

PSYCHOLOGICAL EXPERIENCES AND MEANING-MAKING OF WOMEN WITH INVOLUNTARY CHILDLESSNESS FROM AN ISLAMIC PSYCHOLOGY PERSPECTIVE

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Abstract

This study explored the psychological experiences and meaning-making of women experiencing involuntary childlessness through their subjective accounts of married life without the expected presence of children. A qualitative design using Interpretative Phenomenological Analysis (IPA) was employed with three women selected purposively according to the study criteria. Data were collected through flexible, non-directive, semi-structured in-depth interviews and field notes. Transcripts were analyzed idiographically through repeated reading, descriptive, linguistic, and conceptual initial noting, the development of emergent themes, within-case analysis, and cross-case analysis. Islamic Psychology was used as an interpretive lens rather than a predetermined coding framework. Three overarching themes were identified, consolidating seven closely related experiential dimensions: negotiating motherhood amid hope and uncertainty; living with loss through relational and everyday resources; and discovering new meanings through the journey. The findings indicate that involuntary childlessness involves interconnected psychological, relational, social, and spiritual processes. Hope remained important while participants developed ways to regulate emotions, sustain relationships, cope with uncertainty, and reconstruct meaning through *ikhthiar*, *sabr*, *tawakkul*, *qadar*, *ikhlas*, *shukr*, and *husnuzan*. Overall, the findings suggest that psychological adaptation involved maintaining hope while gradually developing acceptance of uncertainty, loss, and limits of personal control.

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1. INTRODUCTION

Marriage is a dynamic life context in which partners continuously adapt to changing expectations, responsibilities, and challenges. In many Indonesian social settings, having children is commonly associated with the meaning and perceived completeness of marriage. Consequently, when a woman wants children but does not have them, the experience may extend beyond reproductive concerns and affect psychological well-being, marital meaning, social relationships, and expectations for the future (Patnani et al., 2021; Kartika & Fridari, 2024).

The distinction between involuntary childlessness and voluntary childfree living is important. Involuntary childlessness refers to a condition in which an individual or couple desires children but has not achieved the desired outcome because of biological, medical, reproductive, or other unintended circumstances. Not every woman who experiences involuntary childlessness has a formal infertility diagnosis; nevertheless, the discrepancy between the desired and experienced family situation can become psychologically significant. Global estimates have highlighted infertility as a major

reproductive-health concern, while qualitative research has emphasized that the lived experience cannot be reduced to medical treatment or diagnostic status (Cox et al., 2022; Fieldsend & Smith, 2020).

For women, this situation may involve a complex mixture of hope, uncertainty, sadness, anxiety, frustration, social comparison, and questions concerning identity and motherhood. Fieldsend and Smith (2020) showed that involuntary childlessness can involve an ambiguous form of loss because the desired child is absent while the associated hopes and imagined future remain psychologically present. Indonesian studies similarly describe psychological difficulties, social stigma, and coping efforts among women who live without the children they had expected (Susanti & Nurchayati, 2019; Suzanna et al., 2022; Kartika & Fridari, 2024).

At the same time, the waiting period is not exclusively characterized by distress. Women may continue to construct hope, seek social support, regulate emotions, engage in practical and spiritual coping, and reconsider the meaning of their lives.

Hope can function as a motivational resource that sustains goal-directed effort, while meaning-making involves the process through which stressful experiences are interpreted in relation to broader beliefs, goals, and life narratives (Snyder, 2002; Park, 2010). Previous Indonesian research has shown that women without children may retain hope through medical, lifestyle, and spiritual efforts (Safitri & Savira, 2022).

Within a Muslim context, spiritual beliefs may become part of how women understand uncertainty, loss, and control. From an Islamic Psychology perspective, this study treats spiritual meaning as part of participants' psychological meaning-making rather than as an external explanation imposed on their experiences. This positioning is informed by literature on ikhlas, religious coping, and psychological well-being in contexts relevant to infertility and involuntary childlessness (Dhaisani Sutra & Rahmania, 2022; Hasana et al., 2025; Lisyanti & Kilis, 2025). In this study, concepts such as ikhtiar, sabr, tawakkul, qadar, ikhlas, shukr, and husnuzan are not treated as predetermined variables or stages. Rather, they are used as an interpretive lens when such meanings arise naturally in participants' narratives. This position is consistent with the interpretative character of IPA, in which the researcher seeks to understand participants' own meaning-making while acknowledging the interpretative role of the researcher (Nizza et al., 2021).

Previous studies have documented psychological distress, stigma, hope, and coping among women experiencing childlessness, but fewer studies have examined how these experiences are interconnected within women's lived narratives. Existing studies also provide limited attention to differences between individual reproductive histories, particularly differences associated with miscarriage, recurrent pregnancy loss, and marital circumstances. Furthermore, Islamic meanings are often discussed as religious coping variables, whereas less attention has been given to how Islamic concepts are constructed and negotiated within women's own accounts of uncertainty, loss, and meaning-making. The research gap addressed here is therefore not simply the absence of another study on childlessness, but the limited integration of these psychological, relational, reproductive, and spiritual dimensions within an idiographic account of lived experience.

The present study addresses these gaps by using Interpretative Phenomenological Analysis (IPA) to examine how women experiencing involuntary childlessness make sense of motherhood, uncertainty, social expectations, loss, relationships, coping, and spiritual meaning within their lived contexts. The novelty lies in bringing an idiographic IPA approach together with an Islamic Psychology perspective, so that similarities and differences across reproductive histories can be examined while spiritual meanings remain grounded in participants' own narratives rather than being imposed as predefined categories.

2. RESEARCH METHOD

This study used a qualitative design based on Interpretative Phenomenological Analysis (IPA), consistent with established qualitative and IPA methodological guidance (Creswell & Poth, 2018; Smith et al., 2009). The design was selected because the study sought an in-depth understanding of participants' subjective experiences and how they made sense of those experiences. The analysis was idiographic: each participant was understood as a distinct case before similarities and differences were considered across cases. The study did not aim to test hypotheses or establish statistical relationships among variables.

Translation of participant quotations. All quotations were originally spoken in Indonesian and translated into English for publication. The translations preserve the intended meaning of the original statements, while the interview codes remain identical to those in the original transcripts and thesis.

Participants were recruited purposively according to criteria aligned with the phenomenon under study. Eligibility required participants to be legally married women aged 25–35 years, married for at least three years, without biological children at the time of the study, desiring children but not having achieved them involuntarily, not having voluntarily chosen childlessness, having undertaken or been undertaking efforts to obtain a pregnancy, being able to describe their experiences reflectively, providing informed consent, and being sufficiently psychologically stable for the interview. The three participants were identified by the pseudonyms NH, LA, and QN.

NH was 29 years old and had been married for three years; she had experienced one miscarriage. LA was 28 years old and had been married for six years, including a period of long-distance marriage, and had experienced one miscarriage. QN was 29 years old and had been married for nearly four years and had experienced four miscarriages. These differences were retained analytically because IPA emphasizes convergence and divergence rather than treating participants as interchangeable cases.

The primary instrument was a flexible, non-directive, semi-structured in-depth interview guide. Questions opened space for participants to describe expectations of motherhood, waiting and uncertainty, social pressure, pregnancy loss, emotional responses, social support, coping, and meaning-making. Probing was used when participants introduced experiences that required clarification or deeper exploration. Spiritual content was explored only when it arose from participants' own accounts, including references to prayer, *ikhtiar*, *sabr*, *tawakkul*, *qadar*, *ikhlas*, *shukr*, *husnuzan*, and other forms of religious coping.

Before each interview, the researcher explained the study purpose, interview process, use of data, confidentiality, and the participant's right to stop the interview or decline a question. Interviews were conducted in a supportive manner. Audio recordings were transcribed verbatim and checked against the recordings. Field notes documented relevant context, nonverbal responses, and the researcher's early reflections. The study documentation also included informed consent and ethical-clearance materials.

Data analysis followed an idiographic IPA process. The researcher repeatedly read each transcript to become familiar with the participant's narrative, then conducted initial noting at descriptive, linguistic, and conceptual levels. Emergent themes were developed from these notes and examined for relationships, convergence, and divergence within each case. The same process was completed for each subsequent participant before cross-case analysis was conducted to identify recurring or meaningfully related patterns. An audit trail linked verbatim material, coding, grouped meanings, individual themes, cross-case themes, and final interpretations. This process supported analytic traceability.

Researcher positionality and reflexivity were explicitly considered. The researcher recognized a phenomenological closeness to the topic through personal experience, but personal experience was not used as data or as the basis for forming themes. Before and after interviews, the researcher returned to the transcripts and reflexive notes to distinguish personal expectations from meanings expressed by participants. Interpretations were repeatedly traced back to verbatim material, initial notes, individual themes, and the cross-case synthesis. When an interpretation could be explained in more than one way, the analysis returned to the participant's wording and surrounding narrative rather than relying on the researcher's personal experience. This reflexive process was intended to reduce the possibility that personal experience would determine the interpretation. Islamic Psychology was therefore used to deepen interpretation of meanings already grounded in the data rather than to impose predefined categories.

Table 1. Participant characteristics

<i>Participant</i>	<i>Age</i>	<i>Marriage Duration</i>	<i>Key reproductive experience</i>
NH	29	3 years	One miscarriage
LA	28	6 years	One miscarriage; period of long-distance marriage
QN	29	Nearly 4 years	Four miscarriages

3. RESULT AND ANALYSIS

The analysis produced three overarching themes that consolidated seven closely related experiential dimensions identified through the cross-case analysis. The themes should not be read as a linear sequence; rather, they represent interconnected domains of experience that appeared across the narratives. The three overarching themes were (1) negotiating motherhood amid hope and uncertainty; (2) living with loss through relational and everyday resources; and (3) discovering new meanings through the journey. Each participant entered the experience from a different life context, and the cases converged while retaining meaningful idiographic differences.

Table 2. Overarching themes and core interpretations

No.	Cross-case theme	Core interpretation
1	Negotiating Motherhood Amid Hope and Uncertainty	Motherhood remained a valued future while waiting, uncertainty, and social expectations shaped emotional and social experience.
2	Living with Loss Through Relational and Everyday Resources	Pregnancy loss, close relationships, and varied coping strategies shaped grief, support, and the ability to continue everyday life.
3	Discovering New Meanings Through the Journey	Participants broadened meaning through acceptance, personal growth, and spiritual reflection without necessarily abandoning hope.

Negotiating Motherhood Amid Hope and Uncertainty

Across the three cases, motherhood was experienced as a valued future and as part of the meaning initially attached to married life, rather than only as a reproductive outcome. Although the participants shared a desire for children, the meaning of that desire differed according to their marital and reproductive histories.

For NH, the expectation of motherhood was initially understood as a natural part of marriage: "At the beginning of my marriage, I did not postpone having a child; I just let it happen as it was given." (W1.NH.B029.a). This suggests that pregnancy was initially imagined as something that would unfold naturally after marriage, before prolonged waiting made the reproductive future more uncertain.

LA similarly described motherhood as a shared marital aspiration: "From the beginning, we both wanted to have children." (W1.LA.B012.a). Her account places the desire for a child within the couple's shared understanding of family life, while her later experience led her to recognize that marital meaning could not depend entirely on having a child.

QN retained a strong hope for motherhood despite repeated pregnancy losses: "I still hope that Allah will give me a child" (W1.QN.B123.a). This statement illustrates how the desire for a child remained meaningful despite repeated disappointment and uncertainty.

Taken together, the cases converge in the importance of motherhood as a future-oriented hope, while diverging in how that hope was experienced. This finding is consistent with Patnani et al. (2021), who showed that children can hold important meaning within the marriages of involuntarily childless couples, and with Safitri and Savira (2022), who found that women may preserve hope through medical, lifestyle, and spiritual efforts. The present study extends these findings by showing how hope was embedded in each participant's individual narrative of marriage and future family life.

Hope was closely connected with *ikhtiar* rather than passive resignation. Participants described continuing to act, maintain relationships, pray, and preserve hope while also recognizing that reproductive outcomes could not be fully controlled.

Waiting emerged as an extended psychological condition rather than simply the passage of time. Across the cases, uncertainty affected emotional states, self-evaluation, and expectations about the future, but each participant responded to that uncertainty differently.

For NH, prolonged waiting became increasingly associated with worry and comparison: "By the second year, I was really worried." (W1.NH.B039.a). Her account marks a shift from initially ordinary expectations toward heightened self-questioning about her reproductive future.

For LA, the meaning of waiting changed after miscarriage: "After the miscarriage and a year passed without another pregnancy, I started thinking a lot." (W1.LA.B023.a). Her account illustrates how pregnancy loss altered the emotional meaning of subsequent waiting.

QN experienced uncertainty through a different reproductive history marked by repeated miscarriage, medical investigation, and continued concern about future pregnancy: "I believe everything

has its time.” (W1.QN.B124.a). This orientation did not eliminate uncertainty but provided a way of understanding limits to prediction and control.

These accounts support the understanding of involuntary childlessness as an experience of ambiguous and prolonged uncertainty (Fieldsend & Smith, 2020). They also illustrate hope theory, in which valued goals may remain important even when pathways toward them become obstructed (Snyder, 2002). Rather than moving simply from hope to hopelessness, the participants appeared to hold hope and uncertainty simultaneously. This coexistence can be understood through the relationship between *ikhthiar* and *tawakkul*: participants continued to act within areas they perceived as controllable while gradually learning to live with outcomes that remained uncertain.

Social expectations became visible through direct questions, family gatherings, peer comparison, and assumptions about the expected timing of motherhood. These experiences differed in form but shared the capacity to make the participants more conscious of their reproductive status.

NH described the anticipated question itself as a source of anxiety: “Because my biggest fear was questions like, ‘When are you going to have a child?’” (W1.NH.B067.a). Her account suggests that social pressure could begin before an interaction occurred, as the expectation of being questioned shaped her willingness to engage in some social situations.

For LA, questions about children repeatedly arose in family settings: “During Eid or family gatherings, questions about having children almost always came up.” (W1.LA.B076.a). Although she understood that such questions could be intended as concern rather than judgment, their repetition still created emotional pressure.

QN experienced social pressure more strongly through comparison with peers: “I was already quite aware of it because all my friends already had children.” (W1.QN.B021.a). Her account illustrates how social expectations can be internalized even when no one explicitly makes a critical comment.

These findings are consistent with Indonesian literature describing stigma and social pressure surrounding childlessness (Suzanna et al., 2022; Kartika & Fridari, 2024). The present findings further suggest that pressure operates both interpersonally and internally: direct questions may create immediate discomfort, while comparison with peers can reinforce a perceived discrepancy between one’s own reproductive trajectory and socially expected milestones. QN’s recognition that not everything can be controlled can be read alongside *tawakkul*, while NH’s temporary limitation of social contact can be understood as an attempt to protect emotional functioning. These interpretations remain grounded in the meanings participants attached to their experiences rather than treating spiritual concepts as predetermined explanations.

Living with Loss Through Relational and Everyday Resources

Pregnancy loss was a central part of the participants’ narratives, but the experience of loss extended beyond the pregnancy itself. Participants also described the disruption of anticipated motherhood, imagined family experiences, and a future that had temporarily become more concrete.

NH’s miscarriage followed a long period of waiting and therefore interrupted a pregnancy that had represented the realization of a deeply desired hope. Her grief was expressed directly: “I cried a lot.” (W1.NH.B161.a). Her wider account also included questioning why the pregnancy had not continued (W1.NH.B163.a), showing that grief and spiritual questioning could coexist.

LA described the loss as an abrupt interruption of an anticipated future: “When I heard that, it felt as if the world stopped for a moment.” (W1.LA.B056.a). She subsequently experienced sadness, disappointment, self-blame, and physical suffering related to the post-miscarriage medical process, while gradually learning to approach the waiting period through prayer and an emerging understanding of *ikhlas* (W1.LA.B070.a).

QN’s experience differed because her losses were recurrent. She described the emotional impact of repeated miscarriage by saying, “I felt traumatized.” (W1.QN.B080.a). Her subsequent decision with her husband to keep a later pregnancy private illustrates how repeated loss could also lead to greater control over disclosure as a protective response.

The cross-case finding is therefore not that the participants accepted loss in the same way. Rather, they gradually learned to live with an experience that could not be undone. This is consistent with perspectives on ambiguous loss and meaning reconstruction (Fieldsend & Smith, 2020; Neimeyer, 2001), while Indonesian research has also documented psychological difficulties associated with infertility (Teresna Anindhita et al., 2021). *Sabr*, *tawakkul*, and *ikhlas* appeared not as stages that eliminated grief, but as resources through which participants gradually situated loss within a wider understanding of life.

Support from close others became an important resource when participants faced loss and uncertainty. Although the form of support differed across cases, its common function was to reduce the sense of facing the experience alone.

For NH, her husband provided companionship and helped reduce emotional strain through shared activities: "Then he took me out; when I told my husband, we immediately went around to different places so I would not be stressed." (W1.NH.B054.a). This response contributed to the experience of marriage as a supportive space rather than another source of reproductive pressure.

LA identified her husband as her primary source of support: "My husband certainly played the most significant role." (W1.LA.B067.a). His non-judgmental response to miscarriage was particularly important because LA had questioned whether she had caused the loss through excessive activity or fatigue.

QN similarly emphasized the strengthening role of her husband: "My husband always encouraged me." (W1.QN.B125.a). Her account described the couple as facing reproductive difficulties together, although her experience with her mother-in-law also showed that close relationships could become sources of pressure.

The cases therefore demonstrate that relational proximity does not automatically translate into psychological support. The same family environment may function protectively for one participant and become pressuring for another, depending on how interactions are experienced and interpreted. This finding is consistent with social-support perspectives and Indonesian research indicating that support can contribute to the maintenance of marital harmony under childlessness-related stress (Iskandar et al., 2019), while also reflecting literature on disclosure and interpersonal resources following difficult life events (Tedeschi & Calhoun, 2004). Emotional presence, acceptance, companionship, and the preservation of ordinary marital life were meaningful beyond practical advice.

The participants developed different ways of maintaining everyday life while the reproductive situation remained uncertain. Their strategies included continuing efforts toward pregnancy, regulating difficult emotions, maintaining relationships, engaging in meaningful activities, and strengthening spiritual practices.

NH described continued effort alongside spiritual practice: "I keep making efforts and drawing closer to Allah." (W2.NH.B049.a). Her work as a PAUD teacher, prayer, shared activities with her husband, and temporary reduction of stressful social contact also formed part of how she managed difficult emotions.

LA combined religious coping with recreational and interpersonal activities. When alone, she explained, "When I am alone, I usually go to the mall, take a walk, or ride my motorcycle while praying." (W1.LA.B099.a). Her account illustrates how spiritual practice could be integrated into ordinary activities rather than treated as separate from everyday coping.

QN maintained teaching as a meaningful activity that helped preserve psychological structure: "Teaching makes my mind feel calmer." (W1.QN.B127.a). Teaching and interaction with children helped her regain enthusiasm, while she also tried to reduce attention to others' opinions and avoid remaining trapped in self-blame.

Across the cases, coping was therefore plural rather than singular. The participants moved between action, emotional regulation, relational support, meaningful activity, and religious coping according to context. This is consistent with the distinction between problem-focused and emotion-focused coping (Lazarus & Folkman, 1984) and with Indonesian research showing that women may combine practical, emotional, social, and religious strategies when facing involuntary childlessness (Susanti & Nurchayati, 2019; Safitri & Savira, 2022; Pargament, 1997). The balance between effort and *tawakkul* was particularly salient: continuing everyday life did not mean that the reproductive goal had disappeared, but that the goal was situated within a broader life.

Discovering New Meanings Through the Journey

The final theme concerns a broadening of meaning rather than the disappearance of the desire for children. Meaning-making involved reappraising what mattered, recognizing limits of personal control, and identifying sources of value that could coexist with the continuing hope for motherhood.

NH described a more accepting spiritual understanding of her reproductive situation: "If Allah has not given me a child in this world, that is okay, because having a child of one's own is not easy." (W2.NH.B056.a). This statement reflects a shift toward recognizing limits while preserving a meaningful orientation toward the future.

LA described a broader understanding of a meaningful life: "I have also learned that life is not only about having children." (W1.LA.B036.b). Her narrative suggests that companionship, travel,

learning, health, and emotional peace could become meaningful aspects of marriage without requiring the original desire for a child to disappear.

QN's meaning-making was shaped by repeated loss and medical uncertainty. Alongside a stronger awareness that reproductive responsibility should not automatically be assigned to women, she described personal growth simply: "All of this has made me more mature." (W1.QN.B135.a). Her account indicates a process of becoming more reflective and learning to distinguish what could be influenced from what remained beyond her control.

These narratives are consistent with meaning-making theory, which proposes that stressful events prompt individuals to negotiate discrepancies between prior beliefs and lived reality (Park, 2010). They also resonate with posttraumatic growth theory in relation to personal strength, relationships, priorities, and spiritual life (Tedeschi & Calhoun, 2004). However, the findings should not be interpreted as evidence that all participants achieved posttraumatic growth in a clinical or measurable sense; rather, the narratives demonstrate processes of personal growth and meaning reconstruction. The meanings of *ikhthiar*, *tawakkul*, *qadar*, *ikhlas*, *shukr*, and *husnuzan* were woven into participants' efforts to understand what could be controlled, what had to be accepted, and how life could remain meaningful despite an unresolved reproductive outcome.

Taken together, the seven themes portray involuntary childlessness as an interconnected experience rather than a fixed sequence of psychological reactions. Hope for motherhood gives direction to married life; prolonged uncertainty creates emotional and cognitive strain; social expectations intensify awareness of difference; pregnancy loss deepens grief; close relationships provide emotional resources; coping supports everyday life; and meaning-making helps integrate the experience into a broader life narrative. The themes overlap and recur rather than progressing in a fixed order.

The cross-case synthesis also demonstrates the importance of preserving idiographic differences. NH's account was strongly shaped by social questions, self-comparison, and the emotional impact of prolonged waiting. LA's narrative emphasized the transformation of meaning following miscarriage, alongside her experience of long-distance marriage and the gradual integration of spiritual and recreational coping. QN's repeated pregnancy losses and strong reliance on her marital relationship highlighted recurrent uncertainty, shared responsibility, and acceptance of limits. These differences caution against treating women experiencing involuntary childlessness as a homogeneous psychological group.

A central integrative finding is the relationship between hope and acceptance. Acceptance did not replace hope. NH continued to consider future reproductive efforts after miscarriage; LA retained her desire to become a mother while redefining other sources of happiness; and QN continued to hope for a child while learning to accept outcomes beyond her control. Adaptation may therefore involve expanding the meaning of a good life rather than abandoning the original hope. Support that prematurely demands "acceptance" may unintentionally communicate that a woman should stop wanting a child. The narratives instead indicate that hope and acceptance can coexist.

This relationship between hope and acceptance represents a central contribution of the present study. Earlier work has shown that hope can sustain goal-directed effort among women without children (Safitri & Savira, 2022) and that meaning-making involves negotiating stressful experiences in relation to broader beliefs and life goals (Park, 2010). The present findings extend these perspectives by showing, across three distinct reproductive histories, that hope and acceptance did not function as mutually exclusive endpoints. Participants could continue to desire motherhood while simultaneously accepting limits to personal control. The contribution is therefore the description of adaptation as an expansion of meaning around an unresolved hope, rather than a requirement to eliminate the hope itself.

The Islamic Psychology lens further clarifies this integration. *Ikhtiar* appeared in efforts to seek pregnancy, maintain health, pursue medical evaluation, and continue appropriate action. *Tawakkul* and *qadar* became meaningful when participants confronted outcomes that could not be guaranteed. *Sabr* and *ikhlas* were reflected in the gradual process of living with loss, while *shukr* and *husnuzan* became associated with recognizing remaining sources of goodness and maintaining a positive orientation toward Allah. These concepts emerged as interpretive resources grounded in participants' narratives rather than predetermined psychological stages. Overall, involuntary childlessness is not adequately understood as a reproductive or medical problem alone; it is a lived experience involving imagined futures, identity, marriage, social belonging, grief, coping, and spirituality.

4. CONCLUSION

This study found that involuntary childlessness is a complex and highly personal experience involving psychological, relational, social, and spiritual dimensions. Across the narratives of NH, LA, and QN, three overarching themes were identified, consolidating seven closely related experiential dimensions: (1) negotiating motherhood amid hope and uncertainty; (2) living with loss through relational and everyday resources; and (3) discovering new meanings through the journey.

The findings show that adaptation does not require women to abandon the hope of motherhood. Instead, participants gradually learned to carry hope alongside uncertainty, loss, relationships, everyday life, and spiritual reflection. Islamic Psychology enriched this interpretation through meanings expressed by participants themselves, particularly *ikhtiar*, *sabr*, *tawakkul*, *qadar*, *ikhlas*, *shukr*, and *husnuzan*. These concepts functioned as interpretive resources rather than predetermined stages. Importantly, acceptance did not require participants to abandon their hope of motherhood.

From a practical perspective, psychological support for women experiencing involuntary childlessness should not reduce the goal to reproductive problem-solving or pressure women to “accept” the situation prematurely. Counseling and psychosocial support may instead provide space for grief, uncertainty, social pressure, marital communication, and continued hope to be discussed together. For Muslim clients who themselves consider spiritual meanings important, support can respectfully attend to prayer, *ikhtiar*, *sabr*, *tawakkul*, and related meanings without imposing religious categories that are not present in the client’s narrative. The findings also suggest the value of couple- and family-sensitive support because close relationships may function as both protective and pressuring contexts.

The findings should be interpreted within the context of three participants with specific reproductive histories and sociocultural backgrounds. The data were retrospective and depended on participants’ recollection and reflection during interviews; therefore, the study does not capture how meanings may change in real time. The interpretative nature of IPA also means that the findings represent a situated interpretation rather than an objective account independent of the researcher. In addition, the researcher’s phenomenological closeness to the topic required deliberate reflexive practices, although such practices cannot eliminate interpretation entirely.

Future research may involve more diverse participants across age groups, reproductive histories, marital circumstances, and sociocultural contexts. Longitudinal qualitative designs could also examine how hope, acceptance, spiritual meaning, and coping develop over time, particularly before and after reproductive loss or major medical decisions. Further studies may examine how couples jointly negotiate these experiences and how culturally responsive psychological support can be developed without treating women’s reproductive outcomes as solely their responsibility.

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