mental health practitioner from a layman, having personal biases is a universal human trait. Just because their field of expertise includes helping others manage intrapersonal and interpersonal difficulties, psychologists and therapists are not exempt from being prejudiced in some manner; having been socialized in this culture, they may harbor the same negative attitudes and biases toward childlessness as the greater society. The existing literature already demonstrates an array of reactions to voluntary childlessness. The body of research could be further enhanced by a study that reveals mental health professionals' perceptions of the minority that chooses to be childfree.

## STATEMENT OF THE PROBLEM

### *Research Questions and Primary Hypothesis*

The current study, while intending to be exploratory in nature, was guided by the following research questions:

1. What positive and negative attributions do mental health professionals assign to voluntarily childless couples?
2. Does the couple's reason for childlessness (voluntary vs. involuntary; lifestyle choice vs. infertility) make a difference in the mental health professional's perception of a childless couple?
3. Do mental health professionals have negative biases toward couples who voluntarily choose not to have children?

Although therapists are encouraged in their training and education to pay closer attention to issues of prejudice and marginalization, they usually have been socialized in a predominantly pronatalist society and are typically taught the life-span developmental models. For this reason and because the existing literature demonstrates that childfree individuals do experience biased treatment and attitudes from others, the following hypothesis was developed to be tested through the collection of data and its subsequent analysis:

1. Mental health professionals will demonstrate a more negative perception through less favorable ratings of the voluntarily childless

couple than of the couple with children or the couple with no children due to infertility.

## METHODS

### *Overview*

The available body of research pertaining to attitudes toward and perceptions of voluntarily childless individuals was mainly conducted among high school, undergraduate, and adult school students. The current study intended to obtain new data that could be compared to the existing data and, unlike the previous studies, participants comprised of the specific population of mental health professionals. This study was a quantitative research study modeled after two earlier studies that examined attitudes toward childless couples. By using a similar model, the researcher hoped to make comparisons and note whether any changes or shifts in perceptions had occurred since the earlier studies.

The two studies that were emulated by this study included the research conducted by Lampman and Dowling-Guyer (1995) and Kopper and Smith (2001). Lampman and Dowling-Guyer's study was chosen for its ease, straightforwardness and simplicity; subjects were presented with a scenario of a couple that either had no children by choice, no children because of infertility, or two children. The participants then rated each member of the couple on 26 characteristics and responded to 12 items pertaining to the quality and strength of the couple's relationship. In the discussion of their study, Lampman and Dowling-Guyer suggested that future studies address reactions to childlessness when the reason (voluntary or infertility) was unknown. A goal of the Kopper and Smith

study was to extend the work of Lampman and Dowling-Guyer; therefore, as suggested, they included a vignette about a childless couple in which no explanation was given for the couple's childlessness.

Participants in Lampman and Dowling-Guyer's study read one of six vignettes that described a couple. The vignettes varied in the description of the couple's professional status (their jobs ranged from auto mechanic and beautician to bank manager and career counselor), as well as child status (the couple wanted to have children, but were unable to have children of their own; had two children; or were not planning on having any children). For the current study, to control for variance due to economic status, the professional status of the couple remained the same in all of the vignettes presented to respondents. The couple was described as employed as teachers in their county's public schools. Also, because the current study was modeled similarly after the studies by Lampman and Dowling-Guyer (1995) and Kopper and Smith (2001), the couples presented in the vignettes remained heterosexual. Additional research in the future could expand on this current study and include vignettes comprised of same-sex couples.

Like the Lampman and Dowling-Guyer study (1995), the current study included a vignette in which the couple either had no children by choice, no children because of infertility, or two children. Furthermore, like the Kopper and Smith study (2001), the current study included a vignette in which the reason for

the couple's childlessness was unknown. Because the primary aim of this study was to collect data on mental health professionals' perceptions of the voluntarily childless and to examine any negative attributes or biases, including a vignette in which the couple's reason for childlessness was unknown allowed the researcher to compare differences in perception when mental health professionals were given reasons for childlessness and when they were not informed.

Prior to data collection, the researcher obtained approval from the Antioch University, Santa Barbara Institutional Review Board. Form B, Ensuring Informed Consent of Participants in Research, is included as Appendix I to provide further details of the researcher's ethical assurances.

### *Instruments*

The research study was conducted solely online. Four different web pages with their own unique hyperlinks and web addresses were created through [www.surveymonkey.com](http://www.surveymonkey.com). All four web pages featured the same components: 1) an Information and Consent Form for Non-Medical Research (Appendix E), 2) a Questionnaire to Collect Demographic Information (Appendix F), 3) a Vignette, and 4) a Survey of Impression Formation (Appendix G). The four web pages differed only by the vignettes they contained. The first included Vignette 1 (Appendix A), the second included Vignette 2 (Appendix B), the third included Vignette 3 (Appendix C), and the fourth included Vignette 4 (Appendix D).

The vignettes utilized in this study were modeled after the ones used in Lampman and Dowling-Guyer's study (1995), with modifications to the couple's place of residence and their occupational positions. To minimize threats to internal validity, the couple in each vignette was described as living in the city and working as teachers in their county's school district. The couple's names, Frank and Elena, were chosen because of their versatility among different ethnic groups. The ambiguity of the couple's cultural background and place of residence was intentional, so that participants' responses to the vignette could not be influenced by specific places or ethnicities. Later, in the survey measuring participants' perceptions of the couple, the participant was asked whether the couple's ages, length of marriage, size of the family, place of residency, and employment status influenced the participant's choice of ratings. This allowed the researcher to determine whether or not these variables contributed to the participant's decision-making process when choosing a rating for the couple.

### *Procedures*

Prior to reading a vignette and providing responses to it, participants were required to read an Information and Consent Form for Non-Medical Research (Appendix E). In this form, participants were given a brief description of the study and procedures. They were informed of potential risks, discomforts, and benefits; assured of their rights to confidentiality and withdrawal from the study at any time; and provided with contact information in the event that they

had any questions or concerns about the research. Because the study was conducted online via the Internet, participants did not have the option to sign their name to a written document. Instead, if they agreed to the terms outlined in the consent form and were willing to participate in the study, they simply clicked on the button indicating “Next” to proceed to the following page. This action served as implicit consent. If they did not agree to the terms and chose to decline participation, they could simply close the browser window to exit the study. Additionally, if the participant wished to withdraw at any point during the survey, he or she could click on the link stating “Exit this survey,” located in the right-hand corner of the page. At no point during the process was the participant required to provide a name or email address; responses were purely anonymous.

After clicking “Next” and therefore confirming agreement to participate in the study, participants were directed to a second page that consisted of a demographic questionnaire (Appendix F) that collected the following variables: age, gender, birth order, marital status, parental status, education, clinical orientation, title of occupational position, length of clinical experience, religious affiliation, and race or ethnicity with which they identify. To determine what particular variables would be included in the survey of participants’ demographics for this study, the researcher consulted other studies that included mental health professionals as participants. While there were no available studies of mental health professionals’ perceptions of childfree individuals, a study of

psychologists' attitudes toward gay and lesbian parenting (Crawford, McLeod, Zamboni, & Jordan, 1999) also utilized vignettes and collected demographic information from participants. Because the variables that comprised the demographic profile of respondents in that study seemed most applicable to this study and because the participants in this study also worked within the field of psychology and mental health, variables that comprised the demographic profile of respondents in the Crawford et al. survey were selected for use in the current study.

Upon completing the demographics questionnaire, the participant was directed to a third page with instructions to read the vignette before proceeding to the questions. Below these instructions, one of the four aforementioned vignettes was provided. The Survey of Impression Formation (Appendix G) followed the vignette. In this survey consisting of twenty items, the participant was asked to rate various characteristics of the couple, including the couple's degree of happiness, loneliness, ambition, success, stress, anxiety, confidence, reliability, competence, and demonstration of love and affection toward each other (items 1 to 10). Responses consisted of a 5-point Likert scale, ranging from a rating of "not at all" to a rating of "very." Additionally, participants were asked to rate the strength and quality of the couple's relationship by answering items regarding the couple's likelihood of staying together, their sex life, their worries about the future, and whether they would have a happy life together (items 11 to 14).

Responses to these items ranged from a rating of “strongly disagree” to a rating of “strongly agree.” Last, participants were asked to indicate to what extent the couple’s ages, length of marriage, size of the family, place of residency, and employment status influenced their choice of ratings (items 15 to 20). Again, responses to these items ranged from a rating of “strongly disagree” to a rating of “strongly agree.” The first fourteen items in this survey were adapted from items included in the earlier study by Lampman and Dowling-Guyer (1995). Items 15 to 20 were added by this researcher to determine whether other factors aside from the couple’s reason for childlessness influenced the participant’s choice of ratings.

Last, when the participant clicked “Next” to proceed to the page after item 20, a new page would appear. The text of this page stated, “You have completed the survey! Thank you for your participation. Your responses are much appreciated.” The participant could then close the browser window to terminate the session.

#### *Participants and Methods of Recruitment*

Participants in the study consisted of male and female adults who worked in the field of mental health. These individuals included master’s level students in clinical traineeship programs and social work internships, registered Marriage and Family Therapist Interns, licensed Marriage and Family Therapists, licensed Clinical Social Workers, Pre- and Post-Doctoral Interns, and licensed Clinical Psychologists.

To recruit participants, the researcher called and emailed department heads of graduate programs in psychology, as well as representatives of associations of mental health professionals. The researcher introduced herself as a graduate student collecting data for her dissertation and requested that the department head or association head forward a letter (Appendix H) via email to members of the graduate program or the professional organization, encouraging participation in a study intended for mental health professionals. At the bottom of each email request was a hyperlink to one of the four web pages. The links were randomly selected and evenly distributed among the contacts made.

The graduate schools that were contacted included Antioch University, Santa Barbara (both the MACP and PsyD programs); Antioch University, Los Angeles; Antioch University, New England; Antioch University, Seattle; Fielding Graduate University; Pacifica Graduate Institute; Alliant International University, Fresno; Alliant International University, San Francisco; Pepperdine University, Graduate School of Education and Psychology; and the University of California, Santa Barbara. The professional associations that were contacted included the Santa Barbara County Psychological Association, the Ventura County Psychological Association, the National Council of Schools for Professional Psychology, the California Psychological Association, the Conejo Valley Mental Health Professionals Association, and the Ventura Chapter of the California Association of Marriage and Family Therapists.

Additionally, the researcher posted to four division listservs of the American Psychological Association (APA), requesting members to participate in the study. These divisions were the Society for the Psychology of Women (Division 35), the Society for Family Psychology (Division 43), the Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44), and the Society for the Psychological Study of Men and Masculinity (Division 51). A link to one of the four web pages was randomly selected and included in each request for participation.

Last, the researcher called and emailed colleagues who worked in the field of mental health and who provided psychotherapeutic services to clients at inpatient, outpatient, community, non-profit, and/or private agencies. Among these agencies were the Ventura Youth Correctional Facility, Aurora Vista Del Mar Hospital, Sharper Future in Los Angeles, School Street Counseling Institute in Massachusetts, and Child Abuse Listening and Mediation (CALM) in Santa Barbara. Colleagues were invited to participate in the survey and received emails with a randomly selected hyperlink to one of the four web pages. The researcher also encouraged colleagues to forward the link to their colleagues in the mental health profession and to request their participation.

Through all of these efforts, 181 mental health professionals were recruited for participation in this study.

### *Data Collection and Analysis*

Because the surveys had been administered through an online site (www.surveymonkey.com), results were collected and stored electronically. Each participant's anonymous responses were automatically saved to the site's server. Four separate pages had been created on the site, with each page including a different vignette, its accompanying surveys, and a unique hyperlink. Therefore, the data collected was automatically separated according to group (voluntarily childless, two children, childless because of infertility, and childless with no reason provided), and all responses were electronically stored under different file names (Vignette 1, Vignette 2, Vignette 3, and Vignette 4). Only the researcher had access to this information after entering a protected login name and password at the surveymonkey.com home page.

Upon completion of data collection, surveymonkey.com offered an electronic option in which participants' responses were automatically uploaded and transferred from the website into Microsoft Excel spreadsheets. Responses to items on the Survey of Impression Formation were numerically coded to correspond to participants' answers. Thus, items with a response of "not at all" or "strongly disagree" were coded as 1, items with a response of "very slightly" or "disagree" received a 2, items with a response of "slightly" or "neither agree nor disagree" received a 3, items with a response of "moderately" or "agree" received a 4, and items with a response of "very" or "strongly agree" received a 5.

The Statistical Package for the Social Sciences (SPSS) predictive analytics software was then utilized to analyze the collected data. Through SPSS, a new file was created, in which a blank data editor was opened and separate columns were established to represent a variable. Each item from both the Questionnaire to Collect Demographic Information and the Survey of Impression Formation was recorded as a variable. A final variable was included to indicate which vignette had accompanied that participant's set of responses. This last variable was designated as Vignette Type and coded 1 for Vignette 1, 2 for Vignette 2, 3 for Vignette 3, and 4 for Vignette 4.

Once all of the variables and value labels were established in the data editor, participants' responses and vignette type were transferred from the Microsoft Excel spreadsheets into the newly created SPSS file. The software was then utilized to generate descriptive statistics of the whole sample of respondents. The descriptive statistics included the mean and standard deviation of participants' responses to each of the items on the Survey of Impression Formation. Additionally, the frequency distributions of the participants' demographic information (gender, birth order, marital status, parental status, professional degree, religion, and race or ethnicity) were calculated. Next, a univariate analysis of variance (ANOVA) was conducted to determine whether group means differed among the four sets of respondents who received different vignettes. Group means among the four sets were examined to determine whether

responses indicated more or fewer favorable perceptions toward the voluntarily childless couple. Items with a statistical significance of less than .05 were identified and noted. Last, post hoc tests were conducted to compare the means of all combinations of pairs of experimental condition. Tukey's test and Scheffe's test were applied.

Exploratory analyses were also conducted to determine whether demographics of participants (subject variables) may have influenced ratings among the sets of vignette types. Through factor analysis, the researcher created three subscales: a positivity index, a work index, and a lack of ambition index. Each index comprised of ratings from selected items on the survey. The positivity index included participants' ratings of the degree of the couple's happiness, success, anxiety, reliability, competence, confidence, love and affection toward each other, likelihood of staying together, and likelihood of having a happy life together. The work index included ratings of the couple's anxiety, reliability, and competence. The lack of ambition index included ratings of the couple's ambitiousness.

Several univariate analyses of variance were then calculated. The first three ANOVAs included each of the three indexes (positivity, work, and lack of ambition) as the dependent variable, with the vignette type (voluntarily childless, two children, childless because of infertility, and childless with no reason provided) as independent variables. In seven subsequent ANOVAs, the positivity

index was utilized as the dependent variable, paired with the following groups of independent variables: vignette type, marital status, and gender of participants; vignette type, parental status, and gender of participants; vignette type, parental status, with female participants only; vignette type, parental status, with male participants only; vignette type and professional degree of the participant, ungrouped; vignette type and professional degree, grouped; vignette type and participant's religion.

Additionally, the work index was utilized as a dependent variable in four further ANOVAs and paired with the following independent variables: vignette type and participants' professional degrees, grouped; vignette type and gender; vignette type, with male participants only; vignette type, with female participants only. Last, correlation between the positivity index and age of participants was examined.

## RESULTS

### *Analysis of the Entire Sample*

This study recruited a total of 181 participants (134 women and 47 men) who worked in the field of mental health. The mean age was 41.3 years, with a range from 22 to 86. Fifty-three percent of the participants were married, 18.8% single, 11% in committed relationships but not married, 11% divorced or separated, 5% in a domestic partnership, and 1.1% widowed. Parents or caretakers of minors comprised 46.4% of the total sample, while 53.6% were without children. Nearly half (47.5%) of the participants held a Master of Arts degree, 11% Psy.D., 7.2% Ph.D. Counseling, 6.6% Ph.D. Clinical, 5.5% M.S.W., 10.5% B.A., and 11.6% Other, which included degrees such as an Ed.S. in Counseling, M.S. in Psychology, and B.S.W. The majority of participants (70.7%) identified themselves as European American, 6.1% Mexican American, 3.9% African American, 1.7% Native American, and 17.7% Other, which included Multi-Racial and Bi-Racial.

Each participant was assigned a vignette that featured a couple described as either voluntarily childless, having two children, childless because of infertility issues, or childless with no reason provided. Fifty participants responded to the vignette featuring the voluntarily childless couple, 43 responded to the vignette of the couple with two children, 45 responded to the vignette of the couple who were

childless and infertile, and 43 responded to the vignette that featured the couple who had no children with no reason provided.

Items 1 to 10 on the Survey of Impression Formation called for participants to consider and rate the extent of the couple's happiness, loneliness, ambition, success, stress, anxiety, confidence, reliability, competence, and displays of love and affection toward each other. Among these qualities describing the couple in the vignette, the most highly rated by the whole sample of participants were success ( $M = 4.1$ ,  $SD = .58$ ), reliability ( $M = 4.2$ ,  $SD = .69$ ), and competence ( $M = 4.3$ ,  $SD = .63$ ). The lowest rated characteristics were loneliness ( $M = 3.0$ ,  $SD = .88$ ) and anxiety ( $M = 3.0$ ,  $SD = .84$ ), indicating that participants neither agreed nor disagreed that the couple was either lonely or anxious. Table 1 presents the means and standard deviations of the whole sample's responses to items 1 to 10 on the Survey of Impression Formation.

	<i>Mean</i>	<i>SD</i>
Couple's happiness	3.8	.62
Couple's loneliness	3.0	.88
Couple's ambition	3.8	.81
Couple's success	4.1	.58

Couple's stress	3.5	.72
Couple's anxiety	3.0	.84
Couple's confidence	3.7	.77
Couple's reliability	4.2	.69
Couple's competence	4.3	.63
Couple's displays of love and affection to each other	3.6	.79

Table 1: Means and Standard Deviations of Participants' Responses to Couple's Traits

Next, items 11 to 14 on the Survey of Impression Formation asked participants to rate the likelihood that the couple would stay together, that they had a fulfilling sex life, that they worried about the future, and that they would have a happy life together. Of these four items, participants assigned the highest ratings to the likelihood that the couple would stay together ( $M = 3.8$ ,  $SD = .69$ ), indicating that they mostly agreed that the couple would stay together. The item regarding whether the couple had a fulfilling sex life, on the other hand, received the lowest ratings ( $M = 3.0$ ,  $SD = .64$ ), indicating that participants neither agreed nor disagreed with this statement. Table 2 presents the means and standard deviations of the whole sample's responses to these variables.

	<i>Mean</i>	<i>SD</i>
Couple's likelihood to stay together	3.8	.69
Couple's sex life	3.0	.64
Couple's worry about the future	3.7	.59
Couple's likelihood to have a happy life together	3.4	.56

Table 2: Means and Standard Deviations of Participants' Responses to Aspects of the Couple's Future and Their Sex Life

The last five items on the Survey of Impression Formation pertained to participants' reasons for their choice of ratings. These items inquired about factors that may have influenced the participant in selecting a particular response. The couple's place of residency influenced participants' choice of ratings the least ( $M = 2.5$ ,  $SD = .92$ ), while the couple's employment status had the most influence on participants' choice of responses ( $M = 3.8$ ,  $SD = .89$ ). Table 3 presents the means and standard deviations of the whole sample's responses to these items.

	<i>Mean</i>	<i>SD</i>
Couple's ages	2.8	1.1
Couple's length of marriage	3.4	.97
Size of the family	3.1	1.03
Couple's place of residency	2.5	.92
Couple's employment status	3.8	.89

Table 3: Means and Standard Deviations of Participants' Responses to Factors that May Have Influenced Their Choice of Ratings

#### *Summary of Significant Findings*

A univariate analysis of variance (ANOVA) was chosen to test the hypothesis that mental health professionals would demonstrate a more negative perception through less favorable ratings of the voluntarily childless couple than of the couple with children or the couple with no children due to infertility.

Among the dependent variables, none of the items were found to demonstrate statistical significance except for two: a) the couple's happiness and b) age as a factor that influenced the participant's choice of ratings (see Table 4).

		<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Couple's happiness	Between Groups	5.516	3	1.839	5.190	.002
	Within Groups	62.716	177	.354		
	Total	68.232	180			
Ages influenced choice of ratings	Between Groups	11.128	3	3.709	3.187	.025
	Within Groups	206.033	177	1.164		
	Total	217.160	180			

Table 4: Dependent Variables with Statistically Significant Findings

Post hoc tests were conducted to perform multiple comparisons among participant groups and the dependent variables. Both Tukey's test and Scheffe's test were applied. For the item asking participants to rate the couple's degree of happiness, results showed that, among the four groups, the group that received the vignette describing an infertile couple demonstrated a statistically significant mean difference from other groups. Participants' ratings of the infertile couple's happiness were the lowest ( $M = 3.5$ ,  $SD = .89$ ), while the couples with no children (both the voluntarily childless couple and the couple with no reason for childlessness given) received the highest ratings on their degree of happiness (see Table 5). These results do not support the primary hypothesis that mental health professionals would demonstrate a more negative perception of the voluntarily childless couple; rather, the results suggest the opposite.

	<i>N</i>	<i>Mean</i>	<i>SD</i>
Voluntarily Childless Couple	50	3.94	.47
Couple with Two Children	43	3.83	.48
Infertile Couple	45	3.51	.89
Childless Couple, No Reason	43	3.93	.40
Total	181	3.80	.62

Table 5: Means and Standard Deviations of Participants' Responses to the Couple's Degree of Happiness

The second variable found to exhibit statistical significance among group means was the survey item that inquired whether age was a factor that influenced participants' choice of ratings. Again, among the four sets of participants, the group that was assigned the vignette about the infertile couple demonstrated a statistically significant mean difference from the others. When responding to whether age was a factor that influenced their choice of ratings, participants who rated the infertile couple responded with a mean number of 2.4, indicating that, on average, participants in this group chose to disagree that the age of the couple in the vignette influenced their choice of ratings in the survey.

### *Exploratory Analyses*

Exploratory analyses were also conducted to determine whether any statistically significant relationships existed between respondents' ratings and the demographic variables of marital status, parental status, professional degree, religion, age, and gender. The resulting output did not reveal any statistically significant findings.

Interpretations and implications of the significant findings of the study will be further discussed in the following chapter.

## DISCUSSION

### *Overview*

The current study was conducted to examine mental health professionals' perceptions of voluntarily childless couples. Three main research questions guided the study: What positive and negative attributions do mental health professionals assign to voluntarily childless couples? Does the couple's reason for childlessness (lifestyle choice vs. infertility) make a difference in the mental health professional's perception of a childless couple? Do mental health professionals have negative biases toward couples who voluntarily choose not to have children? After the collection and analysis of the data, the results of the study appear to provide some answers to these questions.

Participants were asked to rate various traits of four different couples presented in four different vignettes; each participant read only one of these four vignettes. The characteristics to be rated were happiness, loneliness, ambition, success, stress, anxiety, confidence, reliability, competence, and displays of love and affection toward each other. Of these traits, the whole sample of participants mostly agreed that the couple in the vignette was successful, reliable, and competent. These are all positive attributions. The lowest rated characteristics were loneliness and anxiety with a mean of 3 for both. These results indicated that, on average, participants neither agreed nor disagreed that the couple was lonely or anxious. Therefore, the results reflected that mental health professionals

did not assign any negative attributions to voluntarily childless couples, or to any of the other couples described in the study. On the contrary, mental health professionals appeared to attribute more positive qualities to the couples, particularly the traits of success, reliability, and competence.

A second research question that the study aimed to answer was whether or not the couple's reason for childlessness (lifestyle choice vs. infertility) made a difference in the mental health professional's perception of a childless couple. In examining the results of the statistical analyses, two variables were found to demonstrate statistical significance: a) the couple's happiness, and b) age as a factor that influenced the participant's choice of ratings. Closer inspection of the results of the post hoc tests revealed that, for these two variables, the group means of participants who responded to the vignette about the infertile couple stood out from the other groups. Participants in this group provided the lowest ratings on the couple's happiness, and they disagreed that the couple's age influenced their choice of ratings. The independent variable in this case was the couple's parental status of being childless because of infertility. From these results, it appears that the couple's reason for childlessness does make a difference in the mental health professional's perception of a childless couple.

Last, the study sought to discover whether or not mental health professionals had negative biases toward couples who voluntarily choose not to have children. Because mental health professionals usually have been socialized

in a predominantly pronatalist society and are typically taught the life-span developmental model (Broderick & Blewitt, 2003; Carter & McGoldrick, 2005; Rowland, 1982), and because the current literature provided numerous examples of childfree individuals' experiences of biased treatment and attitudes from others (Casey, 1998; Dever & Saugeres, 2004; Gillespie, 2003; Goodbody, 1977; Landa, 1990; Letherby, 2002; Letherby & Williams, 1999; Mollen, 2006), it was hypothesized that mental health professionals would demonstrate a more negative perception through less favorable ratings of the voluntarily childless couple than of the couple with children or the couple with no children due to infertility.

This hypothesis, however, was not supported by the data. On the basis of the study's findings, it appears that mental health professionals actually attributed more positive traits toward and had no negative perceptions of the voluntarily childless couple. In fact, overall, the couples with no children (both the voluntarily childless couple and the couple with no reason for childlessness given) received the highest ratings on their level of happiness. Compared to the previous studies among student participants that indicated either more negative perceptions of the voluntarily childless (Calhoun & Selby, 1980; Franzini & Kaplan, 1979; LaMastro, 2001; Lampman & Dowling-Guyer, 1995), or very little or no bias at all (Shields & Cooper, 1983; Koropecj-Cox, Romano & Moras, 2007), this study's findings suggest that mental health professionals have more positive perceptions of individuals who choose to be childfree.

Considering that the majority of the participants in this study held Master of Arts degrees and were practicing either as licensed Marriage and Family Therapists or MFT interns and trainees, it could be surmised that they have been exposed to many unhappy and emotionally troubled families in their work. After all, the mental health profession involves helping those who are struggling with interpersonal problems. In providing therapy, the mental health clinician is privy to the accounts of a client's personal life and relationships with family members. Perhaps because the participants of this study were mental health professionals and consequently have been exposed to so many narratives of unhappy clients who are either parents or children, the respondents were more likely to view the childfree couple as being happiest. This could explain why, rather than what was originally hypothesized, mental health professionals in the study demonstrated more positive perceptions of the voluntarily childless couple.

#### *Delimitations and Limitations of the Study*

The current study was subject to methodological delimitations and limitations. Because there is an absence of literature pertaining to pronatalist biases among mental health professionals, the study sought to measure mental health professionals' perceptions of childless couples and to provide information to fill the void. Therefore, a delimitation of this study was that the target population of participants specifically and only consisted of individuals who worked in the field of mental health.

The fact that participants in the study were trained and educated to be mental health professionals posed a limitation to the study. The field of mental health is a helping profession that aspires to assist those who struggle with mental and emotional difficulties. Clients seek professional support to alleviate intrapersonal and interpersonal problems, and because the troubled client is in an emotionally vulnerable position, therapists are usually taught to demonstrate empathy and a nonjudgmental approach. By virtue of their profession, therapists are expected to perform a full assessment before formulating a diagnosis or making any clinical judgments. A limitation of the study, then, was that participants may have been less inclined to form an opinion about the couple presented in the vignette because minimal information about the couple was provided. This proclivity could explain why group means of some of the variables hovered around a 3.0, which indicated that the participant neither agreed nor disagreed with the item.

A second limitation of the study was that it was purely quantitative. No narratives were collected from participants. This lack of narrative disallowed the inclusion of qualitative nuances within the study. The researcher had to rely on the statistical analyses of the collected data to formulate conclusions. Without narratives to supplement the data, conclusions were more limited and less rich than they could have been with narratives.

The vignettes featured only heterosexual couples and not couples of the same gender, and this posed a third limitation. The study aimed to examine whether biases against voluntarily childless couples exist, yet it did not include both heterosexual and same-sex couples. This study therefore was unable to provide data pertaining to mental health professionals' perceptions of voluntarily childfree couples who are gay or lesbian.

Last, because the study was offered online only, the participant was expected to proceed to the survey website on his or her accord, on his or her own time. Not all mental health professionals are proficient with the Internet or have regular access to a computer. This was a limitation that may have prevented more individuals from taking the time to participate in the study. Also, no compensatory incentive to participate was offered, so potential participants may have been dissuaded from responding to the survey because of the lack of a tangible incentive in exchange for their time and effort. Although 181 participants provided sufficient data for the purpose of this study, the group is still a relatively small sample size, and a larger participant pool would increase reliability and validity within the study.

#### *Recommendations for Further Research*

The intent of the current study was to determine whether mental health professionals had negative perceptions of couples who chose to be childfree. The rationale for this study emphasizes the importance of attention to the experiences

of marginalized populations. Individuals who identify as gay or lesbian are part of another minority group that experiences bias and discrimination. However, the instruments utilized in the research only involved vignettes that featured heterosexual couples and not couples of the same gender. Therefore, there is no available data pertaining to mental health professionals' perceptions of voluntarily childfree gay or lesbian couples. Would voluntarily childless couples who are gay or lesbian be subject to more negative perceptions than voluntarily childless heterosexual couples? This is a question that could be answered through further research and perhaps serve as an extension of the current study.

Another recommendation for further exploration pertains to differences between mental health professionals and the general population in their attitudes toward and perceptions of voluntarily childless men and women. Considering that the earlier studies were conducted among high school, college, and university students and this study was conducted among mental health professionals, no current research exists to indicate adult Americans' attitudes toward and perceptions of childfree couples in the twenty-first century. The exploratory analyses conducted in this study revealed no statistically significant findings that could suggest any remarkable relationships between respondents' ratings and the demographic variables of marital status, parental status, professional degree, religion, age, and gender. In this case, participants shared the common feature of working in the mental health field. Would responses differ, if the participants

were *not* mental health professionals? A comparison of the results of a study examining differences between mental health professionals' and the general population's perceptions of voluntarily childfree men and women would be an interesting concept for future study and could reveal noteworthy outcomes.

As it stands, this study contributes one meaningful piece to the greater body of existing literature. It would benefit the mental health profession to continue exploring the issue of pronatalism and how it contributes to assumptions and attributions toward those who are childless, both voluntarily and involuntarily. After all, professionals in the field of mental health have an ethical obligation to do no harm. Hopefully, being more informed and further educated on the implications of indoctrinated values regarding childbearing will allow mental health professionals to provide less biased and more effective treatment to clients who choose to be childfree.

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## APPENDIX A

### **Vignette 1**

Frank and Elena have been married for seven years. Frank is 33 years old; Elena is 30. They met at a party given by a mutual friend and decided to get married about a year later. Frank and Elena live in the city and have made the decision not to have any children. Both have been steadily employed throughout their marriage and are teachers in their county's public schools. Lately, they have been thinking that they don't have enough time for themselves. Frank thinks that they need to work on improving their communication. Elena thinks that they are not spending enough time together in activities that they both used to enjoy.

## APPENDIX B

### **Vignette 2**

Frank and Elena have been married for seven years. Frank is 33 years old; Elena is 30. They met at a party given by a mutual friend and decided to get married about a year later. Frank and Elena live in the city and have two children. Both have been steadily employed throughout their marriage and are teachers in their county's public schools. Lately, they have been thinking that they don't have enough time for themselves. Frank thinks that they need to work on improving their communication. Elena thinks that they are not spending enough time together in activities that they both used to enjoy.

## APPENDIX C

### **Vignette 3**

Frank and Elena have been married for seven years. Frank is 33 years old; Elena is 30. They met at a party given by a mutual friend and decided to get married about a year later. Frank and Elena live in the city and have no children because of infertility issues. Both have been steadily employed throughout their marriage and are teachers in their county's public schools. Lately, they have been thinking that they don't have enough time for themselves. Frank thinks that they need to work on improving their communication. Elena thinks that they are not spending enough time together in activities that they both used to enjoy.

## APPENDIX D

### **Vignette 4**

Frank and Elena have been married for seven years. Frank is 33 years old; Elena is 30. They met at a party given by a mutual friend and decided to get married about a year later. Frank and Elena live in the city and have no children. Both have been steadily employed throughout their marriage and are teachers in their county's public schools. Lately, they have been thinking that they don't have enough time for themselves. Frank thinks that they need to work on improving their communication. Elena thinks that they are not spending enough time together in activities that they both used to enjoy.

## APPENDIX E

### **Information and Consent Form for Non-Medical Research**

This study has been reviewed and approved by the Antioch University, Santa Barbara Institutional Review Board.

You are being asked to participate in a research study conducted by Felizon C. Vidad, MA, a doctoral candidate completing her dissertation in the Psychology Department at Antioch University, Santa Barbara. You were selected as a possible participant in this study because you elected to open this webpage.

#### DESCRIPTION OF STUDY AND PROCEDURES

This is a study about impression formation. The purpose of this study is to measure how perceptive one can be about a couple, given a limited amount of information. You will be asked to read a vignette and then complete a questionnaire rating your impressions of the couple presented in the vignette. You will also be asked to complete a questionnaire to provide demographic information. The entire survey can be completed in approximately 15 minutes or less.

#### POTENTIAL RISKS AND DISCOMFORTS

There are no anticipated risks to your participation. You may feel uncomfortable assigning a rating to a couple based on limited information. You may be inconvenienced from taking time out of your day to complete the questionnaire.

#### POTENTIAL BENEFITS

Participation in this study may benefit others in the mental health profession through the educational results it could provide.

#### CONFIDENTIALITY

The survey is anonymous; you will not be required to provide your name or email address. Only the author of this study will have access to the data associated with this study. The data will be stored in the investigator's office in a locked file cabinet and a password protected, external computer storage drive. After the study is completed, the data will be stored for five years and then destroyed. When the results of the research are published or discussed in conferences, only group demographics may be shared. Demographic information pertaining to individual participants will not be revealed.

#### PARTICIPATION AND WITHDRAWAL

Participation in this study is voluntary. You may refuse to enter it, or you may withdraw at any time without creating any harmful consequences to yourself. Additionally, the investigator may withdraw you from the analysis of this research if circumstances arise which warrant doing so.

#### RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights, or remedies because of your participation in this research study. If you have any questions regarding your rights as a research subject, you may contact the Antioch University Santa Barbara IRB, 801 Garden Street, Santa Barbara, CA 93101, ATTN: Michele Harway, Ph.D. or mharway@antioch.edu.

If you have any questions or concerns about the research, please feel free to contact Felizon Vidad at fvidad@antioch.edu.

Proceeding with this questionnaire by clicking “next” confirms your agreement to participate in this study.

## APPENDIX F

**Demographic Questionnaire**

1. What is your age? \_\_\_\_\_
2. What is your gender?
  - Male
  - Female
  - Other (please specify) \_\_\_\_\_
3. What is your birth order?
  - Oldest
  - Second Oldest
  - Middle
  - Second Youngest
  - Youngest
  - Only
  - Other (please specify number in birth order) \_\_\_\_\_
4. What is your marital status?
  - Single
  - Married
  - Domestic partnership
  - Committed nonmarried
  - Divorced or separated
  - Widowed
5. Are you a parent or caretaker of one or more children?
  - Yes
  - No
6. What is the highest professional degree that you currently hold?
  - PhD Clinical
  - PhD Counseling
  - PsyD
  - EdD
  - MA
  - MSW
  - BA

7. Which of the following best describes your clinical orientation?
- Behavioral or cognitive-behavioral
  - Dynamic, object relations, or analytic
  - Feminist or multicultural
  - Humanistic or existential
  - Systems
  - Other (please specify) \_\_\_\_\_
8. What is the title of your occupational position?
- \_\_\_\_\_
9. How long have you been practicing as a mental health clinician?
- \_\_\_\_\_ months \_\_\_\_\_ years
10. Which of the following best describes your religious affiliation?
- Catholic
  - Jewish
  - Protestant
  - None
  - Other (please specify) \_\_\_\_\_
11. Which of the following best describes the race or ethnicity with which you identify?
- African American
  - Asian American
  - European American
  - Mexican American
  - Native American
  - Other (please specify) \_\_\_\_\_

## APPENDIX G

**Survey of Impression Formation**

Considering the information provided, please answer the following questions the best that you can.

1. How happy is the couple?
  - not at all
  - very slightly
  - slightly
  - moderately
  - very
  
2. How lonely is the couple?
  - not at all
  - very slightly
  - slightly
  - moderately
  - very
  
3. How ambitious is the couple?
  - not at all
  - very slightly
  - slightly
  - moderately
  - very
  
4. How successful is the couple?
  - not at all
  - very slightly
  - slightly
  - moderately
  - very
  
5. How stressed is the couple?
  - not at all
  - very slightly
  - slightly

- moderately
  - very
6. How anxious is the couple?
- not at all
  - very slightly
  - slightly
  - moderately
  - very
7. How confident is the couple?
- not at all
  - very slightly
  - slightly
  - moderately
  - very
8. How reliable is the couple?
- not at all
  - very slightly
  - slightly
  - moderately
  - very
9. How competent is the couple?
- not at all
  - very slightly
  - slightly
  - moderately
  - very
10. How loving and affectionate is the couple to each other?
- not at all
  - very slightly
  - slightly
  - moderately
  - very
11. This couple is likely to stay together.
- strongly disagree
  - disagree

- neither agree nor disagree
  - agree
  - strongly agree
12. This couple has a fulfilling sex life.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree
13. This couple worries about the future.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree
14. This couple will have a happy life together.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree

Please read the following statements and select the response that is most appropriate to your experience.

15. The couple's ages influenced my choice of ratings.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree
16. The length of the couple's marriage influenced my choice of ratings.
- strongly disagree
  - disagree
  - neither agree nor disagree

- agree
  - strongly agree
17. The size of the family influenced my choice of ratings.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree
18. The couple's place of residency influenced my choice of ratings.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree
20. The couple's employment status influenced my choice of ratings.
- strongly disagree
  - disagree
  - neither agree nor disagree
  - agree
  - strongly agree

## APPENDIX H

### **Letter of Introduction and Request for Participation**

Hello,

I am a doctoral student in the Department of Clinical Psychology at Antioch University Santa Barbara. For my dissertation, I am conducting a research study on contemporary couples' issues and impression formation among mental health professionals. This study has been reviewed and approved by the Antioch University Santa Barbara Institutional Review Board. Participants include individuals who work in the field of mental health and who provide psychotherapeutic services to clients at inpatient, outpatient, community, and/or private agencies. Participants may include licensed clinicians, graduate students, interns, and trainees.

I am gathering data via an online survey hosted by surveymonkey.com. The survey takes approximately 5 to 10 minutes to complete, and it is wholly anonymous. By clicking on the link below, you will be connected directly to the survey. The first page includes a consent form that provides further information about the study. Also, feel free to forward this email to your colleagues and acquaintances in the mental health profession, as I am attempting to obtain a wide demographic representation of participants.

Thank you in advance for your participation and support!

Sincerely,

Felizon Vidad, M.A.

Survey Link:

(If the link above does not take you directly to the survey, you can copy and paste it directly into your browser.)

## APPENDIX I

**Form B****Ensuring Informed Consent of Participants in Research:  
Questions to be answered by AUSB Researchers**

1. Are your proposed participants capable of giving informed consent? Are the persons in your research population in a free-choice situation? Are they constrained by age or other factors that limit their capacity to choose? For example, are they adults or students who might be beholden to the institution in which they are enrolled, or prisoners, or children, or mentally or emotionally disabled? How will they be recruited? Does the inducement to participate significantly reduce their ability to choose freely or not to participate?

All individuals in the research population are in a free-choice situation. Participants will be non-incarcerated adults (age 18 and over) recruited from graduate schools in psychology, local public mental health agencies, private practices, and various associations of mental health professionals. They will be contacted via email with an invitation to participate in this study and a link to follow to the survey website. Participation will be purely voluntary and there will be no inducement to participate, ensuring that participants may freely choose to participate or decline to participate in the study. All potential participants will be provided with a consent form to read prior to participating in the study.

2. How are your participants to be involved in the study?

Participants will read a vignette about a couple and then complete a questionnaire rating their impressions of the couple. Additionally, they will provide demographic information about themselves.

3. What are the potential risks – physical, psychological, social, legal, or other? If you feel your participants will experience “no known risks” of any kind, indicate why you believe this to be so. If your methods do create potential risks, say why other methods you have considered were rejected in favor of the method chosen.

There are no known physical, social, legal, or psychological risks to individuals involved in the study. Care was taken in the development of the vignettes and questionnaire, avoiding provocative language or phrasing that might cause potential risks to the participant's emotional well-being.

4. What procedures, including procedures to safeguard confidentiality, are you using to protect against or minimize potential risks, and how will you assess the effectiveness of those procedures?

In order to protect against and minimize potential risks, the procedures of this study involve only a few steps. Prior to participation in the study, participants will be given a consent form that informs them that their participation is purely voluntary and that they may withdraw from the study at any time. Therefore, participants are ensured freedom of choice and if they feel any discomfort at any point during the process, they may choose to terminate their participation. After consenting to the study, participants will complete a demographics questionnaire, read a vignette, and then complete a survey in which they provide responses based on the information in the vignette. By keeping the steps simple and requiring no more than fifteen minutes of the participant's time, potential risks are minimized.

To safeguard confidentiality, the survey is anonymous. Participants will not be required to provide a name or email address. Only the author of this study will have access to the data associated with this study. The data will be stored in the investigator's office in a locked file cabinet and a password protected, external computer storage drive. After the study is completed, the data will be stored for three years and then destroyed. When the results of the research are published or discussed in conferences, only the demographic information about participants may be revealed.

5. Have you obtained (or will you obtain) consent from your participants in writing?

An information and consent form will be provided to the participant to read and accept or reject before any further steps in the study are taken. A copy of the form is included in the Appendices.

- 6. What are the benefits to society and to your participants that will accrue from your investigation?

The information and results obtained in the study may further educate mental health professionals and assist them in their treatment of individuals who have voluntarily chosen to be childless. Participants may benefit by knowing that they have helped contribute to increased awareness and education among mental health professionals through their participation in the study.

- 7. Do you judge that the benefits justify the risks in your proposed research? Indicate why.

The benefits to this study appear to outweigh any possible risks; therefore, the benefits seem to justify the risks in this proposed research study.

Both the student and her Dissertation Chair must sign this form and submit it before any research begins. Signatures indicate that, after considering the questions above, both students and faculty persons believe that the conditions necessary for informed consent have been satisfied.

Signed: \_\_\_\_\_  
Felizon C. Vidad, M.A. Doctoral Student

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Juliet Rohde-Brown, Ph.D., Dissertation Chair

Date: \_\_\_\_\_