

CAN A MAGIC WAND PLAUSIBLY BE USED IN SERIOUS PSYCHOLOGICAL RESEARCH? THE COMPLICATIONS OF RESEARCHING THE IDEAL AGE AT WHICH TO BE A PARENT THROUGH THE EYES OF THE CHILD¹

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Abstract: There is a growing trend in European countries for childbearing to occur later in women’s lives. The recent increase in the use of ART, together with the long-term trend towards later childbearing, raises questions as to the acceptable age of childbearing in contemporary society. ART legislation varies considerably across Europe and age limits for access to fertility treatment are rarely defined. The legislation takes into account the preferences of potential parents; children’s preferences, however, are not ascertained. The article discusses a research method used in a survey of older children and young adults. The objective of the survey was to answer the following questions: What age would children prefer their parents to be if they could choose? What are their reasons? Respondents were asked the following question: “How old would you like your mother and father to be when you are 20 (version for respondents younger than 16) or 25 (version for those older than 16) if you could wave a magic wand?” Furthermore, their reasons for wishing a change were identified through an open question, “Why would you like to change the age of your parents?”

Key words: ART age limits; fertility, children’s preferences of parent’s age; research methods; projective techniques.

Introduction

There is a growing trend in the Czech Republic as well as in other European countries for childbearing to occur later in women’s lives. The proportion of first births occurring among women over 30 years of age has been increasing steadily over the last 20 years and currently ranges between 28 and 30 years in most EU countries (Eurostat, 2013; Kohler, 2006). Moreover, a dramatic increase has been recorded in birth rates in those aged over 35, in particular among primiparae. This trend is also occurring in other developed countries, e.g. Canada, United States and New Zealand (RCOG, 2011).

¹ Funding: Supported by GACR P407/10/0822.

There are many reasons why women choose to postpone childbearing. Many of them reflect the availability of safe and effective contraception, which, together with other factors including a multitude of socio-political issues, has given women the autonomy to decide if and when to have children. As women age, many opt for assisted reproductive technologies (ART) to improve their chances of conception. Biologically, the optimal period for childbearing is between 20 and 30 years of age (Leridon, 2004). Around 30 years of age, fecundity, as well as the chance of having a healthy child, slowly starts to decline. Then, once the age of 35 has been reached, fecundity decreases and the chance of spontaneous abortion, miscarriage and various pregnancy and birth complications increases—these risks increase not only with maternal age, but also with the use of fertility treatment (HFEA, 2010; Leader, 2006; te Velde et al., 2012). These complications are in turn associated with an increased risk of preterm birth, perinatal mortality and long-term impairment or disability (Nybo Andersen et al., 2000). In the case of men, fertility is less affected by age, but also decreases significantly once men are in their late 30s (Dunson et al., 2002; Jungwirth et al., 2012; Seli, 2011; Müller-Götzmann, 2009).

If the trend for delaying childbearing continues, society can expect an increased demand for reproductive assistance and with this a greater need for more sophisticated prenatal, postpartum, and early development care. While a short delay in the age at which parenting begins presents little absolute risk for the individual woman, small shifts in population distribution curves affect the whole of society and therefore have important implications for the health care system.

The age limits on access to ART in the legislation vary considerably across EU. On one hand, health insurance companies usually enforce an age limit for reimbursing treatment in women, usually between 38 and 42 years of age depending on the country's legislation. On the other hand, a general age limit on access to ART is rarely given. There are three categories of arguments occurring in all discussions on the existence or non-existence of age limits regulating access to ART. These are: biological arguments taking in account the physiology of fertility; psychological arguments emphasizing the needs of the child, the benefits and disadvantages of parenting in young and advanced adulthood, and general changes in the life span; and finally philosophical and ethical arguments stressing reproductive rights, particularly the right to freedom of choice and the right to benefit from scientific progress².

In the Czech Republic, a law regulating access to ART was adopted in 2011 and came into force in 2012. The act imposed an age limit of 49 years on women accessing fertility treatment. The Czech Republic is thus one of the few European countries to have a statutory age limit for accessing fertility treatment. But is this recently established provision sufficient? We believe that it is a step in the right direction; however, there is still much work that needs to be done. For instance, we argue that it is necessary to apply the age limit to men as well.

Since ART is an affordable means by which women can have children later in life, it is possible for women to conceive not only at the end of their reproductive age, but also even later. Naturally, the notion that it is possible to bear a child at a post-reproductive age

² Based on the Universal Declaration of Human Rights, 1948; the International Covenant on Civil and Political Rights, 1966; and the Convention on the Rights of the Child, 1989.

presents an ethical dilemma. These ethical issues affect not only individuals, but also—and more importantly—society as a whole. According to ethicists, the interests and rights of all affected parties should be balanced: the future parents, gamete donors, prospective surrogate mothers, ART clinics, society at large, and last but not least, the unborn child. As Zweifel, Covington, & Applegarth (2012) noted, the impact on the potential child should be the primary consideration. And since the unborn child is the only one who cannot decide, the legislation should place the welfare of the child first. This implies that any legislative regulation of ART should be in the interests of the child (Thorpe et al., 2012). The European Society for Human Reproduction and Embryology (ESHRE, 2007) clearly defines the responsibility of (potential) parents towards the (unborn) child: “In natural conception, the intentional parents are responsible for the health and well-being of the child. They should provide reasonable care up to the age when the child reaches adulthood.”

The aim of the study, (the methodology is the subject of this paper), was to explore children’s preferences on parental age and their reasons for these attitudes. This article aims to discuss one of the research methods used in the original study.

Methods

Research questions:

The purpose of the research was to map out the “preferences of children” regarding their parents’ age. The main research question was formulated as follows: “Are children’s preferences regarding their parents’ age consistent with the current trend for postponing parenthood?” And also: “How consistent are these preferences regarding parents’ age with current legislation regulating access to ART?” A projective question, “What age would children like their parents to be if they could choose?”, was used as a data gathering tool.

Sample parameters:

The data were gathered via a survey entitled “Preferred age for parenthood” and conducted in 2011 and 2012 in five Czech towns and cities of different sizes in various parts of the country. The sample consisted of older children and young adults aged between 11 and 25. Quota sampling was used so that the characteristics of participants would reflect the make-up of the population. These characteristics included demographical data; specifically, age, gender, family background, location and size of home, and type of school. The socio-demographic background of participants was also considered—the sample was well socially stratified. The final sample thus consisted of 1,181 sets of data, of which 745 were yielded from female and 436 from male respondents. Children younger than 11 were excluded from the research, since they may not have a clear understanding of aging and life span in general.

Projective interviewing:

First, the respondents were asked to give their own age as well as the age of their parents and siblings (if applicable). Then, they were asked the research question: “Technological

advances in contemporary medicine mean that people can freely decide when they want to have children. But children cannot choose the age of their parents. Imagine you had a magic wand and could change your parents' ages—would you change them? If so, how old would you like your mother and father to be when you are 20 (version for respondents under 16), or 25 (version for respondents over 16)?" Finally, the age of the mother and father at the respondents' birth was calculated using the current ages of participants and their parents. To provide more information on the context, respondents were asked a supplementary question: "Why would you like to change the age of your mother and/or father? What are your reasons?"

As mentioned above, the projective question was the main research tool. We deliberately avoided directly asking participants how old their parents had been when they were born, e.g. "How old were your mom and dad when they had you?" because this may have been difficult for children to process. Instead we provided a specific point in the near future allowing projection and thus making it easier—especially for younger respondents—to cognitively process the inquiry. By using projective questions to help the children think about the near future and virtual world, we hoped to provide them with an opportunity to genuinely express their feelings and attitudes.

Data analysis:

The data were analyzed both quantitatively and qualitatively. First, the preferred age of mothers and fathers was calculated using the current respondent's age and the stated desired age of both parents given in answer to the projective research question. In the second step, the actual ages of the parents were compared with the desired age. In the final part of the quantitative analysis, the data were compared with official statistics on the age distribution of first-time mothers and fathers.

Qualitative content analysis was also performed on all 2,777 statements explaining why respondents wished to change their parents' age; 1,418 of these gave reasons as to why the mother's age should be changed and 1,359 as to why the father's age should be changed. These findings are presented in detail in a separate paper (Konečná et al., submitted).

Discussion

The data revealed one particular, very clear, finding. The majority of respondents had consistent attitudes on the older age of their parents. Specifically, the overwhelming majority of respondents aged 11 to 25 agreed that they would prefer their mother to be 30 years old or younger when they were born, and their father to be 35 years old or younger. These findings are in contrast to the recent and widespread trend of postponing parenthood. It is noteworthy that the desirable parental ages correspond to the optimal age for pregnancy, from a biological point of view (Acton, 2012; Beets et al., 2011; Rizk et al., 2008; te Velde et al., 2012).

Our findings produced a range of reactions (in discussions after conference presentations or in reviews to submitted articles). So far, no one has questioned the findings or the validity of the methodology used. However, reactions to the interpretation and possible application

of the findings differ. Some say that children's statements should be taken seriously and that specific steps are required in order to provide social support for young families or regulate access to ATR. Some pointed out that although children wish to have younger parents, their perception of time is not sufficiently developed to be decisive.

It is clear that children's perception of time differ from those of adults. But does this necessarily mean that they are incorrect? We do not believe so. When we look at the reasons our respondents gave for preferring their parents to be younger, it is clear that these statements are consistent and relevant. We can split them into two categories: those related to the present and those related to the future. If a child would like his/her parents to be younger just because they are tired, slow, do not understand the child and do not spend time with him or her in the way the child wishes, it is impossible to challenge the child's perception of time. In cases such as these it is evident that a younger parent would fulfill the child's needs "here and now" better than an older one.

As far as the future is concerned, respondents expressed worries concerning the mental and physical state of their parents at an advanced age. Not only were they worried their parents might not be able to fulfill their needs while growing up, they also expressed concerns regarding their ability to be competent grandparents.

The biggest challenge we had to face while constructing the research design was the methodological framework. How were we to ask children what they think is an appropriate age to become a parent, if children's perception of time differs from that of adults? Asking them "What do you think is the ideal age to have children?" was unacceptable. It was necessary to deal with the future and find a reference point in the near future that would easily be imagined even by the youngest respondents. We could have asked "How old do you wish your parents were right now?" and then we would have been able to calculate the desired age from the data given that we knew the child's age. Nevertheless, our major concern was that creating a link to a real person and the present time would not allow children to freely express their real preferences. They might have felt ashamed to say that they wished they had younger parents or that it would be understood as meaning they were not satisfied with their parents. But projective questioning allows a child to answer as his/her future self and so it is less threatening for the child to express his/her real attitudes and preferences.

Given all these concerns, we decided to use the projective technique. We based our decision on the general theoretical position behind projective methods, the so-called projective hypothesis, which assumes that whenever a specific question is asked, the response will be consciously formulated and socially determined and thus will not reflect the respondent's unconscious or implicit attitudes or motivations. The ambiguity of the stimuli – in this case the projective question – allows subjects to express thoughts that originate on a deeper level than that tapped by explicit questions. Even though projective techniques became less popular in the 1980s and 1990s, they are still used quite frequently, especially in research with very young participants. Several recent studies have been published using these techniques with abused children (e.g. Allen & Tussey, 2012) to study attachment (e.g. Stronach et al., 2011), emotional responses (e.g. Becker, Rubly, El Kahtib, Becker, & von Gontard, 2011), and other social and psychological variables (e.g. Annunziata, Givannini, & Muzzatti, 2012).

Projective techniques “provide verbal or visual stimuli which, through their indirection and concealed intent, encourage respondents to reveal their unconscious feelings and attitudes without being aware that they are doing so” (Will et al., 1996, 38). Specifically, it allows participants to access and report feelings and motivations that may not surface using more rational questions. This advantage of projective techniques is in our opinion crucial in research with very young respondents as it enables them to explore otherwise unreachable beliefs, attitudes, values, motivations, and cognitions. Even more importantly, using projective techniques stimulates divergent thinking and facilitates free-flow of ideas (Roller, 2010).

Another strong argument for the legitimate use of projective techniques in psychological research on young respondents is that there are relatively minor cognitive demands placed on respondents when using projective techniques (Donoghue, 2000; Viglione & Rivera, 2003). We believe that, for researchers, this is a substantial advantage over other measures where respondents are required to read, comprehend, and respond to the instructions. As projective techniques are generally non-reading and non-writing exercises; the outcomes are not dependent on having a highly educated population. Also, as Groth-Marnat (2009) pointed out, projective techniques may be more resistant to attempts at faking answers compared to objective ones.

Although projective techniques have been criticized and questions raised as to their validity and reliability in major psychological journals (e.g. *Clinical Psychology: Science and Practice*, *Harvard Mental Health Letter*, *Journal of Personality Assessment*, and *Journal of Clinical Psychology*), the literature on research using projective methods provides ample evidence that they good use can be made of them when dealing with specific clinical questions (Garb et al., 2004). As far as the validity and reliability of projective techniques is concerned, some proponents have argued that it is inappropriate to use the same criteria for both objective tests and projective tests. They state that unlike objective tests, in which scores are determined and compared to official statistical norms, projective tests are rather similar to structured interviews, whose purpose is to better know, understand, and describe a person (Garb et al., 2002; Plante, 2005). Nevertheless, a great deal of this criticism is centered around major projective tests, such as the Rorschach Test and the Thematic Apperception Test, but there are also many ingenious modifications and variations of these methods (Lilienfeld et al., 2000). Many clinicians report that these instruments provide useful information that helps them develop a better understanding of the client. We, the authors, based on our experience, fully agree with this and argue that projective techniques, if used properly, are an invaluable contribution to psychological diagnostic assessment.

Projective interviewing does not only have great potential in psychological research with very young respondents, but also plays an important role in other professional fields. Let us take the pictorial scales used to measure pain in children as an example of a widespread practical use of projective interviewing, e.g. Wong’s scale or Baxter Retching Faces (Baxter et al., 2011). Thanks to the evoked projection, these are essential tools for accessing children’s perceptions of pain and cannot be replaced by any other objective technique.

Finally, according to the Article 12 of The Convention on the Rights of the Child, “States Parties shall assure to the child who is capable of forming his/her own views the right to express those views freely in all matters affecting the child, the views of the child being given

due weight in accordance with the age and maturity of the child” (United Nations, 1989, 4). When applied in research generally, the statements given by children must be considered credible and not lacking in plausibility.

Given the above, we argue that if used properly, projective techniques can illuminate unique aspects of attitudes. Therefore we believe that our findings should be treated as a relevant contribution to the discussion of whether or not there should be an age limit on access to ART.

Conclusions

If the biological limits of reproduction are in many cases being extended by reproductive medicine, then responsibility for the outcome of ART should be partly borne not only by the individual, but also by society as a whole. The interests of all parties must be taken in account – not only those of parents, but also, and more importantly, those of children.

We believe that using a projective framework allowed us to gain valid insight into children’s and young adults’ perceptions of the relationship between age and childbearing. Furthermore, we also believe that parental age plays a very important role in the lives of children, and as such should be responsibly taken into account while planning parenthood. Finally, in our opinion, setting an age limit for access to ART should be part of a policy that promotes early parenthood.³

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³ Conflict of interest: No competing interests.

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