You maybe wondering why a designer is talking to you about adversity!

I believe that design has the power to change social situations and challenge preconceptions. I have worked in design for education across the world, and with charities on awareness for teenage cancer and hidden disabilities.

Walk In Our Shoes began as www.walkinourshoes.org.uk and will be moving to www.walkinourshoes.net with a new blog. It is a social design piece produced for my postgraduate graphic design and typography degree. A module on collaboration asked for students to partner with an organisation or charity to use research and design to solve an issue.

The content was inspired by a close friend who was pregnant at the same time as me and went onto have two beautiful daughters. I have not been able to have children. I've gone through IVF 6 times, recurrent miscarriages and childloss. My friend and I are firm friends still because she speaks of the challenges that came with parenthood and I have shared my story. Inspired by our friendship and the work of Jody Day, founder of Gateway Women, I began to research attitudes around childlessness.

Jody Day, who runs Gateway Women stated in an article that there are 50 ways not be a mother.

- Being single and unable to find a suitable relationship from your mid-thirties onwards.
- Being ignorant about your fertility and not realising that after 35 it's half what it was at 25, and that by the time we're 40 we have only a very small number of viable eggs left. The age that many women think they need to worry about is 40, when in fact it's much younger.
- 3. Not meeting a partner until we're past our childbearing years.
- 4. Never meeting a suitable partner.
- Thinking that we don't want children because of our own difficult childhoods, before realising too late that we were not condemned to repeat this with our own children.
- Being unable to afford to have a child on our own, and being unwilling to rely on the state and therefore risk bringing a child into a life of poverty.

- Spending our 30s
 healing childhood
 wounds in therapy, and
 then finding it too late
 to find a healthy partner
 and start a family.
- Coming into recovery from addiction issues right at the end of our fertile years.
- Being with a partner who says they want children later... but the time is never right for them
- Being in an emotionally abusive relationship that destroyed our confidence and so we left it too long to leave, recover and find a suitable partner with whom to have children.
- Not making motherhood a priority and somehow expecting it to 'just happen' one day.
- 12. Waiting for our partner to come round to the idea of having a family, only to find out that they've decided they definitely don't want children.
- Infertility issues of our own.

- 14. Infertility issues of our partner.
- 15. Infertility issues of both partners.
- 16. Miscarriage and early term loss.
- 17. Still birth, cot death, early infancy mortality.
- Being with a partner who has had a vasectomy and for whom the reversal doesn't work
- 19. Coming out of a convent or other seclusion because we want the opportunity to have children, only to be unable to find a partner or to afford to do it on our own
- 20. Finding out that the person you'd been in a relationship with for the last few years is actually already married with children.
- 21. Adopting a child and then finding that although everyone now thinks you're 'a mother', you still feel 'childless' and guilty about it.
- 22. Staying in a relationship

- that you don't feel comfortable bringing children into.
- 23. Trying to conceive for several years only to find out that due to a surgical error a contraceptive coil that should have been removed is still in place.
- 24. Being widowed.
- 25. Being born without a fully developed reproductive system.
- Our partner's sexual orientation leading to relationship breakdown (or vice versa).
- 27. Not feeling comfortable having IVF or other treatments.
- 28. Being unable to afford fertility treatments.
- 29. Not being able to afford to continue fertility treatments.
- 30. Being denied fertility treatments.
- Our partner or ourselves being ill during our most fertile years and so waiting for one or both to regain health.
- 32. Caring for a sick, elderly,

- disabled or vulnerable family member during our fertile years.
- 33. Being a 'mother' to our younger siblings in our mother's place (due to illness, absence, death, addiction, depression, etc) and so believing that we'd 'had enough of mothering' only to realise too late that we would like to have children of our own.
- 34. Losing a key relationship because of family disapproval on religious, cultural, class, financial or other grounds, and then not meeting another partner in time to start a family.
- 35. Medical conditions that make becoming a parent difficult.
- 36. Working in a single-sex dominated environment thus making it difficult to

- meet a suitable partner.
- Having genetic inheritance issues of our own, or our partner's, that make us decide not to risk having children.
- 38. Needing to save enough money to buy a home and pay off college debts before we could afford to start a family, only for it to be too late.
- Being with a partner who already has children and doesn't want more.
- Being with a partner who doesn't want children at all (a childfree partner).
- Becoming a stepmother and for it to be too painful for your partner's children to cope with you having a child.
- 42. Being unable to get pregnant with the eggs

- you froze when you were younger.
- 43. Being ambivalent
 about motherhood and
 realising too late that
 you really do want a
 family.
- 44. Finding out that the man who said he wanted children was lying as he'd had a vasectomy and hadn't told you.
- 45. Having a partner with addiction or mental health issues that took up both of your lives until it was too late to have children.
- 46. Being unable to adopt because of being single, having insufficient funds, being the wrong age, being the wrong gender, being the wrong ethnicity, being disabled, not being able to afford to or being rejected for a variety of bewildering

- box-checking reasons including not having a garden!
- 47. Finding donor egg treatments something you don't feel comfortable pursuing, thereby bringing your fertility treatments to an end.
- 48. Finding surrogacy
 as an alternative to
 having your own baby
 something you don't
 feel comfortable with, or
 can't afford.
- 49. Having your ovaries damaged by chemotherapy and your partner being unwilling to consider egg donation.
- 50. Having your surrogate mother decide to keep your genetic child.

Source: Jody Day, GatewayWomen.com

When I started to think about this talk and how adversity connects to involuntary childlessness and social design, I looked up the definition, hoping to give you a neat set of words.

I found that the Roget's Thesaurus has no definition. Instead I had to look at Barrenness. It's a noun, sterility or desolateness with these synonyms.

childlessness

fruitlessness

impotence

infertility

unfruitfulness

unproductiveness

1 in 6 couples will find themselves at their GP surgery for fertility

investigations, 1 in 10 will be involuntary childless because adoption, surrogacy or IVF are not suitable or fertility treatment fails them.

It's not only the words. It's what we believe when people say them. How language can shape perception of others and how we manage in adverse situations like those who are on Walk In Our Shoes. By casually attributing labels are we casting shadows on all everyone can do? Are we creating divides?

What Walk In Our Shoes is not, is moaning about parents. I firmly believe that a division doesn't enable education, it's tough on both sides, but it's a tricky balance between lecturing and educating!

Walk In Our Shoes ABOUT WALK IN OUR SHOES Writing my story I read the invitation for contributions. I began to write my story. It is a defining point in my life and my grief in wanting to move on. I read the story over and over again as if it was someone else's and cried until one day I read it and didn't try. The whole experience has been very cathartic. Without the project and Berenice's vision, who knows how long it would have taken me to read my own story. I will forever be grateful. Validation I had validation through just having the space because it's so different from an online forum here often debate can be triggering and suddenly

A safe place



This site gives me a safe place to vent the emotions that come with infertility, those feeling which are socially unacceptable and misunderstood by family. These are feelings or bitterness and this site is space to speak, free of trolls and being judged.

In design, I talk a lot about objective and subjective views. In society I find that there's a huge difference between what I consider to be childless and what society can view is an acceptable opinion of childless because of a lack of openness and knowledge.

When I went through 6 rounds of IVF, I remember going to the clinic at Bourn and seeing the photos of children of fortunate parents on the walls in each of the treatment rooms, an afflrmation of success. That the clinic believed that this was the ultimate goal. If your clinic believes that this is the success, then imagine leaving with nothing. It's a powerful example of how people can determine success or failure through their actions.

And it's sobering because in the debates on IVF and NHS funding, one of the requests isn't more treatment cycles but actually answers to why infertility is present.

Our language doesn't seem to have caught up with the changes in society or reflect that medical science, however much the media may have you believe, doesn't always work. We are stuck in a cycle of having to live up to media expectations because the outcome has to be child - to tackle adversity and accept, perhaps even embrace our experience isn't seen as the ideal. When I look at newsfeeds to share positive afflrmations of women surviving after loss and dealing infertility, the information is scant because we want to hear that there is a child. When I began treatment it was all I wanted to here too, I completely avoided the 'moving on' areas of chat rooms because they were the place for distraught women seeking comfort and ways to adapt, advice I wasn't able to give.

The ability to adapt is an interesting point because in wanting to talk about adversity and all that means, I have to confess that it's not a word I feel comfortable with. Bonded to the word is overcoming, as if the idea of success or peace is found on the other side of a disaster, often it's more about

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acknowledgement and accepting that the days can be marked by sadness, and having tools to cope.

There are days when anniversaries or a comment may throw me, even in networking, for example mumtreprenur groups. I belong to a PR group who have a Follow Friday where posting means following the person above you. I spend a lot of time on a Friday night making sure I post after a neutral site about pets or fashion, not parenting sites. It's simply not appropriate for my audience or indeed for me.

I can't shield anyone from Walk In Our Shoes from meeting disasters and loss. I can't do that for my friends who I have met on the way, but I can support them in meeting it well. So that they too can adapt and learn to live with their experiences and the grief.

I refer to grief as a bag, one that I carry and on some days it's a heavy weight, on other days I share it with friends and it is lighter but it is always there. To have it shaped me and whilst yes, I'd give most things to be a parent, it is no longer everything.

By not viewing the whole person and seeing their value regardless of the struggle they have endured, we are grading worth. We should always be

beyond devaluing a person, even if the struggle is something we don't want to talk about.

There is a battle in life for everyone, we all have different pains and agonies. The guestion isn't overcoming adversity but coping with the feelings.

There's a phrase I've read. It's this. 'Is my honestly making you feel uncomfortable'? And I get that. But if we are overcome adversity then we need to talk and evolve our language.

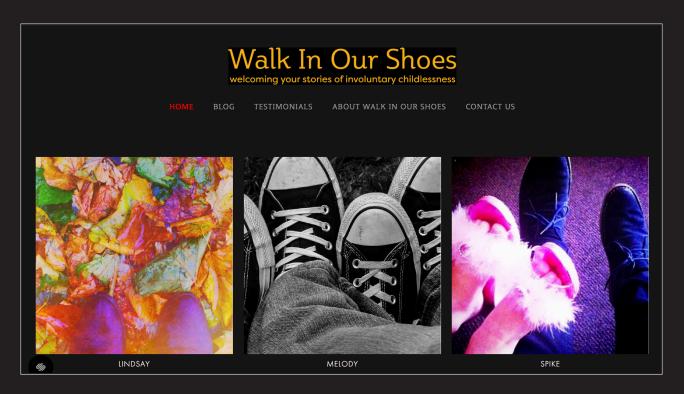
You and me, we have the ability to adapt our language and behaviour to support each other but only if we talk and learn.

In the years of research, I have heard so much, read so much and met some amazing men and women. From my own experience, I think the only true barrier to adversity is a broken spirit, and. I've been there numerous times. But as you can tell, I believe in rising up stronger.

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Martin, 40

My colleague and I share a secret.

I'm childless through circumstance. My first wife was certain that motherhood wasn't for her. That broke my heart and eventually our marriage. I don't know when I thought it was over and why we just hadn't talked about it before, but there it was.

At 30, I thought I'd never meet anyone who'd want me. Then I fell in love with Maria. I knew her through friends and we moved in together six months after our first date. Fast forward three years and despite all our efforts, we were yet to conceive. When we started to look at Chinese herbs, we came to our senses and saw our GP. We were almost instantly referred to IVF and none of the three cycles worked. On paper we're perfect. We have to be to get through the restrictions placed on couples. We're both the right BMI and neither of us smoke or drink a lot of booze.

We're both 40 and our hopes of becoming parents are fading. Surprisingly $\,$

Walk In Our Shoes is hosted at www.walkinourshoes.org.uk and will be moving to www.walkinourshoes.net very soon to allow growth with a new blog, promotion to the media and sharing content, I welcome guest posts from suitable business, blogs and support groups and services, drop me an email berenice@hellolovely.org.uk.

Useful links

www.hellolovely.org.uk
www.gatewaywomen.com
www.thedovecote.org
www.fertilitynetworkuk.org
Walking Forward Business Network https://www.facebook.com/
groups/1742229556068924/

Walk In Our Shoes

welcoming your stories of involuntary childlessness