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## A phenomenological study of couples who pursue infertility and the impact on their lives

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A PHENOMENOLOGICAL STUDY OF COUPLES WHO PURSUE  
INFERTILITY AND THE IMPACT ON THEIR LIVES

A Dissertation

Submitted to the Graduate Faculty of the  
Louisiana State University and  
Agricultural and Mechanical College  
in partial fulfillment of the  
requirements for the degree of  
Doctor of Philosophy

in

The School of Human Resource Education and Workforce Development

by  
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B.S. Louisiana Tech University, 1992  
M.S. Louisiana State University, 1997  
December, 2008

## **DEDICATIONS**

I would like to dedicate this dissertation to my mother, Mary Margaret Fontenot, and to my wonderful children, Caleb and Seth. Even though my mother unexpectedly passed away before seeing me finish this journey, she has been with me in spirit every step of the way. My hope is that she is smiling with pride and singing with joy as she looks over me from heaven.

And, to the true loves of my life, Caleb and Seth. Although they were mere babies when I decided to pursue this degree, they were indeed my inspiration and my driving force for undertaking such a journey. There were many days along the way when I thought that this achievement was beyond my reach, but each time I looked in their beautiful eyes I was reminded that if you can dream it, you can achieve it and if God brings you to it, he will see you through it.

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## TABLE OF CONTENTS

DEDICATIONS.....	ii
ACKNOWLEDGEMENTS.....	iii
LIST OF FIGURES.....	vii
ABSTRACT.....	viii
CHAPTER 1. INTRODUCTION.....	1
Study Rationale.....	1
Purpose Statement.....	10
Definition of Terms.....	10
Limitations.....	11
Significance of the Study.....	11
CHAPTER 2. REVIEW OF LITERATURE.....	14
Stress.....	14
Infertility.....	15
Effects of Infertility.....	16
Relationships.....	18
Catholicism.....	19
Coping Strategies.....	23
Acupuncture.....	25
Emotions Associated with Infertility.....	27
Infertility Defined.....	28
Causes of Infertility.....	29
Infertility Studies.....	30
CHAPTER 3. METHODOLOGY.....	34
Qualitative Research.....	34
Reliability and Validity.....	36
Rationale for Phenomenological Lens.....	37
Pilot Study.....	38
Population and Sample.....	39
Data Collection.....	40
Instrumentation.....	41
Role of the Researcher.....	41
Guiding Questions.....	42
CHAPTER 4. ANALYSIS OF DATA.....	44
Management of Data.....	44
Ethical Dilemmas.....	45
Data Analysis.....	46
Researcher's Personal Experience.....	47

Horizontalization of Data.....	48
Reduction and Elimination.....	50
Participants.....	62
MS.....	62
EE.....	64
DE.....	68
KL.....	69
LP.....	71
WP.....	74
LP.....	76
Participant In-Depth Narratives.....	77
MS In-Depth Interview.....	77
EE In-Depth Interview.....	79
DE In-Depth Interview.....	83
KL In-Depth Interview.....	86
LP In-Depth Interview.....	93
WP In-Depth Interview.....	97
LP In-Depth Interview.....	102
Composite Thematic Textural-Structural Description .....	106
 CHAPTER 5. DISCUSSION.....	 112
Summary.....	112
Implications.....	117
Outcomes.....	121
 REFERENCES.....	 128
 APPENDIX	
A. STATEMENT OF INFORMED CONSENT.....	133
B. MALE INFERTILITY SURVEY QUESTIONNAIRE.....	134
C. FEMALE INFERTILITY SURVEY QUESTIONNAIRE.....	137
 VITA.....	 140

## LIST OF FIGURES

1. Representation of MS's lived experience with infertility treatments.....	80
2. Representation of EE's lived experience with infertility treatments.....	84
3. Representation of DE's lived experience with infertility treatments.....	87
4. Representation of KL's lived experience with infertility treatments.....	94
5. Representation of LP's lived experience with infertility treatments.....	98
6. Representation of WP's lived experience with infertility treatments.....	103
7. Representation of L's lived experience with infertility treatments.....	106
8. Composite representation of the lived experience of couples who pursued Infertility treatments.....	111



## **ABSTRACT**

The purpose of this qualitative study was to describe the lived experience of couples residing in Southeastern Louisiana who were diagnosed with infertility and underwent infertility treatments. The study was a phenomenological qualitative research design, with researcher-developed guiding questions to help direct interviews. The sample was purposeful and was drawn from the patient base of a local endocrinologist. The couples who participated were greater than 18 years of age and had discontinued treatment one year prior to implementation of the study.

Two married couples participated in the study while only the women of the other three couples agreed to be a part of the study. All couples were Caucasian and were considered to be middle-class as all either had some college education or held a bachelor degree or Master of Science degree. A total of seven interviews were tape-recorded and transcribed within 24 hours of conducting the interviews. Confidentiality of the participants was maintained throughout the data collection and analysis process. Two methods were used to analyze the data collected: Moustakas and Van Kaam.

The findings of the study were consistent with the findings of other qualitative studies that have been conducted in the past. All the women participants discussed having feelings of inadequacy, disappointment, and frustration. The women also engaged in behaviors that in some way seemed to help preserve their self-esteem. These included focusing on work, removing themselves from gatherings that reminded them of their infertility, and confiding in only a few friends and family. The men, on the other hand, seem to reflect two opposing positions with regards to the impact infertility had on their wives, their lives, and their feelings.

Finally, the final analysis of the research indicated that infertility is a major life crisis that often results in numerous losses. Grieving their losses was a consistent theme that emerged. However, all the participants seemed to be at different stages of the grieving cycle. For those who were able to adopt a child, infertility no longer had any meaning to them.

# CHAPTER 1

## INTRODUCTION

### **Study Rationale**

Today women are making the choice to delay motherhood, and some are even choosing not to have children so that they may have the freedom to climb the career ladder (O'Donnell, 2006). Although this trend is liberating and very progressive, experts in the field of economics suggest that the current low birthrates among highly educated women pose a challenge to the United States economy and may worsen the existing social problems. Current statistics indicate that among 40-year-old college-educated women, 27% have not had a child and many never will (O'Donnell, 2006). If this statement is true, then the next logical question is “who is going to care for the aging population?”

Currently, the United States' elderly population (persons age 65+) is expected to make up half of the total population, and these individuals will continue to live longer if the current trends remain (Demographics of the Elderly, 2008). In 1980 there were 25.5 million elderly that made up the total United States population (The National Academies Press, 2008). This portion of the population is expected to reach 64.3 million by 2030, which means the elderly segment of the population will more than double in this approximately 50-year period (The National Academies Press, 2008). With this kept in mind, some economists have gone so far as to say that, "the United States faces an imminent shortage of well-educated workers aged 25-54" (O'Donnell, 2006, p. 1). In 2000 the average age of American women having her first baby was almost 25 years old which is approximately a 3.6 year increase from the 1970's (National Center for Health Statistics, 2008). Today, the average age of a woman to give birth to her first child is 27.2

years of age (National Center for Health Statistics, 2008). A number of factors have contributed to women postponing child birth. These include educational opportunities, growing career opportunities, changes in contraception use, social support, and marriage patterns (National Center for Health Statistics, 2008). This trend has not only been observed in the United States but also worldwide and across all groups in the population (National Center for Health Statistics, 2008).

Obviously if the aging populations continue to grow and more and more women continue to delay childbirth, there will be fewer individuals to care for an increasingly aging nation. The decline in child birth and the aging population will have and has had a direct impact on the labor force. The projected decline in our nation's labor force will continue to lead to a continued rise on the ratio of older non-workers to the working population and an associated increased dependency (The Nation Academies Press, 2008). With so few children currently being born and so many more individuals requiring Medicare, Medicaid, and Social Security Benefits, how will the economy of tomorrow ensure the future?

As stated before, more and more women are delaying childbirth for various reasons and are thus reshaping the face of America. Although the concern for women postponing childbirth is relatively new, the decline has been documented as far back as 1960. An analysis of birth patterns of women by level of education indicated that college educated women were more likely to have fewer children (1.6) by the age of 40 as compared to women who had only a high school education (2.0) (O'Donnell, 2006). This trend continues with researchers estimating that between 1990 and 2001 the United States experienced a 6% decline in births among women ages 24-29 and a 28% increase in

births in women ages 35-39 years of age (American Infertility Association, 2003). This set of statistics supports the notion that women are indeed postponing parenthood.

However, postponing parenthood until a woman has reached her 30's is not without risks as many women may find themselves infertile.

Infertility is the inability to conceive after 12 months of unprotected intercourse. Infertility is in part due to the natural progression of the aging process, as research has shown that a woman's fertility peaks in the late 20's and declines by the late 30's (American Infertility Association, 2003).

After a woman reaches the 30-year-old mark, researchers suggest that the quality of a woman's eggs diminishes, making it difficult to carry the fetus to full term (Infertility in Women, 2006). The older the woman becomes the more likely the eggs will have chromosomal abnormalities (Infertility in Women, 2006). This research is supported by a 2002 analysis of pregnancy rates of women between the ages of 19 to 26, which revealed that this age group has twice the pregnancy rates as those between 35 and 39 (Infertility in Women, 2006).

Infertility is defined as the inability of a couple to conceive a child after one year of unprotected sex and is usually diagnosed through medical interviews and physical examinations of both partners (Infertility: Facts, Disease Prevention and Treatment Strategies, 2006). In the United States, infertility affects approximately 10.2% of women between the ages of 15-44, which is equivalent to an estimated 6.2 million women (Infertility in Women, 2006). Even with the advancement in medical technology, the incidence of infertility is expected to increase to 7.7 million by 2025 (Infertility in Women, 2006).

Despite what the lay person may think, infertility is not limited to the female only, as the male may be just as likely to be infertile as the woman. Experts suggest that "one-third of the time the problem lies with the male, one-third of the time infertility lies with the woman and one-third of the time infertility is caused by problems with both the male and the female" (Infertility: Facts, Prevention, and Treatment Strategies, 2006, p.1). Infertility may be caused by a number of factors which include metabolic imbalances, lifestyle behaviors, stress, and increasing age (Infertility: Facts, Prevention, and Treatment Strategies, 2006).

Infertility imposes a tremendous amount of stress on the individual diagnosed with infertility as well as the couple's relationship and their relationships with others. Research has shown that the stress associated with infertility is a significantly greater stress contributor than any other major life issue that a person may confront (Rosenberg & Epstein, 1999). As a result, couples will often engage in specific behaviors to preserve their well-being by isolating themselves from others, especially from those individuals who have children or who are expecting. This is an unfortunate side affect of this journey that few people discuss, as they do not become aware of it until they are in the midst of what may seem like a never ending roller coaster ride. The reasons for alienation are varied, but most of the research conducted thus far indicate that women have feelings of emptiness, depression, inadequacy, unworthiness and defective (Braverman, 2006).

These feelings are often exacerbated by the stringent schedules that must be kept in order to simulate nature to achieve pregnancy. Treating infertility takes time, commitment and flexibility. There are numerous appointments that must be honored during each cycle that is attempted to achieve conception. These involve consultations,

blood work, ultrasounds, medication schedules and even surgical procedures. All these requirements are not only physically demanding but also emotionally draining. Also for those who must coordinate a work schedule with every aspect of becoming pregnant, the intensity and never ending demands of treatment can take a serious toll on work productivity and availability (Braverman, 2006).

During some procedures, women are often required to go to their doctor's office anywhere from three to seven mornings a week to monitor their egg development. Eventually, the woman may lose her privacy and also she may lose her co-workers' and/or subordinates' support and patience if she does not reveal her reasons for tardiness and absenteeism (Braverman, 2006). Often the stress of the situation is elevated when the woman's desire to become pregnant impacts her chances of promotions (Braverman, 2006).

Once pregnancy is achieved, the stress continues as women who conceive using assisted reproductive technology have a higher risk of giving birth to multiple children and children with birth defects. According to the Federal Centers for Disease Control and Prevention, approximately 99,639 cycles using assisted reproductive technology (ART) were conducted in 2000 (Chen, 2006). Approximately 25,228 of those cycles ended in a successful pregnancy (25.3%) resulting in 35,025 babies (Chen, 2006). Of those pregnancies, 35% were multiple gestations (30.7% twins and 4.3% triplets) (Chen, 2006). Still, pregnancy rates and live births rates are influenced by a number of factors, especially the woman's age.

In the United States, the live rate for each In-Vitro Fertilization (IVF) cycle is approximately 30-35% for women under the age of 35 (American Society for

Reproductive Medicine, 2008). Women between the ages of 35-37 incur a 25% success rate while women between the ages of 38 to 40 years of age only have a 15-20% chance of carrying a child to term (American Society for Reproductive Medicine, 2008). Taking this line of thought one step further, multiple gestations are not without risks and complications.

Ovarian stimulation carries with it a risk of hyperstimulation, where the ovaries become swollen and very painful (American Society for Reproductive Medicine, 2008). This side effect of stimulating the ovaries to produce multiple eggs may involve fluid accumulating in the abdominal cavity and chest, causing the patient to feel bloated and nauseated which may cause vomiting (American Society for Reproductive Medicine, 2008). In some cases hospitalization may be necessary to drain fluid from the abdomen when breathing becomes difficult (American Society for Reproductive Medicine, 2008). These risks continue to increase even when the woman reaches the point of egg retrieval as there are risks associated with anesthesia.

Removing eggs through a needle aspiration entails risks of bleeding, infection and damage to the bowel, bladder or blood vessels (American Society for Reproductive Medicine, 2008). Additionally, although rare, the uterus may be punctured during the embryo transfer, or an infection may occur after the embryo is transferred (American Society for Reproductive Medicine, 2008). If a pregnancy results from assisted reproductive technology (ART), the risks again continue to escalate as the risks not only now involve the woman, but also the unborn child or children.

The majority of the complications and medical problems experienced by ART children are due to the nature of multiple pregnancies and the fact that women carrying



multiples often deliver too early (Chen, 2006). The normal length of gestation is 40 weeks, but this time span is reduced to 36 weeks for twins and 33 weeks for triplets and 29 weeks for quadruplets (Chen, 2006). Premature babies require prolonged and intensive care and usually have lifelong handicaps (American Society for Reproductive Medicine, 2008).

According to Chen (2006) complications associated with multiple fetuses include increased risks of miscarriage, birth defects, pre-term birth and lifelong mental and physical handicaps. Some studies indicate that triplets have up to a 30% risk of neurodevelopmental abnormalities (Chen, 2006). In addition, the risk to the mother of carrying multiples is just as great as to the unborn fetus as the mother may develop diabetes, hypertension, and pre-eclampsia (Chen, 2006).

The costs of caring for both the mother and the children born as multiples are also great. The delivery of triplets is estimated to be more than 10 times the costs of delivering a singleton pregnancy (Chen, 2006). In the end, the financial burden is worsened by the care multiples births require. The financial stress combined with the emotional stress and sleep deprivation of new parenthood can be very overwhelming even when the babies are healthy (Chen, 2006). Despite the fact that infertility treatments pose significant medical risks to both the woman and the unborn child, there are 9.2 million infertile women who have used infertility services, 2.1 million infertile couples in the United States, and 9.3 million women who are currently undergoing infertility treatment (National Center for Health Statistics, 2006).

The statistics speak for themselves. More and more women are postponing parenthood for various reasons, but those that appear to be the most influential in

encouraging women to delay motherhood are promotions and income. Economists suggest that when a highly-skilled woman has a child, her wages cease to increase (O'Donnell, 2006). One study indicated that researchers identified college-educated women's salaries leveled off by 15-20% after childbirth (O'Donnell, 2006). When these women do embark upon parenthood they are often met with one of the biggest challenges of their life, which is referred to as motherhood. The disbelief of being diagnosed with infertility is often equivalent to a death sentence, for it becomes a journey filled with many trials of hope and despair and often ends with facing many losses such as professional growth, financial security, emotional instability, and a life other than what was expected. Even though technology has assisted many women in becoming pregnant and delivering healthy babies, the procedures and medication are not without substantial risks for both the mother and the baby, and the success rates are dependent on many factors such as the age of the woman, the medical condition associated with infertility and the type of procedures needed to facilitate pregnancy. This combined with the stress associated with maintaining life outside of doctor's visits, medication schedules and procedures imposes a lifestyle change that becomes very taxing physically and psychologically. It is no wonder that some women decide to pursue alternate means of becoming parents or choose to live a life without children. Those who choose not to have children may pose a significant demographic gap with serious economic consequences (O'Donnell, 2006).

Research has shown that the children who are raised in the two-parent families tend to be financially secure and have all the advantages necessary to pursue higher education (O'Donnell, 2006). Given the fact that the more educated portion of the

population is postponing child rearing and the elderly section continues to make up the largest portion of population, then the question of who will care for the aging population becomes not only a social concern, but a financial one as well. Therefore, the future of tomorrow has become questionable (O'Donnell, 2006). As such, the government must consider methods for making it worthwhile for low income families to postpone childrearing and making it less costly for highly-skilled women to postpone motherhood (O'Donnell, 2006). In doing so, families that would not ordinarily have the means to access healthcare and therefore, prevent pregnancies should be given the resources to become better educated regarding family planning; while by the same token, women who find themselves struggling with postponing child rearing in order to secure their financial future or taking their chances and having children should be provided better access to childcare and alternative work environments to assist these women and their families to reap the benefits of both worlds.

To date, most of the research that has been completed with regard to the emotions women incur during infertility has explored the woman's perspective, and there is very little research available that discusses the man's feelings and attitudes regarding procreation and the issue of infertility. It was once believed that the woman was the one who was physiologically incapable to reproduce, but today it is estimated that the men are just as likely to have issues with infertility as the woman (Valentine, 1986). Perhaps, there is little information available because of the sensitivity associated with the topic.

Few practitioners acknowledge the emotional stress associated with the intensity of the treatment schedules, the physical affects of the medications, the impact on the woman's self-esteem and the financial impact associated with infertility as they seem

most concerned with treating the physical impairment only. This in turn, poses the question of the beliefs, values, and the etiologies that draw well-educated couples to seek ART as opposed to pursuing a life without children.

### **Purpose Statement**

The primary purpose of this study was to explore the lived experience of couples who have undergone infertility treatment within one year of the initiation of this study.

### **Definitions of Terms**

For the purposes of the study, the following terms will be operationally defined:  
Artificial Insemination: the process by which sperm is placed into the reproductive tract of a female for the purpose of impregnating the female by using means other than sexual intercourse.

Assisted Reproductive Technology (ART): the use of reproductive technology to treat infertility.

Gametes: a cell that fuses with another gamete during conception in organisms that reproduce sexually.

In-Vitro Fertilization: a process by which egg cells are fertilized by sperm outside the woman's womb.

Infertility: The inability to conceive after 12 months of unprotected intercourse.

Stress: An emotional and/or physical reaction to environmental activities and events (Boss, 2002).

Stressor: Major life crisis that can remain unresolved for many years (Boss, 2002).

Infertility Treatment: Medical procedures and medications used to mimic nature with regards to conception.

### **Limitation**

The personal nature and sensitivity of the topic may limit the quality and the depth participants may be willing to openly discuss with the researcher.

### **Significance of the Study**

Life is full of choices, and it is true that many people fail to take responsibility for their actions. However, despite all that is known concerning the relationship between diet and heart disease and cigarette smoking and lung cancer, insurance continues to pay for treatment of diseases that are due to a lifestyle of choice. However, very few insurance companies pay for infertility treatment.

Some people argue that insurance should not pay for infertility treatments because of the fear of it increasing the costs of premiums. However, smoking is the leading cause of preventable death and disease, and smoking-related illnesses account for approximately \$75.5 billion in health care costs (No Baby on Board, 2005). Yet, insurance providers continue to provide coverage to those who choose to smoke. Infertility on the other the hand, accounts for about 0.003% of the U.S. health care costs (No Baby on Board, 2006). The bottom line, infertility is not self-inflicted, yet it continues to be ignored by insurance providers and is terribly misunderstood by the lay person. The evidence surrounding the number of people who are choosing to postpone child rearing, the number of couples who are choosing to have smaller and smaller families combined with the elderly becoming the fastest segment portion of the population consuming a very large portion this nation's health care and social security

benefits, is astronomical. Even though law makers seemed to be concerned with the state of affairs with these systems, there has yet to be any solutions to resolving the issues. Unfortunately, as health care costs rise, and more and more people, especially the younger generations are denied access, the greater the costs that will be imposed on our nation's people. These costs will appear in the form of highly uneducated people who are forced to work in low paying jobs. In turn, the taxes obtained from these paychecks will not be able to support the costs of caring for our people of yesterday.

It seems that government is reluctant to acknowledge that infertility is a medical condition and therefore, treatment is viewed as an elective procedure that does not warrant reimbursement (O'Donnell, 2006). Today, "only 41% of 355 U.S. employers offer insurance that covers at least one form of infertility treatment, many of the plans do not cover in vitro fertilization procedures" (Infertility, 2007, p. 1). The consumer is therefore faced with the "challenge of convincing government that infertility is a medical disability which causes suffering and is worthy of inclusion in the national healthcare plan" (Dill, 2006). However, suffering is difficult to demonstrate due to the nature of the illness, the inability to visually identify the diagnosis and the inability of most to truly understand the impact that infertility has on an individual's physical and emotional health. The truth of the matter is infertility is not only a medical disability that causes suffering, but also one that will pose significant challenges on the labor market in the next several years (Wheeler, 2006).

"Delayed reproduction is increasing disparities in the educational and economic circumstances of younger and older first-time parents" (Wheeler, 2006). In 1996 the average income of younger parents fell to slightly less than \$30,000, whereas the median

income of two-parent families whose oldest child was five years old or under had increased to \$50,976 (Wheeler, 2006). This means that even though there is a significant economic advantage with delaying parenthood, it also means that the offspring will leave home, enter the work force, and marry later in life (Wheeler, 2006). In turn, this could lead to "a decline in the rate of growth of the growth domestic product, lower standard of living and an insufficient tax base needed to sustain social programs" (Wheeler, 2006, p. 6).

Yes, pregnancy is a choice. Yes, infertility treatment is voluntary. Yes, maybe infertility is God's will and, perhaps children are not necessary to have a full life. However, infertility is not a choice, and timing is everything. It is time to honor our forefather's intent of The United Nations Declaration of Human Rights, which recognizes "Men and women of full age, without any limitations due to race, nationality or religion, to have the right to marry and found a family" (O'Donnell, 2006). There is not only a socio-economic need to understand the impact of infertility on the future of our society, but also a human need.

Reproduction is the only means of sustaining the human race, and for those who choose to delay parenthood in order to provide the unborn child with a secure future there should be avenues to assist them with fulfilling this aspect life. This means that awareness is needed to expose the physical, emotional and financial stress infertility imposes upon couples. Also, an in-depth qualitative study is the only means by which the relentless desire, the courageous fortitude and passion for life couples of infertility behold. There should be a holy grail for these extraordinary individuals to reap.

## **CHAPTER 2**

### **REVIEW OF LITERATURE**

This chapter presents the literature discussing stress, infertility, the emotional and physical impact of infertility treatment, and the effect infertility has on relationships. To ensure a comprehensive review of literature, the researcher conducted a search from 1983 to the present.

#### **Stress**

Stress was defined by Robert Lussier, the author of *Human Relations in Organizations*, as “an emotional and/or physical reaction to environmental activities and events” (Lussier, 2003, p. 45). However the activity or event will impact functioning of the individual only when it is perceived as stressful. Perceptions are formulated by way of a person’s values, beliefs, personal experiences, current situation and their status in the life-cycle (Boss, 2002). As such, stress is neither good nor bad in and of itself. The nature of the activity or event will only be determined as stressful given the person’s reaction to the situation. Therefore, stress can cause positive changes in an individual and family by producing emotional growth and development, and stress can only become a negative influence when it is perceived as such (Boss, 2002).

Stress is a critical element to consider when referring to family stress management because the manner in which the individual and family responds will determine how to support and challenge them to effectively deal with a given situation. Recent research concerning family stress management theory indicates that diversity in our environment today presents a challenge when providing support to families during stressful times. Boss described diversity by bringing to light that the traditional family we once knew no



longer exists due to divorce, adoption and an ever-aging population. Both women and men alike are experiencing greater levels of stress than ever before. The way of life that existed many years ago means that caregivers of both children and the elderly must proceed with living life differently than they experienced as children. Today women and men are experiencing stress unlike any stress that their parents and grandparents could have ever imagined. But researchers have found that women experience more stress than anyone because of the roles they play in society in general, but especially in the home (Boss, 2002).

Although Alzheimer's disease and cancer are illnesses that induce a very high level of stress for all parties involved in caring for someone with such debilitating diseases, there is an end to the stress associated with caring for someone who is extremely ill. Moreover, the stress associated with caring for someone who is terminally ill may not be so personal that it encourages isolation, loneliness, and feelings of defectiveness. Infertility on the other hand, is a stressor that has also been described as a major life crisis that can remain unresolved for many years (Hirsch & Hirsch, 1995).

### **Infertility**

Health care practitioners consider a couple to be infertile "if the woman has not conceived after 12 months of unprotected intercourse or if either partner has a known condition that makes conception unlikely" (Greil, Leitko, & Porter, 1988, p.174). The journey to parenthood for most people is relatively simple, but health care practitioners estimate that infertility affects approximately 2.1 million couples (National Center for Health Statistics, 2006). Other reports indicate that approximately 9.3 million women are currently using infertility services (National Center for Health Statistics, 2006). In

addition, white, middle-class couples represent the largest group who seek professional help to resolve infertility issues (Abbey, Andrews, & Halman, 1991).

Infertility is considered a crisis situation because it must be dealt with on a personal as well as a marital relationship perspective (Davis & Dearman, 1991). The crisis virtually forces couples to address a myriad of feelings and emotions that range from the loss of their inability to give birth to a biological child to relinquishing control over something that seems so natural (Hirsch & Hirsch, 1995).

### **Effects of Infertility**

The couples who choose to pursue parenthood by using artificial means are highly motivated to become parents. However, their quest for parenthood is not without its fair share of hope and despair. One of the major issues couples must confront almost immediately upon initiation of the infertility process is that of stress placed on the marriage (Abbey et al., 1991). The stress imposed by infertility treatment stems from a number of factors. Perhaps the root of the stress can be attributed to the treatment process and the sense of urgency that the treatments impose (Blenner, 1992). Another component of the stress is the amount of guilt felt by the partner who has been diagnosed as infertile (Abbey et al., 1991). At times this type of situation may be beneficial as it can serve the purpose of strengthening the bond between the husband and wife, but many times it leaves each partner with the inability to meet each other's needs (Abbey et al., 1991). When couples are able to show empathy and are sensitive to the other's feelings, the marital bond is strengthened (Hirsch & Hirsch, 1989). However, when couples are not equipped with the ability to openly share their thoughts and feelings, the couples may become isolated from one another and drift apart (Hirsch & Hirsch, 1989).

The research conducted in the area of infertility with regards to stress indicated that, for the most part, women experience stress in a more intense manner as compared to men. In a study that investigated the gender's role in responses to infertility, the researchers found that the wives of the infertile couple perceived their fertility problem as significantly more stressful than their husbands (Abbey et al., 1991). In addition, the wives expressed feelings of having experienced more disruption and stress in all aspects of their lives, including personal, social and sex lives (Abbey et al., 1991). In a phenomenological study designed to explore how patients manage and tolerate infertility treatments, women reported spending much more time and involvement than their husbands in completing assessments and treatments even when their spouse maintains the diagnosis of infertility (Blenner, 1992). Men, on the other hand reported feeling that they constantly had to demonstrate to their spouses their commitment to the infertility process and to having a child (Carmeli & Birenbaum-Carmeli, 1994). Men also reported having feelings of performance anxiety when it came to time to produce semen samples for tests or a procedure known as artificial insemination (Blenner, 1992). Couples also reported that sexual relationships were no longer enjoyable as they were only to become intimate with one another when they were told by the physician (Blenner, 1992). In turn, couples often felt as though they had lost control of something so personal and special (Blenner, 1992). In addition, couples reported much stress and anxiety from having to juggle their regimens and their job schedules, which they found extremely difficult at times (Blenner, 1992). In a study that investigated the experience and meaning of infertility as lived by the infertile men revealed that they incurred feelings of grief and loss, powerlessness and loss of control, inadequacy, as well as betrayal and isolation (Webb & Daniluk, 1999).

The stress is heightened by the fact that frequently husbands and wives are in conflict about the extent and duration of their treatment (Bergert, 2000).

According to the research conducted in examining gender's responses to the infertility, the wife is typically the one who acknowledges the possibility of infertility and most often the one who seeks diagnosis and treatment (Greil et al., 1988). Research also indicated that the husband is most often the one who is more willing to stop treatment, but the decision to do so is usually determined by the wife (Greil et al., 1988). As an infertile couple's financial, emotional, and physical investment in infertility treatment increase, researchers indicated that so does their discontentment (Davis & Dearman, 1991).

Infertile couples may experience loneliness and isolation as they grieve through their sorrow. Unfortunately, couples whose communication patterns are poor are often more likely to have greater feelings of discontentment, which can be exasperated by physical, emotional, and financial strain caused by the infertility treatment process. (Davis & Dearman, 1991). Women reported that at times they suffered painful and/or side effects from various aspects of the treatments, especially hormone therapy (Bergert, 2000). The emotional impact of the treatments ensued when they did not conceive. After several failed attempts more likely the women were likely to have feelings of worthlessness and a loss of control (Bergert, 2000).

### **Relationships**

The infertility treatment process is a time in a couple's relationship that necessitates bringing family and friends close to them so that they can find the needed support to endure the trials of infertility. As strange as it may seem, the experience of

dealing with such a difficult issue should enable a couple to grow, but sometimes it seems to undermine that possibility (Imeson & McMurray, 1996).

The reports regarding the impact infertility has on relationships seem to be contradictory. Some studies indicated that the infertility process brought them closer together (Bergert, 2000; Greil et al., 1988,). But in another study wives expressed dissatisfaction that their husbands were not willing to participate in decisions related to the infertility treatment (Greil et al., 1988).

Perseverance, patience, passion and discipline are necessary for a woman to endure the invasiveness of infertility treatments. However, in time, the roller coaster rides take their toll on the self-esteem of the individual seeking treatment. There have been many reports of infertile women reporting feelings of emptiness, unworthiness, undesirableness, defective and incomplete (Davis & Dearman, 1991). Unfortunately as treatments progress and become more involved, the process launches couples on to a cycle of hope and disappointment (Imeson & McMurray, 1996).

### **Catholicism**

South Louisiana, specifically the Diocese of Baton Rouge, has more than 100 active secular and religious priests who serve the diocese (Roman Catholic Diocese of Baton Rouge, 2008). This diocese is made up of an area of 5,513 square miles and has a population of 924,844 persons, with Catholics making up about 23% (212,000) of the total population (Roman Catholic Diocese of Baton Rouge, 2008). However, the Catholic influence seems to be stronger in power than numbers as Catholics have traditionally exercised a wider influence in society and on public policy over the years (Roman Catholic Diocese of Baton Rouge, 2008).

Most of the qualitative studies that have been conducted to explore the lived experience of infertility have indicated more times than not the participants of these studies voice some level of spirituality. However, the research has only scratched the surface of religious beliefs, teachings, and practices of conception or contraception of various religions. In turn, the question of what is acceptable in terms of assisted reproductive technology (ART) and conception is an area that is still debated by many and is still unacceptable for some, especially those of the Roman Catholic Church. Given the geographical location of the site for this study data, it is necessary to discuss the impact Catholicism plays in infertility patients' decision to engage in infertility treatments or to pursue alternate means of parenthood.

In 1990, the Pope decided the use of infertility methods did not support the beliefs of the church methods. The Pope stated that the Catholic Church does not believe "that people do not have a right to children" (Roman Catholic Diocese of Baton Rouge, 2008 , p. 1). Furthermore, "they believe that couples do not have a right to have any type treatment that they want in order to conceive a child" (Roman Catholic Diocese of Baton Rouge, 2008, p.4). The fourth edition of the Ethical and Religious Directives for Catholic Health Care services indicated the following:

"When the marital act of sexual intercourse is not able to attain its procreative purpose, assistance that does not separate the unitive and procreative ends of the act, and does not substitute for the marital act itself, may be used to help married couples conceive" (United States Conference of Catholic Bishops, 2002, p. 25).

Those techniques of assisted conception that respect the unitive and procreative meanings of sexual intercourse and do not involve the destruction of human embryos, or their deliberate generation in such numbers that it is clearly envisaged that all

cannot implant and some are simply being used to maximize the chances of others implanting, may be used as therapies for infertility (United States Conference of Catholic Bishops, 2002, p. 25).

"Heterologous fertilization (any technique used to achieve conception by the use of gametes coming from at least one donor other than the spouse), is prohibited because it is contrary to the covenant of marriage, the unity of the spouses, and the dignity proper to parents and the child" (United States Conference of Catholic Bishops, 2002, p. 25).

"Homologous artificial fertilization (any technique used to achieve conception using the gametes of the two spouses joined in marriage), is prohibited when it separates procreation from the marital act in its unitive significance (e.g., any technique used to achieve extracorporeal conception)" (United States of Conference of Catholic Bishops, 2002, p. 26).

"A Catholic health care institution that provides treatment for infertility should offer not only technical assistance to infertile couples but also should help couples pursue other solutions (e.g., counseling, adoption)" (United States of Conference of Catholic, 2002, p. 26).

The directives provided by the Roman Catholic Church seemed contradictory as the Church seems to give permission to couples to seek infertility treatment if they can't conceive on their own. The second directive seemed to support this idea if the infertility treatment does not discard embryos (Ashley, Deblois, & O'Rourke, 2006). The third directive opposes the use of donor eggs or sperm because of the covenant of marriage (Ashley et al., 2006). This belief is further supported by the belief that those who assist with conceiving a child should be financially, physically, and emotionally available for

rearing the child (Ashley et al., 2006). However, if this is truly how the Catholic Church feels, then the question regarding adoption may be up for debate.

Finally, the last directive indicated that ART is acceptable if it does not separate procreation from the marital act in its unitive significance (Ashley et al., 2006). This directive is written in such a way that it appears to give couples permission to pursue infertility treatment if the marital act is not omitted and conception occurs outside the body (Ashley et al., 2006). However, the truth of the reality is, there is none that has been developed thus far. However, "some physicians and theologians have advocated the gamete intrafallopian transfer (GIFT) method of reproduction as ethical if masturbation is not employed to obtain semen" (Ashley et al., p. 87, 2006). However, this procedure would still seem to go against the beliefs and teachings of the Catholic Church as the procedure incorporates mechanical means to achieve pregnancy. According to the Very Reverend John Carville, who is the Associate Pastor for the Christ King Church and Catholic Center, has explained the Catholic Church's position on infertility as follows: 1. "no embryos may be created or used with the intention of destroying some of them. 2. semen may not be obtained through masturbation. 3. fertilization must be the result of sexual intercourse. This basically limits approved fertilization treatments to physical transfer of semen after intercourse (in the doctor's office, clinic, or hospital) to a more favorable position in the fallopian tubes. Fertility treatments not approved because they do not fit the above criteria are in-vitro fertilization." As such, the teachings of the Catholic Church seem to be dependent upon the interpretation and perhaps personal biases by those who serve the Church as was the case during this particular study.



## **Coping Strategies**

To endure the pain associated with failed attempts, women will engage in numerous coping strategies to protect themselves from additional pain and torment. A qualitative study conducted by Davis and Dearman (1991) that sought to identify the coping strategies of infertile women found that women increased the space between themselves and reminders of their infertility by staying busy with work or hobbies. Other means by which they increased their space between themselves and their infertility included avoiding situations that reminded them of their inability to conceive, such as baby showers and family reunions and gatherings. Still others chose not to discuss their infertility with anyone other than their husbands. Another method identified by this research study had to do with regaining control of their bodies by setting a time limit on their infertility treatments (Davis & Dearman, 1991). Time limitations were chosen because the women felt as though the infertility treatments were consuming them and they simply wanted to move on with their lives after a certain amount of time (Davis & Dearman, 1991). Other women reported reading as much information as possible so that they could feel some sense of control over the unknown (Davis & Dearman, 1991). A third strategy revealed by the women of this study had to do with being the best they could be at work, at home or in their appearance (Davis & Dearman, 1991). One woman stated that she lost weight and started exercising, while other women stated they took measures to conceal the fertile part of their cycle so that their husband's wouldn't look upon their strong desire to have intercourse with them solely because they wanted to become pregnant (Davis & Dearman, 1991). Others have coped with their infertility experience as God' will and that if God's will was to remain childless, then they would

accept their fate (Davis & Dearman, 1991). Giving in to feelings such as crying was another coping mechanism found by the researchers. Crying provided some relief from the situation (Davis & Dearman, 1991). Others reported engaging in indulgent behaviors such as shopping or refraining from chores such as household cleaning, which allowed the women to find ways to take care of themselves in ways that gave them some special attention (Davis & Dearman, 1991). Finally, some women took comfort in sharing their burden with another person. They did this as a way of validating their feelings while giving them a sense of renewed hope and a non-judgmental avenue to express their frustrations, disappointments, and fears. Others indicated that it helped to strengthen their bond with their husbands (Davis & Dearman, 1991). These strategies were also found in a quantitative study that sought to obtain data on the frequency of occurrence of reproductive problems and the psychological reaction to them. A study conducted by Baker and Quinkert (1983) found that women coped with strong negative feelings by engaging in coping strategies very similar to the ones revealed in the study conducted by Davis and Dearman. Participants indicated that they sought information about others with similar problems, sought comfort from those closest to them and looked upon their infertility diagnosis as God's will (Baker & Quinkert, 1983).

By nature we have been designed to reproduce and by our assigned status in society we have been given the responsibility. In fact, reproduction has been a topic of discussion since the beginning of time as the Bible states "Be fruitful and multiply and replenish the earth and subdue it" (Johnson, 1996, p. 1). The Bible commands this, and this command remains a recurrent theme in society today (Johnson, 1996). However, the Bible makes no mention of the diagnosis of what is known today as infertility. For all

practical purposes, infertility is defined as "the inability to conceive after 12 months of trying." (Irwin, 1996, p. 1).

Recent research regarding the impact of the infertility diagnosis and treatments has on an individual's life indicated that it can significantly impact a couple's marriage and become a greater contributor of stress than any other life problem (American Infertility Association, 2003). Unfortunately, as treatments progress and become more involved, the process launches couples on to a cycle of hope and disappointment (Imeson & McMurray, 1996). According to researchers, women undergoing infertility treatments are left with feeling empty, defective, incomplete, undesirable and unworthy (Johnson, 1996). In turn, some couples find it necessary to endure the pain of infertility through social isolation in order to protect themselves (Davis & Dearman, 1991). As a result of the loneliness experienced, couples with infertility often have difficulty expressing their feelings of sorrow and most often grieve in private because they feel as though no one can truly understand their feelings of despair and hopelessness (Davis & Dearman, 1991). These feelings are often exacerbated by the fact that infertility treatment requires adherence to rigid schedules of doctor's appointments and tests and procedures of various kinds so that nature can be perfectly simulated. Infertility has been explored from a variety of perspectives as researchers have conducted numerous research studies utilizing the phenomenological approach. In their research endeavors, the realms of self-esteem, psychological functioning, marital and sexual satisfaction and interpersonal relationships have been explored.

### **Acupuncture**

Numerous studies have documented time and time again that the inability to conceive a child causes high levels of stress. From a physiological perspective stress can

negatively impact the release of hormones and thus, disrupt menstrual cycles and ovulation (Zhang & Fay, 2005). With the rising costs of health care, especially assisted reproductive technologies (ART), many couples are turning to alternative medicine to treat the female component of infertility. One such treatment that is gaining popularity in Western medicine is known as acupuncture.

Acupuncture has been used in China since ancient times and has been used specifically to treat infertility. The success of acupuncture is attributed to its approach to placing "great emphasis on the relative balances and concepts of Yin and Yang" (Zhang & Fay, 2005, p. 1210). According to the Chinese, imbalances of blood and Qi is defined as anovulation (Zhang & Fay, 2005). Chinese acupuncturists believe that proper blood flow contributes to a healthy body (Zhang & Fay, 2005). By placing needles in key areas throughout the body, the flow Qi can be increased and any blockages may be relieved (Zhang & Fay, 2005). As such, increased blood flow to the reproductive organs may stabilize hormones and increase a woman's chances of conceiving.

Although the number of women who are pursuing acupuncture is increasing, this "new age approach" for treating infertility is not without its critics. One of the main criticisms has to do with the lack of standardization of study protocols (Stener-Victorian & Humaidan, 2006). Furthermore, each study is conducted independently of another, thereby, failing to establish validity by omitting the opportunity to build a solid foundation of research that promotes substantiated results and procedures (Stener-Victorian & Humaidan, 2006). For this reason it is very difficult to determine if acupuncture positively impacts success in conception. However, there are clinics currently using acupuncture in conjunction with ART. At the Reproductive Medicine and

Fertility Center in Colorado Springs, Colorado, staff examined 114 women undergoing IVF (Zhang & Fay, 2005). Half of the women received acupuncture treatment while the other half did not. The study showed that 51% of the women who received acupuncture treatment achieved pregnancy, while only 36% of the women in the control group did not become pregnant (Zhang & Fay, 2005).

To date, researchers believe that acupuncture does have a place in the treatment of infertility as they believe that it can increase blood flow to the reproductive portion of the body and therefore, it may improve the success rates of ART when used in combination. However, researchers are quick to acknowledge and stress of more research being needed in this area to strengthen its validity and reliability.

### **Emotions Associated with Infertility**

Studies indicated that women who undergo infertility treatment experience a variety of feelings that include anger, hostility, fear, frustration, anxiety, depression, despair and disappointment (Davis & Dearman, 1990). One study in particular explored the life changes, powerlessness, hope, disappointment and social isolation that results during the course of infertility treatments (Imeson & McMurray, 1996). Research in this area has concluded that people who choose to undergo infertility treatment are most often self-directed individuals who believe that hard work leads to the attainment of their goals, but are devastated by the diagnosis of infertility (Imeson & McMurray, 1996). The feelings are often exacerbated by the fact that career success and financial stability virtually have no meaning when there is an absence of a child (Imeson, & McMurray, 1996). At this present time the literature indicates that infertility causes dissention in marital relationships, but little attention has been given to life after infertility.

## **Infertility Defined**

Infertility is defined as “the inability to achieve pregnancy after one year of unprotected sexual intercourse” (Greenfeld, 1997, p. 39). In the United States, one in six couples will experience infertility during their childbearing years (Greenfeld, 1997). In addition, the incidence of infertility treatments is increasing due to women postponing having children until they have established their careers (American Infertility Association, 2003).

The latest statistics regarding the birth rates for the years between 1990 and 2001 have indicated that the United States experienced a 6% drop among women between the ages of 24-29. While, on the other hand, there was a 28 % increase of births to women between the ages of 35-39 (American Infertility Association, 2003).

Fertility is affected by the age of a woman and therefore, many experience what is known in the medical realm as infertility. Research has demonstrated that a woman’s fertility is greatest in her late 20s and significantly drops as she embarks upon her late 30s (American Infertility Association, 2003). Other issues that have been implicated in attributing to infertility consist of higher incidences of sexually transmitted diseases, complications from intrauterine devices, repeated abortions and exposure to environmental and occupational hazards such as radiation, lead and pesticides (Greenfeld, 1997). As such, research indicated that infertility is more likely to be found in older rather than younger, more likely to be black than white, and more likely to have less than a high school education (Greenfeld, Diamond, Breslin, & De Cheney, 1986). However, those seeking treatment are usually the young, white, educated and between 35 and 53 years old and who can afford treatment (Greenfeld, 1997).

## **Causes of Infertility**

The causes of infertility are varied, but until recently, infertility was believed to be psychologically induced (Greenfeld, 1997). Approximately 25 years ago Greenfeld (1997) stated that researchers believed that women who had difficulty becoming pregnant had some unresolved conflicts with their own mothers and some researchers even went so far to label infertile women as narcissistic and hysterical. Apparently this notion continued through the 1960s until medical research revealed that infertility is the result of hormonal and/or anatomical defects in females as well as males. As such, the idea of infertility being the solely attributed to the woman counterpart has been dispelled. Advancements in this area have revealed that the incidence of infertility problems are equally distributed between male and female, with both contributing to 35-40% of the problems associated with the inability to conceive naturally (Bliss, 1999). The problems associated with infertility tend to be less challenging to detect and correct in males due to the simplicity of their physiological composition.

Male infertility can be the direct result of abnormalities of the sperm number, motility or appearance, anatomical and/or hormonal abnormalities (Greenfeld et al., 1986). For the most part, diagnostic procedures involve careful analysis of sperm, and treatment may involve hormone therapy to improve sperm counts, sperm motility, concentration and other abnormal morphology (Greenfeld et al., 1986). At times, surgery may be required to correct anatomical abnormalities, but the procedures are rather simple and do not require an extensive amount of time for recovery. (Greenfeld et al., 1986). In the females, however, infertility may be more complicated because their reproduction ability is not only dependent upon the proper functioning of several organs, but also

hormone functioning. As such, the diagnosis and treatment can become quite extensive and invasive in order to properly determine the problems.

The most common defects or diseases known to cause problems with natural conception involve the fallopian tubes, ovarian problems, and problems with cervical mucus (Greenfeld et al., 1986). Diseases such as endometriosis and pelvic infections are known as tubal peritoneal etiologies create barriers to conception. Diagnosis of such conditions involve the female counterpart undergoing a test known as a hysterosalpingogram which involves injecting dye in the uterus and fallopian tubes to detect any blockages. If any obstructions are found, the treatment may involve antibiotics to reduce inflammation of cysts and/or surgery. Abnormalities of the uterine cavity may also contribute to infertility, which could be the direct result of infections scarring and congenital uterine deformities. In either case, the problems may be corrected with surgery. Ovarian etiologies of infertility, on the other hand, include the luteal phase defects (an insufficient production of hormone of the hormone progesterone after ovulation) and anovulation (failure to ovulate). The diagnosis of these hormonal imbalances may involve endometrial biopsy or blood tests. Treatment usually involves hormonal injections to correct the imbalances and to induce ovulation.

### **Infertility Studies**

For the most part research in this area has primarily focused on identifying the incidence and medical causes of infertility as well as the psychological effects the diagnosis of infertility has on a woman's self-esteem and relationships (Valentine, 1986). In addition, there have been several phenomenological studies that have sought to describe couples experiences of infertility. The emerging themes in a study by Imeson



and McMurray (1996) identified the life changes infertile couples undergo while enduring infertility treatments and described the experiences of the couples as they endure cycles of powerlessness, hope, disappointment and social isolation. A study conducted by Daniluk (2001) in this area has identified the approaches couples utilize to make sense of infertility. This study has also sought to describe the emotional and financial investments couples endured while undergoing infertility treatments (Daniluk, 2001). The limitations of these studies are twofold: an interviewer conducted the interviews with the person undergoing the infertility treatments and the person's significant other simultaneously, and neither study addressed issues of ethnicity. Given the sensitive nature of the topic, it is suspected that the respondents' answers to the questions during the interviews were somewhat inhibited given the presence of significant others. In addition, ignoring the role culture plays in impacting a couples' experience with infertility provides an incomplete picture of the impact infertility has on both the spouse/significant other undergoing therapy as well as relationships. Finally, in another study, Bliss (1999) described the infertility experience of several women of mostly Hispanic descent as well as one woman who was a Native American Indian and one woman who was both Hispanic and Moslem (Bliss, 1999). Although this study addressed the nature of infertility from an ethnicity perspective it failed to include the woman's significant other. Other phenomenological studies in this area have been primarily conducted from a social worker perspective. The studies described in great depth the psychological aspect that infertility has on a woman's self-esteem and self-image as well as their role in society and their marriage. In addition, many of the studies have sought to describe the emotional distress associated with effectively making

numerous lifestyle and relationship transitions that must occur as they make their journey through the world of infertility. These studies explained the feelings and innermost thoughts of infertile women regarding the rigidity of appointments, medication regimens, invasiveness of surgical procedures and intercourse schedules. The ultimate goal of these studies has been to identify the counseling needs of infertility patients as well as offering guidelines to medical professionals to assist them with caring for their patients from a physical, but more importantly an emotional perspective.

Spirituality and religion also seem to play an important role in the lives of women who pursue infertility. Many of the women in the qualitative studies acknowledged God and discussed how prayer was one way that in some way helped them cope with their circumstances. However, only one study acknowledged the impact religion, especially Catholicism, impacted their decision to pursue or not to pursue infertility treatment. In this study conducted by Gonzalez (1988) in South Florida the participants were of Hispanic descent and spoke of praying to the Virgen de Guadeloupe who is known to assist women is dealing with life's daily struggles. The women in this study indicated that they didn't pursue infertility treatment for fear they would give birth to a sickly or a deformed child (Gonzalez, 1988). None of the participants, however, discussed questioning the position of the Catholic Church on infertility. The women in this study simply accepted the Catholic Church's position as infertility being an unacceptable means of procreation and accepted prayer and faith as their only means of possibly conceiving.

Many of the qualitative studies conducted to explore the lived experience of infertility reveal, time and time again, that the woman's self-esteem is significantly impacted by the inability to conceive a child. But the question remains, "how do couples

come to terms with this major life changing event"? This question was answered by Blenner (1990) when she conducted a grounded theory study that was designed to explore the perceptions of 25 couples as they underwent infertility evaluation and treatment. She arrived at three concepts as a result of this study: engagement, immersion, and disengagement. In this theory, Blenner described the process by which couples process their feelings, emotions, and decisions regarding the diagnosis of infertility, the infertility process, and how they accept their fate (Blenner, 1990). Even though the interviews of this study were conducted with the woman and their significant other present, the importance associated with this study was centered around the identification of the grieving process that is associated with this loss, as the couple also loses a sense of privacy, money, and time. They also lose a life as they expected, which may include career opportunities, family relationships, and friendships. Finally, this theory identified the final stage of this process as shifting the focus, which means that the couple begins to focus on their adoptive child or living life as a "childless couple." However, the study mentioned that in the end, if couples pursue adoption, the feelings of infertility often resurface as the adoptive mother may have a sense of non-belonging when in the presence of mothers who speak of their pregnancy experience. Childless couples as well as adoptive parents will often feel pangs of grief when close friends and family members become pregnant (Blenner, 1990). These feelings may also be more heart-felt during holidays and family gatherings (Blenner, 1990).

## **CHAPTER 3**

### **METHODOLOGY**

This chapter describes the research design and methodology for the study. A description of qualitative research design will be explained as well as the genre known as phenomenology. An explanation of guiding questions will be presented. And finally, the procedure for data collection and analysis will be defined.

#### **Qualitative Research**

This study was a qualitative research design. Qualitative research is a "genre which uses special language similar to ways in which scientists talk about how they investigate the natural" (Silverman, 2000, p. 4). As such, qualitative research seeks to learn about some aspect of the social world as qualitative researchers attempt to produce a set of generalizations after critically sifting through the data collected (Silverman, 2000).

The ultimate purpose of qualitative research is for learning while improving some type of social circumstance and thus, understanding (Rossman & Rallis, 2003). Qualitative researchers depend on several of the human senses as they collect data regarding what they hear, see, and read from the people and places and events and activities (Rossman & Rallis, 2003). In essence, qualitative research provides an "in-depth understanding of some type of social phenomena that would not be possible by quantitative research" (Silverman, 2000, p. 8). These qualitative research characteristics enable the researcher to become the instrument (Rossman & Rallis, 2003). In turn, the researcher is the builder of knowledge because he/she accumulates data and transforms it through data analyses into useful information (Rossman & Rallis, 2003).

There are several analyses related to qualitative genres. The one closely related to phenomenology is referred to as ethnography. This form of qualitative research involves participant observation, because it is necessary for the researcher to become a part of the social world in order to understand it (Silverman, 2001). As such, the aims of observational research includes: 1. "seeing the world through the eyes of the participants and 2. describing the most subtle and mundane activities to enable the consumer to understand the content of the event" (Silverman, 2001, p. 46). The activities of qualitative researchers enable the social scientists to explore how "interactions shape meanings in particular organizational setting" (Rossman & Rallis, 2003, p. 95). Open-ended observations enable patterns, themes and categories to emerge (Patton, 1990). This process may be referred to as inductive logic as the researcher reasons "from the particular to more general statements to theory" (Rossman & Rallis, 2003, p. 11). As this process unfolds, understanding of the phenomena emerges.

Fieldwork in qualitative research is essential as the researcher must have direct contact with the people being studied while in their own environment. With this in mind, phenomenology is concerned with "wholeness, examining entities from many sides, angles and perspectives until a unified vision of the essences of a phenomenon or experience is achieved" (Moustakas, 1994, p. 58). Phenomenology focuses on the appearance of things, meanings from appearances, and descriptions of experiences (Moustakas, 1994). Descriptions breathe life into a phenomenon by illuminating its presence, accentuating its meaning, renewing its spirit and extending its life (Moustakas, 1994). In turn, qualitative research design is flexible as there are no variables to manipulate or control.

## **Reliability and Validity**

Reliability and credibility is often difficult to achieve due to the nature of the research design. The purpose of qualitative research is not to replicate because replication is virtually impossible given the research deals with human behavior. So, qualitative researchers must direct their energies towards thoughtfulness and dependability. This means that the researcher should be rigorous in the conception of the research study, implementation, data collection and search for alternative explanations for what was learned (Rossman & Rallis, 2003). Instead of the researcher being concerned with replication, he/she is concerned with the extent to which the consumer would agree with the results of the study (Rossman & Rallis, 2003). With this kept in mind, the researcher should make their position clear, utilize multiple methods for gathering data, and document his/her process of gathering, analyzing and interpreting the data collected (Rossman & Rallis, 2003).

Grounded research theory involves "unraveling the elements of experience" (Moustakas, 1994, p. 4). The hypotheses and concepts are "fleshed out" during the study as well as the analysis of data (Moustakas, 1994). Grounded theory researchers question gaps in the data as they search for omissions and inconsistencies and incomplete understandings (Moustakas, 1994, p. 5). In turn, they "continually recognize the need for obtaining information on what influences and directs the situations and people being studied (Moustakas, 1994, p. 5). The ultimate aim of grounded research is to construct an integrated theory with no sequential steps laid out in advance (Moustakas, 1994). Finally, grounded theory researchers stress "open process" and recognize the "importance of context and social structure" (Moustakas, 1994, p. 5). Essentially, grounded research is a

theory process that must "grow from the data and in turn must be grounded in the data " (Moustakas, 1994, p 5).

### **Rationale for Phenomenological Lens**

This study was a phenomenological research study whereby the researcher sought to describe what an experience means for the persons who have had life altering experience, and are able to provide a comprehensive description of it (Moustakas, 1994). By utilizing a series of in-depth, prolonged engagements with the participants, the researcher will seek to understand and develop a "deep" meaning of a person's experience (Rossman & Rallis, 2003).

The purposes of phenomenological inquiry "are description, interpretation and critical self-reflection into the ""world as world"" (Van Manen, 1990, pg. 5 as cited in Rossman & Rallis, 2003). "Interviewing, observing and studying material culture are the ways to discover and learn in the field" (Rossman & Rallis, 2003, p. 172). This process involves maintaining detailed field notes that document events, activities, speech and participant observation (Rossman & Rallis, 2003). These activities enable the qualitative researchers to "capture and represent the richness, texture, and depth of what they study (Rossman & Rallis, 2003, p. 174).

During the research process, the researchers utilize a strategy referred to as meaning condensations, whereby long passages will be converted to shorten statements while being mindful of retaining the truth of the original words of the study participant (Rossman & Rallis, 2003). Then the researcher "constructs a narrative description of the phenomenon" (Rossman & Rallis, 2003, p. 296). The second strategy refers to meaning categorization which involves coding long passages into categories (Rossman & Rallis,

2003). This categorization provides an "organizational structure for narrative presentation of phenomenological interview data" (Rossman & Rallis, 2003, p. 296). The third strategy is a "narrative structure, which follows the natural organization of the interview to reveal a story (Rossman & Rallis, 2003, p. 296). Finally, a fourth strategy is meaning interpretation in which the researcher interprets the text (Rossman & Rallis, 2003).

### **Pilot Study**

A pilot study was used to ensure that the guiding questions will elicit the information that the researcher is anticipating to collect. This pilot study utilized a Caucasian couple so that information obtained may be compared to other studies that have interviewed Caucasian couples to explore the lived experience of infertility. This will in turn ensure the reliability of the questions developed by the researcher. This will also allow the researcher the opportunity to enhance the questions so that subsequent interviews capture the intended information.

The decision to conduct a pilot study was based on the value that may be received from testing the guiding questions before the actual study is implemented. The pilot study is used so that the researcher may gain some invaluable information concerning unexpected events. This, in turn, enabled the researcher to adjust or redirect the guiding questions so that the data collection process is successful. This idea is supported by Sampson as she indicated that a "properly planned and conducted pilot" enables the researcher to focus the inquiry as well as preparing the researcher for the environment (Sampson, 2004, p. 390). In addition, a pilot study affords the researcher the time necessary to reflect on the subject of investigation while considering other aspects of a study such as costs, dangers, and time constraints (Sampson, 2004).



## **Population and Sample**

A survey was mailed to couples who have ended their infertility treatments no more than one year from the start date of the study.

Qualitative research mandates that a limited number of subjects be selected for participation in a study of this nature. As such, selection is purposeful because the researcher's primary purpose for conducting a phenomenology study is to accurately describe the lived experience of a culture or event (Rossman & Rallis, 2003). All participants were interviewed and data was taped-recorded and transcribed so that themes may be identified. All couples who participated in the study were also required to adhere to the following criteria:

1. Greater than 18 years of age
2. Diagnosed with infertility; and
3. Undergone at least one treatment cycle

The researcher gained access to the above-mentioned infertility clinic by meeting with the physician of the clinic to discuss the goal of the research endeavor. A letter of support from the physician was included in the proposal submitted to the Louisiana State University Internal Review Board (IRB). Due to the sensitivity of the topic under investigation, it was necessary to have someone who is very familiar with the couples and their infertility history to serve as a liaison between the researcher and the couples. A registered nurse, who has worked very closely with the patients and their significant others, served in this role.

The researcher enlisted participation by sending a letter with The Marital Satisfaction Survey, utilizing the fertility clinic's letterhead, to all patients who meet the above

criteria for the study. In addition, an informative session was held at the physician's office so that the researcher may answer any questions as well as share her story with the potential participants (see attached letter).

### **Data Collection**

The purpose of this phenomenological research endeavor was to describe the impact infertility treatment has on the relationship of couples of ethnic descent. Also, this study described the cultural beliefs, ideologies, attitudes and perceptions regarding infertility treatments as it relates to marital relationships and procreation. An application for permission to conduct this qualitative study was submitted to Louisiana State University (LSU) Internal Review Board (IRB). Louisiana State University IRB approved the qualitative study (approval number 2688). There were no physical risks or social risks incurred by the participants of this study. The psychological risks associated with this study involved the emotional feelings that either party may have regarding the infertility experience. The guiding questions used in the interviews may, in some way, have brought to mind certain aspects of the experience that are difficult to discuss. To minimize this risk, the researcher reminded the participant that they have the right to withdraw from the study without any penalties. In addition, the participants did not receive any monetary compensation for participating in the study. The data collection process began once written approval was received from LSU IRB.

Following LSU IRB's permission to proceed with this study, the researcher submitted a letter and The Marital Satisfaction Survey to all couples who ended their infertility treatment no longer than one year prior to the initiation of the study. Once the surveys were received and divorced or separated couples were identified, a follow-up

letter was sent to both parties asking for participation in the qualitative portion of the study. Specifically, the researcher was interested in interviewing couples of Asian, Middle-Eastern and Hispanic descent. In the event more than one couple from either culture agreed to participate, the couple who engaged in treatment for the longest period of time was chosen to participate.

Confidentiality of the subjects was maintained throughout the study by identifying them by using fictitious names so that only the researcher was able to identify the participants. Prior to the initiation of each interview, participants received a consent form (see attached). At this point, the researcher advised the participants of their right to withdraw from the study at any time during the interview process.

All interviews were scheduled by the researcher and occurred in a private quiet area at the infertility clinic. Interviews were conducted with the person who received the infertility treatments as well as the individual's significant other. Interviews occurred separately and each was interviewed a minimum of two times and a maximum of four times. Data were collected by tape-recording one-on-one interviews with both parties of each couple. The following guiding questions were utilized to orchestrate the interview.

## **Instrumentation**

### **The Role of the Researcher**

The researcher is a former infertility patient who actively underwent treatment for infertility for approximately four years. Her level of treatment ranged from receiving oral medication to induce ovulation to daily hormonal injections with surgery procedures involving harvesting the eggs and fertilizing them in a laboratory setting. This experience enabled the researcher to have a very sensitive understanding concerning the feelings and

emotions of the participants. Detailed field notes were maintained to allow the researcher to document the behaviors and the mood of the participants during the course of the interviews. These observations enhanced the data collection process as well as enabled the researcher to identify themes and categories across the interviews. All observations were documented as field notes using pen and paper and would later be transcribed using Microsoft Word software.

### **Guiding Questions**

The guiding questions were as follows:

#### Guiding Questions (Female):

1. What were your expectations when you and your significant other made the decision to conceive a child naturally?
2. Why did you and your significant other choose to pursue infertility treatment?
3. What was your initial reaction to the diagnosis of infertility?
4. How has the infertility treatment affected you (i.e. emotionally & physically)?
5. Define what a full life means to you?
6. What are your feelings concerning the infertility process?
7. Has the infertility experience affected any of your relationships with family and friends?
8. What does it mean to you to be infertile?

#### Guiding Questions (Male):

1. What were your expectations when you and your significant other made the decision to conceive a child naturally?
2. Why did you and your significant other choose to pursue infertility treatment?
3. What was your initial reaction to the diagnosis of infertility?
4. How has the infertility treatment affected you (i.e. emotionally & physically)?
5. What were your expectations regarding the infertility treatments and the process?
6. What were your perceptions regarding men and couples who cannot conceive naturally?
7. What are your feelings concerning being the contributing factor to the infertility diagnosis?
8. What does it mean to you to be infertile?

Guiding questions were used to assist the researcher in obtaining the data necessary to conduct this study. The guiding questions that were developed to conduct this study are

based on the review of literature of infertility and the personal infertility experience of the researcher. Qualitative research allows the researcher to draw from personal experience, is acknowledged as a potential influence on the bias of the study. The questions were used to conduct the pilot study and enhanced if necessary after reviewing the quality of the data collected.

## CHAPTER 4

### ANALYSIS OF DATA

#### **Management of Data**

The qualitative analysis of the interview data adhered to the method described by Moustakas in his book entitled, *Phenomenological Research Methods* (1994). This method is known as the Stevick-Colaizzi-Keen Method and begins with a full and thorough review of the researcher's experience of the phenomenon under investigation. Then each transcript was reviewed to identify relevant information. This information was then grouped in meaningful units that comprise themes which was supported by the researcher citing specific excerpts from the interviews to demonstrate the theme.

The researcher completed the triangulation of the data collected by allowing the participants to review the transcripts to verify the accuracy of the interviews. Finally, a member of the graduate committee also reviewed the transcripts and audio-tapes to verify the transcription of the interviews. Also the information obtained from the surveys served the last means of triangulating the data.

The constant comparative method was used by the researcher to establish the reliability of the data by requiring the researcher to search for cases that demonstrate the truth of the hypothesis being tested. This method also assisted the researcher in addressing deviant cases and eventually accounting for all data obtained.

Finally, data displays assisted the researcher in graphically presenting the information obtained in a systematic manner that enables the user to draw valid conclusions and take action as necessary. The graphic displays were in the form of

matrices because it is time ordered and necessary for facilitating the flow of information and sequence of events.

Field notes were also utilized to record any feelings of anxiety, guilt, frustration and disappointment the participants may reveal during the interview process. The interviews were transcribed in a private setting within 24 hours of data collection. Transcription records were kept in a locked filing cabinet in the office of the supervising researcher at Louisiana State University. Transcriptions were reviewed numerous times until the researcher was certain that the data is accurate and complete. Data collection continued until repetitiveness in themes emerges.

The researcher served the role as observer, data collector and analyzer of the information obtained. As such, the information obtained was seen through the eyes and experiences of the researcher. The following is a brief description of the experiences the researcher brought to the study.

### **Ethical Dilemmas**

As a former infertility patient, the researcher experienced a multitude of emotions that many women report as they struggle with idea of infertility and all that brings to light during the process of acceptance of the diagnosis. As such, the researcher had to remember her role as a researcher. This means the researcher had to be consciously aware of how she reacts to their emotions as they describe their experiences. Also, the researcher always had to remain neutral with regards to the data collection and interpretation of the information gathered.

## **Data Analysis**

There are several ways to analyze phenomenological interview data, with each requiring the researcher approach the interview data with an open mind. This is especially true when the researcher has first-hand experience with the phenomenon under investigation. The ultimate goal however, is to seek meaning and identify themes that will naturally occur when data saturation is achieved.

For the purposes of this research project, the researcher made the decision to use the Van Kaam method. The first step in the Van Kaam method was to identify the horizons of each experience. This was accomplished by condensing long narrative passages into shorter statements that capture the essence of the lived experience. Once this had been accomplished, the researcher was then responsible for testing each expression by answering two questions: 1. does each expression possess substantial meaning that it elevates the essence of the lived experience under investigation? and 2. does the statement encompass the ability to be abstracted and labeled? In completing this step of the analysis, the researcher accomplished what is best described as reduction and elimination which enables the researcher to proceed to the next step that involves bringing each related set of statements together to create a cluster of themes. The intent of doing so is to present the themes that are at the very core of the lived experience. This ensures the validity of the research by giving the researcher the information necessary to test the themes against the complete record of the research participant. Only the relevant, validated expressions and themes were used to construct individual textural description of the experience that is supported by verbatim examples from the transcribed experience. Each individual textural description was further supported by an individual structural



experience. The end result of Van Kaam's analysis was to condense the volume of data collected using a methodical, careful, well-planned process that transformed the entire data set into a research participant textural-structural description that illuminated the essences of the lived experience while incorporating the themes.

### **Researcher's Personal Experience**

The researcher has worked as a registered dietitian for the past 10 years and has been trained to observe people and food service operations closely to identify employee and service issues. Moreover, the researcher is an experienced interviewer as she has spent the past several years providing one-on-one nutrition education, which has entailed collecting information regarding a client's diet history, health status, reviewing laboratory data and medications. In addition, as an interviewer, the researcher has learned to ask appropriately worded questions to elicit the information needed to assess the client's education level. Finally, the researcher also is experienced with analyzing data to establish relationships between food patterns and laboratory results, which in turn facilitates the direction nutrition education or nutrition support that will be provided to the client.

As a graduate with a Master's of Science in Vocational Education and an emphasis on training and development, the researcher has had the opportunity to engage in the research process from a quantitative perspective. While working as a registered dietitian consultant for long-term care facilities throughout Louisiana, the researcher had the opportunity to conduct a study using hand-held menus and unconventional service techniques to residents diagnosed with Alzheimer's Disease. This study involved collecting weight histories, food consumption data as well as demographic information

such as age, height, gender, and date of admission to the long-term care facilities, race, diet order and ideal body weight range. Data for weights and food intake consumptions were recorded six months prior to the initiation of the menu program as well as six months after the program had been implemented. Although the data were analyzed from a quantitative perspective, conclusions were drawn from the analysis and correlated with studies regarding this area under investigation.

Finally, the researcher has experienced infertility and was under the direct care of an endocrinologist for approximately four years. The cause of infertility was associated with a hormonal imbalance known as Polycystic Ovary Syndrome (PCOS). The researcher received numerous hormonal injections and rigidly adhered to routine blood work and vaginal ultrasound appointments. The researcher has experienced the invasiveness of artificial insemination as well as invitro-fertilization procedures in her quest for parenthood.

Given the fact the researcher has personal experience with infertility, it is quite possible that the researcher may misinterpret the results. In order to ensure that the researcher has transcribed the interviews accurately, each participant will be given a copy of their transcript to review. This will allow the participant the opportunity to verify the information gathered during the interview process.

### **Horizontalization of Data**

The following horizons were identified:

- Reaction to inability to naturally conceive

Shock

Unexpected

Disappointed

- Reasons for pursuing infertility treatments

Wanted to have a family

Was not getting any younger

To find out why natural conception was not occurring

To exhaust all means of having a biological child

To have no regrets

- Reaction to the diagnosis of infertility

Confusion

Devastation

Anger

Unfair

Surprised

Feelings of failure

Guarded

- Affects of infertility treatment process on marital relationship and relationship with family and friends

Stressful

Strength

Isolation

Secretive

- Feelings about the infertility process

Emotional rollercoaster

Financially overwhelming

Isolating

Embarrassing

Frustrating

Annoying

Regimented

Guarded

Sensitive

Discouraged

Disappointment

Confusing

Struggle between religion and artificial means of procreating

- Meaning of infertility

Appreciation

Nothing

- Definition of a full life

Children

Family

### **Reduction and Elimination**

- Reaction to inability to naturally conceive

Only one of the women in the study expected to have some difficulty in getting pregnant as she indicated that she had always had some irregularity with her menstrual cycle.

LP: "I knew it might not be as quick as I thought cause I had always had a little bit of PCOS all my life." When her husband, WP was asked the same question, he responded with "she had trouble with her periods and various things."

However, all of the other participants described their expectation as shocking and devastating. The women described being diagnosed with infertility as shocking, devastating, and disappointing.

KL: "I just never would've dreamed that I'd have any problems." She went on to explain that her "sister was told that she may have trouble carrying to term or even conceiving, never her."

MS: "No....ummm.... I was a consultant....I was in a real high pressured job....I was a consultant....so, I was traveling....so, I figured....O.K., the timing was just off....things were not quite right."

EE: "Looking at my sisters....yeah....I don't think that relates to anything, but every single one of them was like that....I mean all of them....so, you know, but I mean....I thought I had been on the pill longer than anyone of them....I don't think any of them were....so, I thought that....that probably....that hurt....And, I had been on it for 10 years....because I had a friend....the same thing happened to her..."

DE: "Uh....originally, I thought it would be fairly easy." Researcher: "And, when it didn't?" DE: I wasn't....uh.... alarmed. I just felt like we had to keep going....thought that age had something to do with it. Um.... I wasn't concerned. We had to keep trying....It will happen."

- Why did the couples pursue infertility treatment?

The bottom line for all the participants pursuing infertility treatment was to build a life together with children. However, when the researcher probed deeper, many of their reasons for choosing infertility rather than adoption varied. Two of the participants reported that their spouses were not fond of the idea of adoption, while others eventually pursued adoption when they felt like they were ready to end infertility treatments.

MS: " we had dated for eight years before we got engaged and that they wanted to have children before she was 30 and they had gotten married and it seemed like the right thing to do." And, my husband always wanted to have kids."

When MS was asked about adoption and it being an option that was discussed during the infertility process she responded with, " You know, I was like....whatever, we had been through....so, worn down....I was open to adoption....my husband didn't want it." EE indicated that the decision to have children was driven by the marriage preparation classes that were required for her and her husband to be married in the Catholic Church. During the classes procreation was discussed and "definitely something that is encouraged." She went to say that she "always baby sat and that being the oldest of four girls, she diapered her three siblings and she always loved kids." EE stated that she and her husband had discussed having children before they were married and had decided they "would have two or maybe three." When the researcher questioned EE if she and her husband had considered adoption during the infertility process she responded with, " he is real prideful....not in a bad way.... But you know, there is nothing wrong with him....we are going to have a baby on our own....we don't have to adopt. I am a lot more open to different option....he is not....he is like....this is the way it is....its black and white."

When DE, EE's husband was questioned about adoption, husband responded with "I wanted to try that before we looked into adoption." Later in the interview, DE stated, "she was more up for adoption than I was....I just....you don't know what you are getting....I just hear stories."

For others, adoption was always an option, but the time in which they chose to travel that route varied as well as their reasons.

KL: "We walked in knowing, we are going to do this three times (artificial insemination) and that was it. We kinda....we made a decision ahead of time cause you could spend a fortune on this and years of heartbreak and so we kinda went into it saying....O.K.... let's make a decision. How much heartache are we willing to put into this."

But, LP and WP decided to pursue the infertility treatment because the opportunity presented itself and because they essentially did not want to have any regrets later in life. LP: "and our insurance did not cover infertility at all and they told me the prices and I knew that was not something that I could afford to do, so. I just kinda dropped it and didn't really know where to go from there." But, then a friend called her about a job at Dr. D's and was offered the position and about three or four months after working for Dr. D. she and her husband went in to talk with Dr. D. and "that is when he kinda started, of course, the initial work-up."

WP: "I think we really went with the insemination and then the in-vitro insemination....we wanted to make sure we couldn't ever regret saying....well, we never tried....what if we had tried and it worked....so, at least we can look back and say well, okay, we.... it can't happen."

- What was their initial reaction to the diagnosis of infertility?

All the participants responded to the diagnosis of infertility with surprise. However, as the researcher probed deeper, all described their reaction to the infertility diagnosis differently. One of the participants seemed to still feel sorrow and anger.

MS: "Undiagnosed infertility....we had been living with for so long....it was kind of like....you know....well, actually....I didn't think the eggs were the initial....I remembering....going....huh....I always thought it was the lining that wasn't right....what a waste of time....why didn't someone tell me when I was 28 years old and then I wouldn't have had gone....I would have given up and moved on (tears again)....instead of letting it drag and drag and \$100,000 later (tears again).

On the other hand, two of the participants were in the beginning somewhat surprised and worried about the fact that they could not conceive naturally, but their situation ended up being diagnosed as a mechanical issue and was addressed with a very benign reproductive procedure. As such their reaction to infertility was not intense as the others.

EE: So, my experience was painful....I mean....but, it wasn't forever."

DE: "we would just take the first step.... artificial insemination....you know, if that didn't work then we would start to worry....then we would be concerned."

For the other participants, the diagnosis was somewhat surprising, but more confusing.

LP: "it didn't really dawn on me that I was, had infertility, that I was really infertile at the time. I was just thinking I was having trouble...I didn't really know that much about it."

WP: "upset and it was more confusing than anything because they really didn't have a real diagnosis." He went to explain that "there were just a lot of factors inside, it's not just



one cause, and they just, really can't pinpoint down to why she's not and that to me was the worst part of it."

KL: "Um....it was just...it just....it was confusing....cause at first....the second doctor said....I always felt like it....like I blamed myself because I thought this was me....this was my problem and then when that second doctor said that my husband had some issues, then he took it hard....you know....like...it was his fault and then I kept telling him....no....it, it, it's you, then it's me too....it's both of us because I knew my, my periods have never been right. I have always had all kinds of just pains and ailments and ovulation at periods of time....um....I just like something was wrong in my body not functioning properly. But, then when we went to Dr. D's....he did another work-up on my husband and he said there's nothing wrong with him." She further explained that "it was devastating cause you....I am one of those women that have always....you know how you hear people say that they dreamed of their wedding day. I never dreamed of my wedding day...I dreamed of the day I gave birth....so, when you have to kinda start facing the fact that you may not actually give birth to your child, that's a hard thing." K stated that it was hard for her husband when "he felt like it was something wrong with him and once we figured out that okay that is not necessarily the case then I think he, he felt guilty. I think he felt kinda guilty because he would say things like "I'm sorry I can't get you pregnant."

- Define what it means to have a full life

All the participants described their lives as now being full and happy.

MS: "extra full....it's much better." She went on to repeat a quote "" your life will never be the same and you wouldn't want it to be any other way"" ....I don't think we could have been successful until we connected the three dots."

EE: "I feel complete now."

DE: responded to the question of a full life with "my life is fantastic....I wasn't expecting second one....my life is as full as it can be."

LP: "life is good and we are really happy with her."

WP: " I held her in my arms and I just, you know, I started thanking God and you know everything for giving me patience and you know realizing this, you know, this was, you know, this was his gift to me....and at this time, this was what , this was the child and, and it also makes me realize, you know, that you know we are all every, even if you have a child naturally, that child is only on loan from God." He further explained that "it's really given me an appreciation for any couple that adopts or goes through any kind of fertility treatment, cause you know it makes you appreciative....now we don't know what we'd do without her."

The only exception was KL as described her current state as having a missing puzzle piece.

KL: "half full, half empty." She went on to say that when she gets home from work, the house is quiet and "it just feels empty....like something is missing."

- How did the infertility experience affect both of them and their relationships with family and friends?

All the participants agreed that the infertility process brought a tremendous amount of stress into their lives. The women spoke of the regimented schedules that consumed

almost every waking moment of their time and thoughts. All of the participants also spoke of the added financial burden that the costs of the treatments imposed. One of the participants even found it necessary to keep their infertility a secret due to fear of losing her job due to the beliefs of the organization she was employed with. Another participant felt the need to keep her infertility a secret due to embarrassment. And, finally, all of the women described the experience as one that was full of ups and downs to the point of it causing them to feel like failure. This, in turn, launched them into a cycle of hope and despair that caused them to implement coping mechanisms that may not have been necessarily the best for maintaining relationships.

MS: stated that she and her husband went through many tests, and "of course, when they were walking through the halls he sees a fraternity brother and he is like, you know...its her...she is the one getting tested....it was embarrassing because we were very secretive." MS went on to say that "their parents did not know and their friends didn't know." MS described an incident with a friend that ended their relationship because the friend hurt her feelings very badly. She stated that as she was discussing the tests and procedures she and her husband were undergoing to conceive, the friend responded to her by saying "oh, you're doing that turkey baster thing?"

EE: indicated that one of the stressors of the infertility process was her bi-polar disease and the management of her medications while she was pregnant. After approximately six months of trying to conceive, EE went to her doctor in February 2002, and he prescribed a hormone, called, progesterone. EE stated that the medication "really affected her memory and it really made her bi-polar worse." In March or April of that same year, her doctor tried many different kinds of medications that would allow her to conceive safely,

but still manage her bi-polar disorder. She explained that some of the medications "knocked her out, some made her hungry and tended to cause rapid weight gain." She further explained that she "was eating everything in sight and that was enough to make her depressed because of the issue of eating disorders too."

DE indicated that "he felt perturbed....I mean, I felt good for them, but it felt like....you know, were being left out." DE went on to say that they "were both stressed."

KL: "draining....just a constant having to be home at a certain time to give yourself those shots and missing the tailgating parties and football games....you know and that was, that was stressful." KL indicated that were times when she felt "all alone in the process, that it was just a one-handed thing." She explained that she would arrive home and her husband would say "oh yeah, you had a doctor's appointment today." On the other hand, I had "remembered because you're in there three days a week, doing blood work, giving yourself shots at certain times of the day and you have to do it." "And it's, it was just chaos and it was stressful and it was just hard to put your life on hold." KL went on to say that the other stressor related to the infertility process was the fact that she taught at a Catholic school. And the school at which she teaches has the Catholic teachings as their first priority. Because of the strong Catholic beliefs regarding conception through artificial means, K indicated that she and her husband "hardly told anybody what they were doing."

WP: "we are stronger now than we ever were. During the process we wondered...it was tough cause there were times in which she said maybe you ought to just leave me...it's me and you know, I am not going to be able to give you a child." WP responded to her by saying, "when I made my commitment to you it was through the good and the

bad....no matter what, I said we are going to stick together." WP went on to say that "because of the church in Baton Rouge , that helped us because it was a real good family, you know, real good church and they really rallied behind us....they were always there for us and the pastor there is incredible...he really got behind us." WP indicated that his wife, LP, confided in her mother and her sister. And he talked with his pastor, but also his mother. He stated that he and his mother "would cry on the phone together....she was a rock for me."

- What does it mean to be infertile?

When the participants were asked to define infertility in the present context, they indicated that the diagnosis really meant appreciation, meaning they felt grateful for finally receiving a child.

MS: "I don't think about it. It seems like the distant past." She went on to say that she agrees with her husband when he says " people don't appreciate children when they come so easy."

WP: "I don't know....it doesn't mean as much to me right now." He went on to further explain during the interview that "it's really given me an appreciation for any couple that adopts or goes through any kind of fertility treatment, cause you know it makes you appreciative....now we don't know what we'd do without her."

On the other hand, one participant couldn't really answer that question as the possibility for a biological child was still present even though they had started the adoption process.

KL: " Dr. D said that ""I hate to see you adopt because I feel like you're going to get pregnant one day....I think this is God's timing, not your timing.""

Given the fact that EE 's infertility became a mechanical issue and they have had two children without any intervention other than artificial insemination, they do not view themselves as infertile.

And, finally, LP doesn't really know how she feels about the diagnosis of infertility:

LP: "I don't really know. I just know how that....and, I have seen ladies that have taken medicine and its turned around and it never did for me."

- Thoughts regarding men and couples who can't conceive naturally

This question was asked by the researcher directly simply because WP answered it clearly when he spoke of the joy and gratitude he felt towards God for bringing his little girl to him from Guatemala. He further explained his thoughts regarding others who endure the same journey as he and his wife by speaking of the new-found appreciation he had for those who chose to travel the paths as they did.

WP: "it's really given me an appreciation for any couple that adopts or goes through any kind of fertility treatment, cause you know it makes you appreciative....now we don't know what we'd do without her."

Earlier in the interview, WP expressed his frustration with infertility by stating he needs definite answers.

WP: And I, you know, it just frustrates me with any....whether it be the, the girl, the.... the man or the woman....it....it's....it frustrates me, but like I told you earlier....I'm....I'm just.... I like to know things.

With regards to the question, What are your feelings concerning being the contributing factor to the infertility diagnosis?, neither male participant was asked this question because neither male was diagnosed with infertility.

- Feelings about the infertility process

In general, all the participants described the infertility process as being on a roller coaster ride.... Buckling in for a ride that promised to be filled with much anticipation and fear that can only be experienced flying solo in order to determine the unknown. Plus, all the while enduring the many stresses that evolve during the course of the journey....increasing financial responsibility, heartache, joy, sorrow, anger, guilt and hope.

MS: Well, it's isolating....you know....you are doing stuff and it's like....I got to go home at 6:00 pm to take a shot....it's not the procedure that is stressful, it's the whole event. They ran thousands of tests and couldn't figure out what was wrong....not knowing was stressful. I think I was pregnant 30 times....I just wasn't taking the test early enough....there was something wrong with my blood levels....I wouldn't go through infertility again now that I have a child....I am not going through heroics again. Everyone says I am much more peaceful." MS went on to say, "you know....it seems wasteful when it doesn't work....it seems like a waste of time, money, energy....it is just a waste."

DE: stated that "there is always a worry about that....you never know....of course I didn't want to go through it, but I felt like that....you know, it was something that had to be done to find out." DE went on to say that he felt bad for his wife....that she was probably more under pressure since she had a lot of competition with all of her other sisters getting

pregnant....she was kinda the odd ball out and going through different procedures....so, you know, I know she felt under the gun."

When KL was asked about her husband and how he responded to her and the infertility process she responded with "he is very supportive, but of course they don't quite feel the way we do and there were times she I'd get frustrated with him because I....go aren't you sad, like I am sad, but he says, I am sad." She went on to say "he just had a more positive outlook....God is gonna put us where he wants us to be and you know if he wants us to adopt then that is what we'll do."

WP: I was upset and it was more confusing than anything because they really didn't have a real diagnosis and even through in-vitro with Dr. D.....they built up her uteran wall lining because it was too thin and they said....well, she has a lot of scars on one....they had to remove it (tubes) and she kept getting tubular pregnancies....from what I gathered....just a lot of factors inside....it's not just one cause....and they just can't pinpoint down to why she's not and that, that to me was the worst part of it. I was confused and I, I, I'm kinda like an ABC guy....just....I want....you know....I wanna know this....cause of this....cause of that."

## **Participants**

### **MS**

MS was my first participant to interview in the pilot study. It was conducted in the spring of 2007 at a branch of the public library system. M was now a mother to a beautiful baby girl.

On the day of the interview, I greeted M in the front lobby of the library about 2:00 pm on a week day. Her hair was blonde, about shoulder length, and pulled back in a



pony tail. To further restrain her hair, she used her sunglasses as a headband to pull her bangs away from her face. The day was sunny and warm. After greeting each other with a handshake we decided to sit outside to conduct the interview so that we could talk openly and freely. We made our way to the back of the library, passing numerous shelves of books. We sat on wooden benches positioned on a patio overlooking green shrubbery and trees. The weather was perfect that day as the skies were bright blue with only a few white clouds that looked like cotton balls. The temperature was about 80 degrees that day. Every now and then a cool breeze would brush against our skin giving us just enough air to cool ourselves. We sat side by side on the wooden benches as we became acquainted with one another. I started the interview about children and parenting and slowly engaged the participant into the discussion of her child and how she and her husband became parents by way of infertility treatments.

MS indicated that their reason for having children was explained by her saying “it seemed like the right thing to do” and “they were not getting any younger.” She said that her husband always wanted to have children, while she was the one that wanted to play a little more. When they began trying to conceive without success, she attributed it to the stress of her job as she was traveling a great deal and thought that that was the contributing factor. After trying to conceive for approximately one and a half years, she changed jobs so that she would be more local. So, they tried again for six months. After no success, she decided to go the doctor. At that point, the doctor decided to give her an oral medication that is typically used as the first step in infertility treatment.

Approximately six months passed by, and still she was not pregnant. The doctor then made reference to her age, indicating that she indeed was not getting any younger. He

prescribed another oral medication that she indicated as making her crazy. She described her feelings as being irritable. The doctor dismissed that approach and moved her to artificial insemination (AI). They tried AI about four times after which they took a break. They were then referred to another physician who initiated the daily injections of hormones. They attempted pregnancy with the injections three or four cycles. Again without any success, she and her husband then decided to do invitro-fertilization (IVF). She described infertility as frustrating, especially since everything came so natural and easy to her and her husband. She explained this statement as always being the ones who would “get the job.....just successful.” She also went on to say that it was annoying and that she felt as though their bodies were failing them. She discussed having feelings of embarrassment and feeling the need to be secretive. She also explained how “horrible the shots were during the second phase of each attempt to become pregnant. She eventually did become pregnant using donor eggs. Even though MS indicated that she and her husband maintained a certain level of secrecy, she did mention that she often spoke with other women receiving infertility treatment during her doctor’s visits. She also spoke of doing a number of activities such as exercise, vacations, acupuncture, and diet restrictions she engaged in order to relieve herself of the stress she was feeling from the treatment process. In fact she attributed her success in becoming pregnant to taking a long vacation after receiving insemination with donor eggs.

## **EE**

My second interview was with EE on a Saturday morning at one of the local coffee houses. I arrived a few minutes before her so I found an area in the coffee house that I felt was private so that we could talk openly and freely. I greeted her shortly after I arrived.

We greeted each other with a handshake and promptly sat down to begin the interview. She had shoulder length, medium brown hair pulled back in a pony tail and was wearing a white t-shirt with gray work-out pants and tennis shoes as she had just taught a Pilates class. The coffee house had the aroma of freshly brewed coffee, with music playing in the back ground. This particular location is the “college hot-spot” as many students are often seen “hanging out” studying and just visiting with one another. This particular day was no exception as people were observed coming in and out of the store non-stop and the lines were often long. The sound of the blenders could be heard clearly as people ordered their favorite iced coffees of their choice. It seemed as though as soon the blenders stopped, they started again. Even though the shop was busy, very few people seem to stay, but some were noted chatting with friends while others were observed using laptops. The décor of the coffee shop was tranquil as the floors, the counter tops and the table-tops were black in color. All the wooden cabinetry was the stained using a reddish-brown, cherry-type finish. The front of the coffee counters had glass display cases that housed gourmet desserts and breakfast items such as over-sized muffins and Danishes.

EE has been married to DE between six to 10 years. EE has her Master of Science degree in exercise physiology and is a personal trainer. She is Caucasian, between the ages of 36-40 and was born in Baton Rouge, Louisiana and a practicing Catholic. She and DE pursued infertility treatment for approximately one, one and a half years until she finally became pregnant using Clomid, an oral follicle stimulating medication, and artificial insemination. She and her husband now have two biological children.

She and her husband started trying to conceive a child approximately six months after they were married. She took herself off birth control pills, and when nothing

occurred she went to see her physician. The doctor made reference to her age (approximately 33 at the time) and started her on an oral medication, Clomid. Approximately six months later, the doctor placed her on progesterone. She described that medication as affecting her memory and making her feel depressed. She also indicated that the medication made her bi-polar disorder worse. Even though her infertility treatment ended up being a mechanical issue rather than hormonal, she described her journey through infertility as complicating due to her bi-polar disorder as many of the medication affected her mental faculties in various ways. Also, her medications for her disorder had to be carefully reviewed so that the infertility medications would not interfere with the other. Much of the interview was centered on both her bi-polar disorder and the course of treatment for her infertility. About one year after of taking progesterone and Clomid, she changed doctors. The doctor prescribed another round of Clomid with no success. He ordered a test referred to as hysterosalpingogram which is a test used to review the anatomy structure of the uterus, the fallopian tubes, and the cervix. The test uses a dye to detect any obstructions. In EE's case her infertility condition was diagnosed as Cervical Stenosis which in laymen's terms meant that her cervix was too small to allow the semen to enter her uterus. The doctor at that point decided to place her on Clomid once again for two more cycles. After attempting pregnancy for two months with the prescribed regimen, EE decided to take matters in her own hands and called the nurse on day 12 of her cycle. She asked if she could have an ultrasound done to check for the presence of an egg. When the ultrasound was complete, the doctor made the decision to pursue Artificial Insemination (AI). On July 24<sup>th</sup> she was diagnosed as pregnant. During the time that she had had the

insemination and the time she waited to conduct a pregnancy test, her sister told her that she was pregnant and that was going to be her third child. She also referred to another younger sister having five children before she conceived her first. She discussed how angry her husband had gotten when her younger sister had gotten pregnant for the fifth child. She referred to her situation as being unfair. When her sister delivered her fifth child she stated that it took everything she had to go to the hospital to see her sister, her family, and the new born. She discussed her Catholic upbringing and indicated that this was a factor that influenced her decision to have children. She is the oldest of four girls so she spent much of her childhood taking care of children. She discussed in great depth of the teaching of the Catholic Church with regard to artificial means of procreation. Fortunately, she didn't have to make that decision, but her true concern about artificial means of procreation was not so much if the Church would accept it, but what would she do with all the eggs that would remain after completing one invitro-fertilization cycle. She didn't feel as though she could handle more than two children, but she also knew she couldn't destroy them. Other issues that were raised during the interview were that of insurance covering the costs of the infertility treatments as well as money. She discussed confiding with her mom and grandmother about her difficulty getting pregnant. What seemed to help her was the fact that her mother had also had a difficult time getting pregnant. So, her mother could relate to her and she also discussed meeting people in the doctor's office and discussing her feelings with those that were experiencing the same thing. She referred to her personal training business that also involves teaching swimming lessons as being a way in which she coped with all the ups and downs. She discussed how angry she would become when her sister with five children would try to

sympathize with her because there was no way her sister could really relate to her, especially after having several children without any difficulty.

## **DE**

DE has been married to EE between six to 10 years. DE has his Bachelor of Science degree and works in the medical field. He is Caucasian, is over 41 years old and was born in Baton Rouge, Louisiana and is of the protestant faith. He and EE pursued infertility treatment for approximately one, one and a half years until EE finally became pregnant using Clomid, an oral follicle stimulating medication, and artificial insemination. DE and his wife now have two biological children.

On Friday, June 29, 2007 DE and I greeted each other in the lobby of one of Baton Rouge's public libraries. He was wearing a light yellow oxford, button-down long-sleeve dress shirt with khaki pants and brown, leather dress shoes. His hair was blonde with some gray and was cut very short. The day was sunny and warm. After greeting each other with a handshake we decided to sit outside to conduct the interview so that we could talk openly and freely. We made our way to the back of the library, passing numerous shelves of books. We sat on wooden benches positioned on a patio overlooking dark green shrubbery and trees. The weather was perfect that day as the skies were bright blue with only a few white clouds that looked like cotton balls. The temperature was about 90 degrees and slightly breezy. Every now and then a cool breeze would brush against our skin giving us just enough air to cool ourselves. We sat side by side on the wooden benches as we became acquainted with one another. I started the interview about children and parenting and slowly engaged the participant into the discussion of his children and how he and his wife became parents by way of the infertility experience.

During the interview, DE did not share anything with me that I didn't already know, as I had met with his wife a few weeks prior to my visit with him. He answered all the questions without any hesitation. However, the answers were generally one sentence replies to each question. The one thing that I did find interesting was that he often made clear that at the end of the infertility testing and medication regimens, his wife's diagnosis was determined to be a "mechanical issue" and not anything more. He also made numerous statements indicating that he and his wife would have continued with infertility treatments as long the money and the insurance would provide. DE would not speculate on their course of action with regard to their religious beliefs and such procedures as in vitro fertilization.

### **KL**

On Friday, June 12, 2007 KL and I greeted each other in the lobby of one of Baton Rouge's public libraries. K was dressed in a peach colored tank top with faded blue jeans and flip-flops with iridescent colored straps with flowers on each foot. She had dark brown shoulder length hair and blue eyes. Once again we made our way to the back of the library, passing numerous shelves of books. We sat on wooden benches positioned on a patio overlooking dark green shrubbery and trees. The day was overcast, the locust and the birds were singing, and the air was humid.

KL is between the ages of 31-35 years old. She has a Bachelor of Science degree and works as a school teacher. She has been married to her husband between 6-10 years. He holds a Bachelor of Science degree and works in the field of environmental science. They have been trying to have a biological child for two-three years and have decided to

discontinue treatment due to financial, emotional, and religious reasons. They are of the Catholic faith.

KL and her husband began trying to start a family not long after she and her husband were married. After trying for about eight months, she decided to go to the doctor. At that point, the doctor gave her the “brush off,” so she went to another doctor. After her consultation with her new doctor, the doctor decided to do an ultrasound where they discovered she had a very large fibroid tumor in her uterus. Not knowing how long the recovery would be, she and her husband decided to postpone the surgery until after the school year would end. After the surgery, six months past by without conception occurring. During those six months, her husband underwent tests, and he was told that his sperm was morphologically incorrect and therefore, only 30% functional. All the while, a specific physician’s name (Dr. D) kept popping-up during various conversations. She and her husband decided to meet with Dr. D. He suggested artificial insemination (AI), and they completed two cycles without any success. After reviewing her hormone levels, Dr. D suggested AI with infertility medication. So, he gave her Clomid, and the medication caused her uterus lining to thin. Next, the doctor switched her to progesterone and then a hormone called Gonal-F which is an intramuscular injection. Without success, they decided not to pursue any additional infertility treatments. She even tried acupuncture for about three months and after no success she and her husband decided to pursue adoption. She described her husband as taking the news about his sperm as very hard. He kept apologizing to her for not being able to get her pregnant. However, they later found out that there was nothing wrong with her husband’s sperm. She said the news about being infertile was devastating as she has always dreamed of giving birth to her child. In fact,



she related this dream to being similar to the one young girls often dream of regarding their wedding day. She discussed withdrawing from baby showers and events that involved pregnant women from time to time. She described her husband as being supportive and the optimist as he never really showed any signs of true sadness with them not being able to have a child. She described the affect of the medication as making her feel irritable and preventing her from bonding with the children she was teaching at the time of taking the medication, Gonal-F. She also described the infertility regimens as draining, as the scheduling of shots usually interfered with missing tailgating parties and football games. She also stated that working for the Diocese added a level of secrecy and in turn, stress because the Catholic religion frowns upon artificial means of procreation. She also discussed in great depth a meeting she had with their priest to discuss the infertility treatments.

## **LP**

LP has been married to WP between 11-15 years. She is a white Caucasian female between the ages of 36-40 years old. She is a stay-at-home mother. She has some college and has worked as a receptionist in doctor's offices over the years. She was born in Baton Rouge, Louisiana. She and her husband attempted to have a biological child for approximately eight to nine years without success. They opted to discontinue treatment due to the emotional rollercoaster that emerged. They are of the Pentecostal faith and are the proud parents of their adopted little girl.

LP stated that she and her husband have been married 13 years and they started trying to have a child approximately 11 years ago. However, it took her and her husband about three years to even consider infertility as the costs were prohibitive and their

insurance didn't cover any of the costs. In the beginning of the interview, she indicated that it really never dawned on her that she was infertile, and that she was thinking that she was just having trouble. LP went on to explain that her mother was concerned about being able to conceive because her mother had taken a certain medication when she was pregnant with LP. The medication is now recognized as producing infertility in the offspring. In the course of the 11 years that she and her husband were trying to conceive a child, she became pregnant several times without the assistance of artificial means. However, none of the pregnancies were viable as they were tubule pregnancies. She and her husband eventually pursued infertility treatments when she went to work for Dr. D as a receptionist. Dr. D. waived his fees and many of the sales representatives gave her samples of the medications she needed to initiate the cycles. When the researcher asked LP what her initial reactions were regarding infertility, she responded with "it really didn't dawn on me that I was...had infertility...that I was really infertile at that time. I was just thinking I was having trouble...I knew, I knew we were having trouble, but I never thought it would get to the point where I could not or somebody would actually tell me you are infertile and we need to do this, this, and this or that." She described the effect of infertility as an emotional rollercoaster and devastating. She stated that "we were upset, devastated and I was upset. It's a tough battle." She stated that working for Dr. D was difficult because she cried with the patients when things failed and she was happy when they were successful. However, she described herself as compassionate because she knew what it was to be pregnant, to lose a fetus, and to experience the hardships of infertility. She stated that she was probably more compassionate than any other person that worked in Dr. D's office because "I knew what they were going through and the

urgency of getting an appointment...I knew the urgency even though I knew the day they walked in the room that they weren't going to start anything that day...but it was to get there and to start the process to talk to J...to talk to Dr. D...the minute you sit down to talk to a doctor, you start to feel better anyway...you know its like, aahh, well at least I got the ball rolling." When LP was asked about her feelings about isolating herself from situations that reminded her of her infertility and her failed attempts to achieve pregnancy, she responded with "I stopped going to baby showers and it took a long time for people to realize why." She went on to say that she even stopped going to church on Mother's Day. She said "I didn't go to church for probably five years on Mother's Day. I had a mother, but I wasn't a mother....So that was absolutely horrible and there was, everybody around me was getting pregnant and having babies and that was hard and at my church there was one lil girl that got pregnant and she wasn't even married and that, that really hurt me." When LP was asked if she withdrew from her family, she said that she was "very, very, very close to her mom" and she would withdraw only when she had the tubular miscarriage. She said "my momma couldn't understand that, but I wanted to be by myself." When asked if she thought her life would be fulfilled without a child, she responded with "I don't know that I would be 100% completely fulfilled, but I think...I think it was something that I was to the point of accepting it because I knew I couldn't...or because I really was at the point of acceptance." She went on to say that her husband was very supportive of her and that he hurt for her. She stated that "he just really, he hurt for me more than himself...he wanted kids, but more because I wanted one so bad it hurt him for me." Even though they were not successful in conceiving a child with the infertility treatments, she would still recommend that couples pursue this route

because there is so much potential for good to be reaped from the journey. However, she did say that she eventually got to a point that she had to "stop infertility to even get a sense about herself....it makes you crazy...the not knowing and the ups and downs of the medicine and all that just absolutely was just enough." When asked if she felt as if it ran her life, she responded with "oh it did....everything is a schedule...you have to be there for ultrasounds at a certain time...and when it comes down to the retrieval and the transfer everything is clock work." She went on to say that if you don't try it then there is a possibility that you will always wonder. She ended the interview with "for all the bad that I saw, I saw so much good and so many people that got pregnant and it worked for them and it...I feel like if you were open to that suggestion, that if you don't try it...you are gonna always wonder why of if...If I would have done infertility would it have worked?...I would tell them to go and try it and just see...at least meet with the doctor and let him give you your options."

## **WP**

WP is married to LP. I traveled to West Monroe, Louisiana one Saturday morning on August 11, 2007. I met WP at their home around 1:00 pm Saturday. I drove up to a golden yellow, wood-framed house surrounded by numerous cottonwood trees that had spread their brown leaves throughout the yard. The porch of the house was somewhat in disrepair as there were signs of patchwork that had been completed to remove rotten boards. As I knocked on the door, I was greeted by Wayne's wife and their two-year-old little girl, Isabelle. I entered the home through the living room which was equipped with a sofa and love seat and non-functional fireplace. The floors were made of a light brown hard wood and the walls were ivory in color. I was escorted to the dining room which

was adjacent to the living room. I was seated at a large, Victorian-like dining table that was surrounded by large wooden chairs. Shortly after I sat down and retrieved my tape-recorded, paper, and pens, W walked in to introduce himself. He was dressed in blue jeans with a floral-print shirt. His hair was cut short and had tinges of gray throughout his somewhat blonde hair. He was a rather large man, but very gentle when he spoke, especially when he spoke of the pain his wife incurred during the infertility process.

WP has been married to LP between 11-15 years. He is a white Caucasian male between the ages of 31-35 years old. He works as a plumber and an assistant pastor of a church located in Northeast Louisiana. He had some college education as well as a technical degree. He was born in Mississippi, but has been living in Louisiana for many years. He and his wife attempted to have a biological child for approximately eight to nine years without success. They opted to discontinue treatment due to the emotional rollercoaster that emerged. They are of the Pentecostal faith and are the proud parents of their adopted little girl.

WP and I began the interview with him describing his expectations regarding them starting a family. He said that he knew that his wife had trouble with irregularity of her periods in the past, but he hoped and prayed that they would conceive. They did not initiate infertility treatments until his wife went to work for Dr. D.. He expressed his concern for his wife while she was undergoing the infertility process. Wayne's eyes often filled with tears when he described his feelings about his wife carrying the burden of infertility and the treatment process. He stated that he never wanted his wife to feel like a failure for not being able to provide him with a child. In fact, he went so far as to say that he had wished it was him that had been diagnosed with infertility. He described the

infertility process as confusing because the doctors could never pinpoint one contributing factor to her infertility. W described the infertility experience as aggravating when people tried to sympathize with them and attempt to talk with them about the situation. During the interview W often spoke of his faith in God and referred to his family and L' s family as very supportive. He also stated that the people at both their churches in Greenwell Springs and West Monroe really rallied around them during the infertility treatments as well as the adoption process. He ended the interview by stating he would encourage any couple to exhaust all possible means of having a biological child so that they would not wonder "what if" in their future.

### **LP**

On Sunday, July 1, 2007 LP arrived to meet me at one of the public libraries. She drove up in a maroon, 4-door sedan at 12:15 pm and we greeted each other in the parking lot of the library. Because the library did not open for business until 2:00 pm we decided to conduct the interview in my Trailblazer. She sat on the passenger side while I sat behind the steering wheel. She was wearing a long, black skirt, layered with lace with a black and tan blouse and black heels. Her hair was long and curly and pulled back with a barrette. We sat in my trailblazer which has gray, leather seats with the AC blowing as high as could go due to the heat of the day.

She described the effect of infertility as an emotional rollercoaster and devastating. She stated that working for Dr. D was difficult because she cried with the patients when things failed and she was happy when they were successful. She described herself as compassionate because she knew what it was to be pregnant, to lose a fetus, and to experience the hardships of infertility. She went on to say that her husband was

very supportive of her and that he hurt for her. Even though they were not successful in conceiving a child with the infertility treatments, she would still recommend that couples pursue this route because there is so much potential for good to be reaped from the journey. She went on to say that if you don't try it then there is a possibility that you will always wonder.

## **Participant In-depth Narratives**

### **MS In-depth Interview**

I began this interview by asking MS the question, "what made ya'll decide to conceive?" MS explained that she and her husband had dated for eight years before they got engaged. She went to say that she and her husband didn't want to have kids before she was 30." She also stated that "we had gotten married and seemed like the right thing to do....and, we weren't getting any younger." MS explained that she was a consultant at the time that she and her husband decided to start a family. She described her job as "real high pressure" and also explained that she was traveling. She thought that perhaps "the timing was just off" for conception. They tried to get pregnant for six months without any success. At that point she obtained a local position and once again tried to conceive for six months. She went to see a doctor and he gave her a little direction towards conceiving, but was still unsuccessful. After another six months, the physician provided her with an oral hormone which she described as making her "crazy." She went on to say that particular medication made her very irritable. At that point she and her husband decided to take a break and then attempted artificial insemination (AI). They tried this for about four to six months and then proceeded to in-vitro fertilization (IVF). During this part of her story, MS described her feelings. She stated "the most frustrating thing is that

everything comes so natural and easy to my husband and I...and, we have always been on the top...not to sound bragging or anything, but you know...I always got job offers every time I interviewed...he has always gotten every job...just successful...in everything, but this...just damn annoying...our bodies are failing us...we went through so many tests...and of course, when we are walking through the halls and he sees a fraternity brother and he is like...you know it is her...she is getting tested...it was embarrassing because we were very secretive." She went on to say that their parents and friends did not know anything regarding their infertility journey. MS did mention that she spoke with people about the infertility with women she met in Dr. D's office. She explained "I pretty much talked to people because its kind of quiet...it's not very crowded and you kind of bump into people...it's kind of embarrassing...and, afterwards you have a connection." At this point, MS explained that she and her husband decided to go to California to undergo one last in-vitro fertilization using donor eggs. They have told their family and friends that "they just did something different...got out of our environment...took a long vacation." She added that she really thinks that taking a week off after the procedure helped her to conceive. She went on to say that their first attempt undergoing IVF with donor eggs didn't work because they were so tensed. She also added that the time it did work she had taken acupuncture and yoga. She stated that she "would highly recommend yoga...I think people get knotted up because there is all that emotion and money." MS went on to say that she felt that everything involving infertility was isolating." She explained that "you doing stuff and it's like...I got to go home at 6:00 pm to take a shot....the ones at the second half of the cycle are horrible and ummm you are on a schedule and you can really tell...and finally we found a couple that was going



through the same thing right around the same time...so it's easier to open up once you find someone who has done that...then it's like...o.k....I don't have to be embarrassed." When I asked MS what her initial feelings were regarding the infertility diagnosis, she responded with "we had been living with it for so long...I felt like...what a waste of time...why didn't someone tell me when I was 28 years old and then I wouldn't have had gone...I would have given up and moved on instead of letting it drag and drag and a \$100,000.00 later." MS went on to say that later, her mother told her she had gone through menopause very early. She said that that would have been nice to know when she was going through the infertility process, but she didn't because she didn't confide in her mother because they are not very close. She further explained that "it's the information...why isn't there a simple test to say what the problem is...it's the not knowing what the problem is...you don't know there is a fix." As I probed deeper, MS described her feelings regarding the infertility process as frustrated, angry, hopelessness and very guarded. She went on to say "I didn't want to hope too much cause your hopes would just get dashed." When asked if she felt her life was full, she responded with "it's extra full...it's much better." (see Figure 1)

### **EE In-depth Interview**

The researcher began this interview by asking EE when she was first introduced to infertility. She began her story by explaining that she and her husband were married in December 2000 and she immediately wanted to stop taking her birth control pills. Even though her husband wanted children, he suggested that they wait for about six months before trying. So in August 2001 she stopped taking the birth control pills. When nothing occurred she went to see her doctor and the doctor said that E's age had

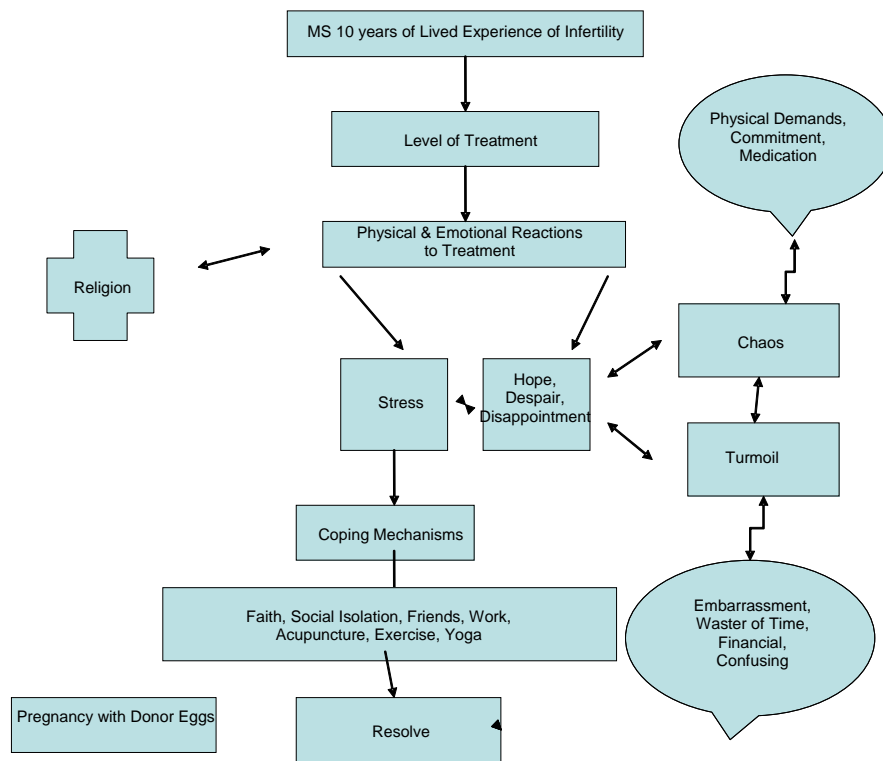


Figure 1. Representation of MS's lived experience with infertility treatments.

something to do with not conceiving. The doctor prescribed a hormone to induce egg development. E. explained that she decided to use the ovulation prediction kits, but they never produced a positive result, but she believed she was actually ovulating due to the pain she felt. After six months of following that course (February 2002), the doctor changed the medication. EE described this medication impacted her mentally as she stated "it affected my memory...very depressed." She continued with that particular plan until March 2003. In March 2003 she heard about Dr. D. She scheduled an appointment for May 2003 and by March 12<sup>th</sup> she was undergoing several tests to determine the reason(s) for her not conceiving. The end result was Cervical Stenosis, which is the inability of the uterus not spreading far enough to allow penetration of semen. Dr. D. ordered to take another round of oral medication. In fact they did two additional rounds

of oral medication with no success. EE said at that point she "was about to give up because even in two months, nothing was working...I was like, O.K.... something...and I have no idea why...it was July 8<sup>th</sup> and I was on day 12...I picked up the phone and I called Y. (nurse with Dr. D.) and I was like can I just come in and just do an ultrasound and see if I have an egg...or whatever. I went in and she said, yes...you do. M (another nurse for Dr. D) did the blood work...called me later that day...she said (the egg) it's the right size, it's in the right place. We have you scheduled for insemination...you got to take this shot at 6:00 pm...she said you have to go at 8:00 am, on Thursday morning, July 10<sup>th</sup>, 2003. So, we went to the clinic and they take the specimen back into the lab and do all that stuff to it." On July 24<sup>th</sup> her home pregnancy test revealed she was indeed pregnant. As the researcher probed into her feelings regarding women who became pregnant while she trying to conceive, EE explained that one of her sisters "got pregnant just looking at her husband." EE said that when her sister got pregnant with her fifth child, she stated that her husband was so mad. EE explained that he said things like "why can't we have one...you know this is not fair...and they weren't even planning this one." EE further explained that when that child was born she "couldn't even go to the hospital the day she had the baby...I was at my class...all crying...finally that night I made myself go." As the interview with EE continued, the participant said "so my experience was painful...I mean...but, it wasn't forever...the hardest part for me was watching all my sisters getting pregnant...all three younger sisters had many babies before me." In fact, EE stated her sisters had four children during the time she and her husband were trying to conceive. EE went on to say that "I guess when I would talk to my sister, who didn't understand...I would get angry...because I was like, who are you to sympathize

with me when you have no clue...when everything in your life has come easy...but ummm, I mean...I wasn't really angry...I think I was just frustrated and kind of heartbroken...you know...every month." EE also indicated that she was "very disappointed and discouraged and very sensitive to anybody talking about it...you know, my nieces would say...when are you going to get pregnant?...are you ever going to have a baby?...I was like, honey if you only knew." EE also indicated that she was "kind of feeling inferior...not good enough to have a baby." When the researcher asked EE about the desire to have children she responded with "you know when you go through all that marriage preparation stuff...something you talk about...especially, being Catholic...so you know...its definitely something...they definitely encourage... you know I always babysat...being the oldest of four girls...I diapered my sisters seven years younger than me...you know...I always loved kids... I always thought I would have four because that is what I came from." When the researcher asked her husband's feelings about children, she explained that "he definitely wanted...and we had talked about having two or maybe three...that was kind of our agreement...so to speak...but, we didn't know we were going to have to go through the infertility and that kind of took an extra year." As the interview progressed the discussion over religion, specifically Catholicism and infertility emerged. EE said "that's all we had to do (referring to AI only) because IVF...there is one form that the Catholic Church accepts...they don't accept the pill...I'm not a stickler about it...what I had a problem with...if I had produced six eggs...I would have to have them all...I wouldn't feel comfortable with discarding them, but I could donate them to somebody and that would have made me happy." When the researcher asked EE if she felt her life was full, she responded with "I feel complete now." EE went onto say that

when she was in high school she had taken a class called Marriage and Family and made a scrapbook that had pictures of what her wedding dress would look like as well as the number of children she would have and until she had children she didn't feel complete. When the researcher asked about having a support system she said she confided in mom and her sister with five children as well as a cousin that she is very close to. She said "I pretty much talked with everyone...I am a very open person...it was like therapy for me to talk to someone because it made me feel good because they would encourage me...don't give up." When asked what advice would she give someone struggling with infertility she closed the interview with saying 'don't give up, pray, keep trying.' (see Figure 2)

### **DE In-depth Interview**

When I met with DE, I opened the interview with acknowledging that I had met with his wife a few weeks before to conduct the same interview, and I made it known to him that he was the first male that I had interviewed. With that said, I then asked DE how he felt about the issue of infertility, and he responded with "I think she was probably a little bit more emotional than me...ummm...you know, I'm more of a logical thinker, not emotion, for the most part...ummm...thought we'd always take it step-by-step. You know, and if that didn't work we'd go to the next step. I felt like there were a whole bunch of options that were available to us...I really wasn't concerned at that point."

When asked how he felt when they didn't succeed in getting pregnant after the first or second round of treatments he responded with, "I wasn't alarmed...I just felt like we had to keep going...though that age probably had something to do with it...ummm I wasn't

concerned... We had to keep trying...it'll happen.” As I probed deeper I questioned him regarding his thoughts and feelings about seeing an infertility

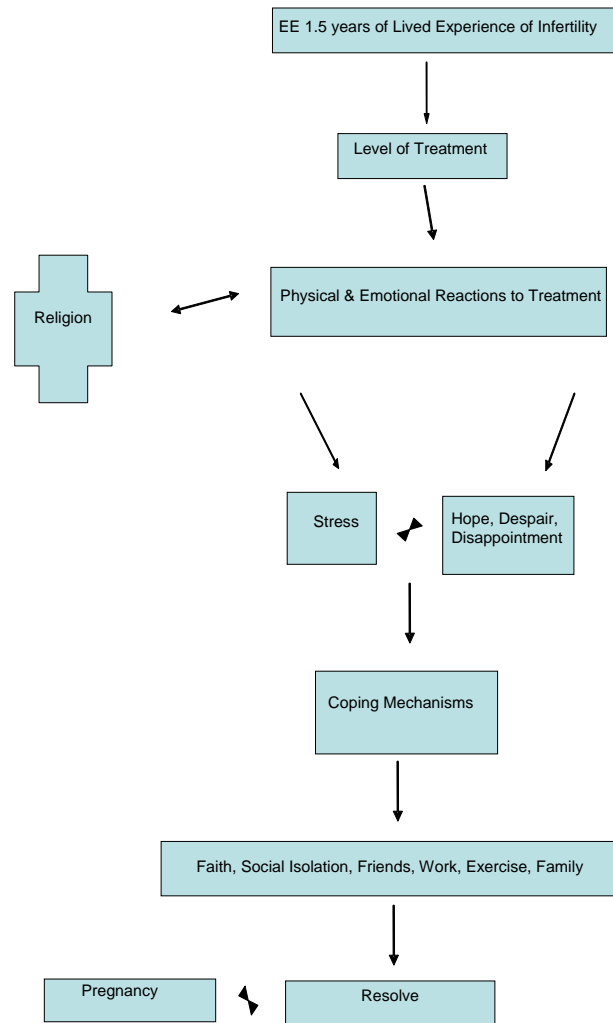


Figure 2. Representation of EE’s lived experience with infertility treatments.

specialists...” I felt like it was an opportunity...ugh...to assist us...I thought it was great...you know...I hope that ugh...they could just do the artificial insemination...and, we wouldn’t have to go to any other extreme steps.” When asked if he was worried about

being the contributing factor to EE's inability to conceive he responded with "ugh...yeah, I mean...there's always a worry about that...I mean...you never know." When asked about going through the treatment he said, "I wasn't angry...and, of course... I didn't want to have to go through it...but I felt like that...ugh...you know...it's something had to be done to find out." "You know, I was ready to go, do whatever we had to, whatever it takes. Yeah...I mean, I didn't have a time frame of; well, we'll do it here, and then...Whatever happens, happens." When asked about feeling stressed during the infertility process, he responded with "we were both stressed...when...you know...when that sort of stuff happens...you know it...it sort of builds... builds up." When asked about his feelings during this time he said "I felt bad...I felt bad for her...I think she was under...and I think we were under...she was probably more under pressure and...you know...I'm saying we both were, but I think she may have been under a little more pressure that I did...since she had a lot of competition with all of her other sisters getting pregnant and just looking at them pregnant....ugh...then she was kinda the odd ball out and going through different procedures...so, you know...I know she felt under the gun, which probably...you know...didn't help the situation." He went on to say he felt "perturbed" when EE's sisters became pregnant during the time they were trying to conceive. He explained that "he felt good for them...but, I felt like...you know...we were being left out...kind of." As the interview progressed he said that he and EE were very much in agreement about having a family, and he confirmed this by responding "yes, yes definitely...from the get go." In the final stages of the interview I asked DE if he often thought about the infertility issue when he was alone, and he replied with "oh yeah, yeah...oh yeah, big time." And, when he was asked about if he shared any of their

story with anyone he said “maybe more with friends jokingly than a serious conversation...you know...the...more in passing conversation...and I didn’t...it wasn’t bad yet.” But, he described himself as being “more positive...more of an optimist.” He said he did offer encouragement to EE during the infertility process, but felt like “it works for so long that we can’t calm the emotions that have...that a female is going through.” He described EE as being “upset, because...I mean...all of my sisters have...I said...you could look at them...and they were pregnant...you know...they could have kids (snaps his fingers) like that...And, EE was...like... in an element...you know...of unfairness...she felt like that they were able to have kids at any time that they wanted...they were very...conceive...very easily...and, you know...we had a tough time...of course, but to put it into perspective, we didn’t have it as bad as the other people I was telling you about.” With regards to the infertility testing being intrusive or invasive he said “um...yeah...it is...I mean...it’s pretty...you know...have to walk up to the counter with a cup you know...you’re a little bit...ugh...but um...you know...I’m an adult...and it was...I didn’t make a big issue of it, a big stink over it.” As the interview came to an end, I asked how is life is now...married with children, he replied with “oh, my life is fantastic.”

### **KL In-depth Interview**

KL stated that she began trying to have a child about three years ago. She went on to say that she "never would've dreamed that I'd have any problems." She further explained that her sister was told that she may have trouble carrying to term or conceiving, but never me." After about eight months of trying to conceive she went to see a doctor because she was having trouble with her period, but the doctor gave her the brush off by "giving



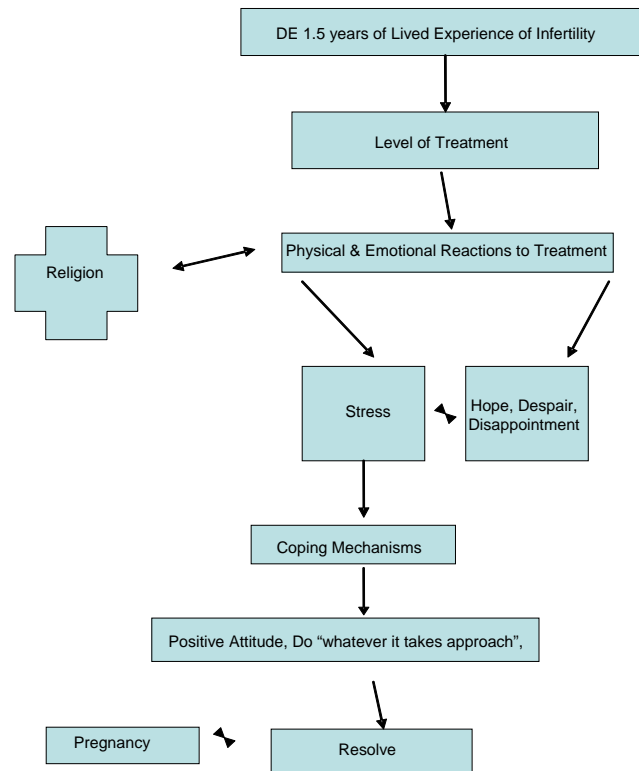


Figure 3. Representation of DE's lived experience with infertility treatments.

her a five minute lecture on how I was being impatient." At that point, she insisted the doctor do some blood work because she felt her problems with not being able to conceive were due to a hormonal imbalance. When she did not hear from the doctor regarding the test results she requested her medical records, and she went to see Dr. D. after she had spoken with a friend who was also seeing him. During her first appointment he discovered that she had a fibroid tumor and conducted an ultrasound. The tumor was rather large, and surgery was needed to remove the mass. Given the fact she is a teacher, she and her husband decided to wait until she was off for the summer to remove the tumor. Six months passed by and she still was not pregnant. She stated that they really didn't know what to do next "as she really wasn't interested in fertility drugs or anything

like that....just um, moral, religious reasons...I guess being in a Catholic school system."

As her story continued she said that Dr. D's name kept coming in conversations she had with others. So she and her husband decided to return to Dr. D to see what he had to say about her becoming pregnant, but before going to see him she stepped back and told me that a previous doctor that she had seen before going to Dr. D. told them her husband only had about 30 % functional sperm and they were morphologically incorrect. This particular doctor suggested they undergo artificial insemination (AI). They did two AI procedures with no success. After those procedures, they decided to return to Dr. D. He checked K's hormone levels and they were slightly off, but nothing of any real significance. So Dr. D. suggested they do Clomid which is an oral hormone that all patients are given in the first step of infertility treatment. Dr. D. suggested she take Clomid and then do another AI. K and her husband agreed to do this, but she further explained that they "walked in knowing, we're gonna do three times and that was it because you could spend a fortune on this and of heartbreak and so we kinda went into it saying, okay lets make a decision. How much money are we willing to put into this? How much heartache are we willing to put into this."After three attempts with three different medications and no success, Dr. D. looked at her and said "and in-vitro is out, right?...cause we made that decision... we just don't believe in in-vitro...we drew the line somewhere." She went on to say that Dr. D. said "I hate to see you adopt because I feel like you're gonna get pregnant one day"...he said, "I think this is just God's timing, not your timing." She said that she replied with "I can't keep doing this...all the medicine makes you crazy and the stress and the money and everything and we just want a family...so we stopped doing that and then we started talking about adoption, researching

a little bit and getting some information...and then we heard about acupuncture." She tried acupuncture for three months with no success. So now, she and her husband are pursuing adoption. She explained the ordeal as being a "trying thing," and she went on to say that "if you haven't been through it, you don't know." When asked what her initial reaction was regarding the infertility diagnosis she replied with "it was confusing, cause the first...the second doctor said my husband had issues...but then, Dr. D. did another work-up on my husband and he said nothing was wrong with him." She further explained that her husband "took it hard" when they first were told that he had issues. K said "you know, like it was all his fault." As the researcher probed a little deeper, K described her initial reaction as "it's devastating cause you...I'm one of those women who have always, you know how they hear people say that they dreamed of their wedding day? I never dreamed of my wedding day...I dreamed of the day I gave birth...so, when you have to kinda start facing the fact that you may not actually give birth to your child, that's a hard thing." When the researcher asked K how she reacts or has reacted to being invited to baby showers she replied with "I think I go through spurts, and I think it just depends on where my hormones are and what time of the month...there are times when it doesn't bother me at all and there times when I am very emotional about it...I think that has gotten better...in maybe the last six months." She went to say that there was a time when she was undergoing the infertility treatments that there were about 12 children born in their subdivision. She explained that during this time "it was just frustrating to see someone who had, had two children in the time you've been trying for one...that was hard...it's hard or it's...just to see um a young teenager so easily get pregnant, or being a teacher...see parents who don't won't be parents or people who have marital problem

and yet they just have babies. When the researcher questioned K regarding her husband's supportiveness she stated that he was very supportive, but she also stated "of course they don't quite feel the way we do." She went on to say that there "were times I'd get frustrated with him because I...go why aren't you sad like I'm sad, but he says I am...He says but he just has a more positive outlook...God's gonna put us where he wants us to be and you know if he wants us to adopt then that's what we'll do... and I'm like God...why is that so easy for you?" She went on to say that she felt that the hardest part for her husband was when he felt like it was something wrong with him and then once we figured out that, that's not necessarily the case then I think he, he felt guilty." She said he said things like "I'm sorry I can't get you pregnant." Even though K did not receive the high volumes of medications that most infertility patients receive, she did seem to have some of the same side effects as many infertility patients as she said she felt irritable, but she also felt like they kept her from bonding with her students. When asked to further explain how the medications affected emotionally she replied with "draining...that's the only word I can think of...just, it just a constant having to be home at a certain time to give yourself those shots and missing tailgating parties and football games...you know and that was...that was stressful...it was just stressful not, you couldn't...you had to put your life on hold and so that was really hard and then you felt like you're all alone in the process...cause at first I thought there's no way I can give myself a shot...you know, it was all about me all the time...just you know, I felt like it was just ah, a one handed thing...I was in it by myself and like you come home and oh yeah, you had a doctor's appointment today...I forgot whereas you would remember...you're in there three times a week or every other day, blood work, giving yourself shots and certain times of the day

you have to do it and it's it was just chaos and it was stressful and it was hard to put your life on hold." When the researcher probed deeper with regards to making the early morning doctor's appointments, she said that "that was the other hard thing because I worked for the Diocese and I'm in a very ah, very Catholic school...it's the most faith-filled school...like we do religion first and then you put on your math." K went on to say that they did tell their immediate family and one set of friends that they were undergoing infertility treatment, but that she "kinda lied to her boss." She said she told her boss that she was doing hormone treatment and that she was ashamed, but then she went to say that "it wasn't really her business." As the interview proceeded, K stated that "it's gotten a lot easier" in accepting their fate. She said that they have had to undergo parenting classes as part of the adoption process with the Catholic Charity program, and those classes have helped them to resolve those "evil left over green issues we had." She even went so far to say that "its really been a blessing in disguise...so we're kinda in a place now where...okay this is the path we're meant to be on...if we get pregnant...great." When asked about how supportive their families were during the infertility treatments, she stated her husband's family was very supportive, but her family was a little more emotional. She explained by saying her mother has had a hard time with this. She said "there are times when I don't even like being around her because she'll start crying and get upset and then she'll get me all upset." She said her sisters are great and the one that she is really close to has been wonderful and supportive. She said her mother was pushing her and her husband to do the in-vitro, but she felt like her mother really didn't understand all that is involved with the in-vitro procedure. KL said that she "kept telling her mom...you don't understand...I kept saying, like you realize this child would be

conceived in a Petri dish as opposed to my body and its thousands of dollars and you know its like and yeah, and it may not work and it...but she kept thinking, I would do anything to have my child." KL responded to her mother's opinion with "I don't know about that. You know I just, I just have this whole lil thing about...like I said at first I didn't think I'd do the AI's cause at some point... okay...what you gonna put in God's hands and what you gonna put in your hands and that's a fine line. I have a favorite priest, and I finally went and chatted with him. I said look, I have been struggling with something here. We want to do AI's because we wanna feel like...we feel like we wanna do everything we can...that we're willing to do. But I'm struggling with the morality here. I mean is it morally wrong or what? " he says and I don't know if this was him talking or him as a priest talking, but he said is it your eggs? And I said yeah and he said is it your husband's sperm"? I said yeah and he said there's nothing wrong with that and that, that's kinda how I felt even before I had that conversation and then says when you, "when you start taking things out of the body and, and getting science involved," he says then, then that's a lil bit different story." When the researcher asked if she talked freely about the infertility process, she responded with "I talk freely with anybody...at work I'm um very hesitant...and being in a small town...I don't, we don't tell just everybody." When the researcher probed deeper with regards to her infertility and being unexplained, she replied with saying " I think this was harder because um, I think just knowing...it, always that fear of the unknown. You don't, if I knew cannot have children...I'm like alright the doctors say you can't...let's go and you wouldn't question it, but this is like you always just kinda questioning...Am I doing the right thing? Is adoption where we need to be? What if we get pregnant, you know?" During this portion of the interview K spoke of a

friend who had to have a hysterectomy when she was 29 years old. She said that she confided with this friend regarding her infertility experience and one day she told her "you know what I don't know what's better, you knowing you cannot have children or the not knowing. Her first response was not knowing cause there is still a possibility...so, I don't know it's, I think I would have some peace if I were told these are your issues and it may never happen." When the researcher asked K if people had said some things that were offensive to her while she was pursuing infertility treatments, she said that "she felt like she was constantly being reminded of her infertility issues because she was the one having to experience the pains of ovulation, the spotting between cycles and periods that would last beyond seven days." She said all of this makes you think about it because your body is constantly doing something that it shouldn't be doing...so when somebody so nonchalantly says oh you're stressing...I'm like shut up, and you know I tell people all the time people always says stupid things...they think they're trying to be helpful and they think they're being sympathetic, but they're really not." K ended the interview with saying "we believe there's a baby that's meant for us to parent...I'm not quite sure how it's gonna get here." (see Figure 4)

### **LP In-depth Interview**

LP has been married to WP between 11-15 years. She is a white Caucasian female between the ages of 36-40 years old. She is a stay-at-home mother. She has some college and has worked as a receptionist in doctor's offices over the years. She was born in Baton Rouge, Louisiana. She and her husband attempted to have a biological child for approximately eight to nine years without success. They opted to discontinue treatment due to the emotional rollercoaster that emerged. They are of the Pentecostal

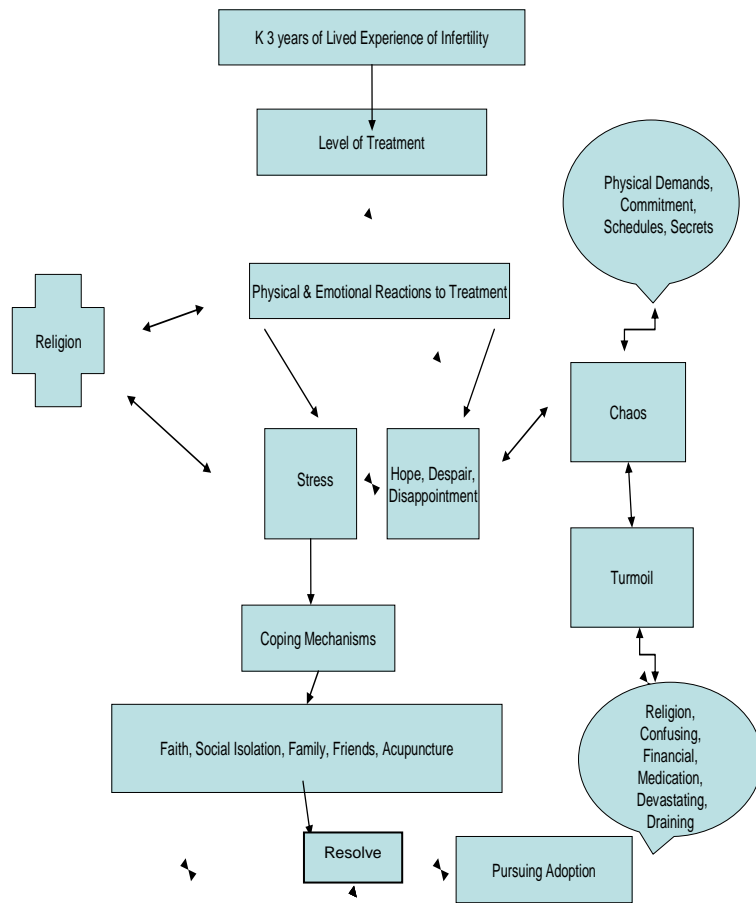


Figure 4. Representation of KL's lived experience with infertility treatment.

faith and are the proud parents of their adopted little girl.

LP stated that she and her husband have been married 13 years and they started trying to have a child approximately 11 years ago. However, it took her and her husband about three years to even consider infertility as the costs were prohibitive and their insurance didn't cover any of the costs. In the beginning of the interview, she indicated that it really never dawned on her that she was infertile, and that she was thinking that she was just having trouble. LP went on to explain that her mother was concerned about being able to conceive because her mother had taken a certain medication when she was



pregnant with LP. The medication is now recognized as producing infertility in the offspring. In the course of the 11 years that she and her husband were trying to conceive a child, she became pregnant several times without the assistance of artificial means. However, none of the pregnancies were viable as they were tubule pregnancies. She and her husband eventually pursued infertility treatments when she went to work for Dr. D as a receptionist. Dr. D. waived his fees, and many of the sales representatives gave her samples of the medications she needed to initiate the cycles. When the researcher asked LP what her initial reactions were regarding infertility, she responded with "it really didn't dawn on me that I was...had infertility...that I was really infertile at that time. I was just thinking I was having trouble...I knew, I knew we were having trouble, but I never thought it would get to the point where I could not or somebody would actually tell me you are infertile and we need to do this, this, and this or that." She described the effect of infertility as an emotional rollercoaster and devastating. She stated that " we were upset, devastated and I was upset. It's a tough battle." She stated that working for Dr. D was difficult because she cried with the patients when things failed and she was happy when they were successful. However, she described herself as compassionate because she knew what it was to be pregnant, to lose a fetus, and to experience the hardships of infertility. She stated that she was probably more compassionate than any other person that worked in Dr. D's office because "I knew what they were going through and the urgency of getting an appointment...I knew the urgency even though I knew the day they walked in the room that they weren't going to start anything that day...but it was to get there and to start the process to talk to J...to talk to Dr. D....the minute you sit down to talk to a doctor, you start to feel better anyway...you know its like, aahh, well at least I

got the ball rolling." When LP was asked about her feelings about isolating herself from situations that reminded her of her infertility and her failed attempts to achieve pregnancy, she responded with "I stopped going to baby showers and it took a long time for people to realize why." She went on to say that she even stopped going to church on Mother's Day. She said " I didn't go to church for probably five years on Mother's Day. I had a mother, but I wasn't a mother....So that was absolutely horrible and there was, everybody around me was getting pregnant and having babies and that was hard and at my church there was one lil' girl that got pregnant and she wasn't even married and that, that really hurt me." When LP was asked if she withdrew from her family, she said that she was "very, very, very close to her mom" and she would withdraw only when she had the tubular miscarriage. She said "my momma couldn't understand that, but I wanted to be by myself." When asked if she thought her life would be fulfilled without a child, she responded with "I don't know that I would be 100% completely fulfilled, but I think...I think it was something that I was to the point of accepting it because I knew I couldn't...or because I really was at the point of acceptance." She went on to say that her husband was very supportive of her and that he hurt for her. She stated that "he just really, he hurt for me more than himself...he wanted kids, but more because I wanted one so bad it hurt him for me." Even though they were not successful in conceiving a child with the infertility treatments, she would still recommend that couples pursue this route because there is so much potential for good to be reaped from the journey. However, she did say that she eventually got to a point that she had to "stop infertility to even get a sense about herself....it makes you crazy...the not knowing and the ups and downs of the medicine and all that just absolutely was just enough." When asked if she felt as if it ran

her life, she responded with "oh it did....everything is a schedule...you have to be there for ultrasounds at a certain time...and when it comes down to the retrieval and the transfer everything is clock work." She went on to say that if you don't try it then there is a possibility that you will always wonder. She ended the interview with "for all the bad that I saw, I saw so much good and so many people that got pregnant and it worked for them and it...I feel like if you were open to that suggestion, that if you don't try it...you are gonna always wonder why of if...If I would have done infertility would it have worked?...I would tell them to go and try it and just see...at least meet with the doctor and let him give you your options." (see Figure 5)

### **WP In-depth Interview**

I began this interview with asking the question, "So when you and LP decided to start a family, what was your expectation?" WP responded with "she would always kinda worry because she had trouble with her periods and various things and she might go several months without it and, and have two or three in a row." As I probed deeper, WP shared his feelings regarding the infertility treatment process. He stated that "it was frustrating cause you did everything you could...you...you count down the...you tried to...you know you count the cycle and oh it's ovulation and um... actually that...that's um...to me that's more frustrating than anything cause you know you really put a lot of effort into trying to get it just right...yeah, I think it actually put more stress on you then...than you really want...and it so it...it kinda makes it tough on some...you know...I actually...you know...it becomes more of a job than...it's some...it's something that's suppose to be special and suppose to be enjoyable and it's just like alright...it's time to do it again." As the interview continued, WP made the comment that he "was hoping it

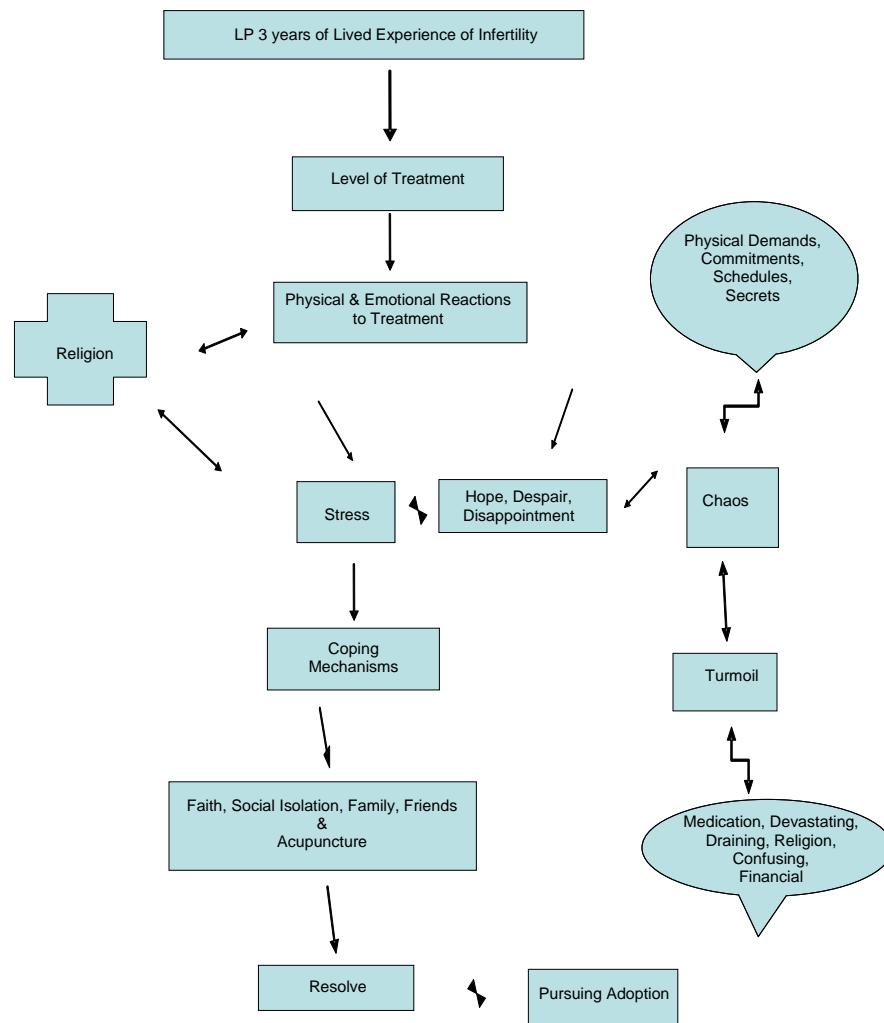


Figure 5. Representation of LP's lived experience with infertility treatment.

was me." As the researcher probed deeper, WP explained that he knew his wife would "feel like a failure as a wife...and um...not being able to provide me with a child...and I, I don't know...I didn't want her to go through that kind of...um...you know...I don't want her to feel like that....I mean...I... I didn't want to be told I was in...infertile, but I was...I really kinda rathered it was me and maybe there was an option for me." When the

researcher asked WP if he had felt any anger regarding the diagnosis of infertility, he responded with, "not really...cause um...I guess since we knew her whole history." He went on to say "I was upset and it was more confusing than anything because they really didn't have a real diagnosis....they really can't pinpoint down to why she's not...and, that, to me, was the worst part...I was confused and I...I...I'm kinda like an ABC guy...just...I want...you know...I wanna know this...cause of this...cause of that...and they...they really didn't have an answer on that what really was causing it...they tried different medicines, different things to do...to do it...or try to help, but nothing really worked so...I'm...I'm more upset and confused than anything." When I asked WP what he thought about the infertility treatment process he stated that "the money part was a big apprehension...but, she did work for Dr. D. so he actually gave her...he didn't charged her his fee...that's why we were able to do it twice." At this point the researcher listened to WP explain his feelings about other people who would try to help him and wife by saying things that were intended to help them, but really hurt. WP stated that his wife speaks with her mother about her infertility and all that it has brought to her life. WP went on to say that "its an embarrassing thing to talk about...you know...it's...it's...you don't...and, then it's aggravating people...they...you know...they think they know and they think they can sympathize and wanna try to talk to you about it and they sound ignorant...I don't mean to be like that, but they do...and they...I know they are trying to be thoughtful...but they're doing more damage that good and you try to explain that to them...just don't...just don't talk about it...and I...you know...it just frustrates me...I like to know a definite answer and it just...you know...in that realm...there's a lot of things...you know...there's not a definite answer for...kinda like things you

know...there's times when I asked God...you know...Why?...you know...why... why did this happen?...why, why us?" WP went on to discuss his feelings about infertility and the life he was intended to live as planned by God. WP said "you're living for God...it's the same deal you know...you...sometimes don't understand...you don't understand how you go through things, but you gotta just trust in the bigger plan out there and I...that's my own...my own reconciliation cause there were times that I got angry at other people...um...I was angry with myself...I'm thinking about it all day at work and ah...it's hard work...so I'd get angry and frustrated a lot and it'd...it's my whole deals...just like...I need an answer...you know...I need...I need an answer...why this happened...you know...and what...you know I...and I guess in...in the back of my mind I thought if I had an answer then we could come up with a...you know...way to solve it." When I asked WP to explain some of the things people would say, he explained that "they would try to sympathize with you and you know...I know you're going through tough times...or, I know how you feel...I hated to hear that." When asked what infertility meant to him at this point in time, he responded with "it doesn't mean as much to me right now." He went on to say that his wife's odds are declining with her age." He also stated that with this being the situations, he didn't "think they would ever go back and do it again...I'm thinking if God wants us to have it...it's going to happen...I don't dislike infertility cause I've seen it work for a lot of people." He went on to say that he is glad his wife worked for Dr. D. because he felt like it was therapeutic for LP because she was able to shed tears with patients and in some way those tears were for her inability to conceive too. WP further explained that while his wife was working for Dr. D. she also was able to experience the joy of success with those patients who were successful with

becoming pregnant and that in some way, he believes, enabled her to heal as she was happier. And, he said that helped him. When I asked WP if he ever felt somewhat jealous with regard to some couples becoming pregnant, he said that there was one instance that made him a little angry. He told the story of a gay couple achieving pregnancy using donor sperm. He said "it aggravated me cause...I'm like...here we are...we are a loving couple...abiding by the bible...we can't have one, and then this happens and it actually upset LP too." He went on to say that that was one of the few times that his wife was "disgusted" and "mad." As the interview came to a close, I asked about his adopted daughter. He said " we joke now...I think it must have been our lot in life...to adopt...you know...there's one time in the Bible where God talks...actually tells you to prove him...and, that's in the book of Micah...where he tells you...he says prove me...he says...prove me ...ummm...you know he talks about giving you tithes to the store house and ummm...and about how you be faithful to him he said and prove me and I will show you...that I will pour...I will open up the windows of heaven...I will pour out my blessings...so much...so you can't contain it..." WP went on to say that one day in church he requested that God give him an answer regarding he and his wife having children. He said he was praying for an answer and all of a sudden he felt several pairs of hands on him. He said opened his eyes and it was several of the Sunday School children who were praying with him. He stated that none of the children had any idea as to what he was praying for or what he and his wife had been through. He said at that moment he knew that they were going to be parents, but it was going to be through adoption. Shortly after that day, they began the adoption process and within a year, they were selected to be the parents of a beautiful little girl from Guatemala. When I asked WP what advice he

would give a couple who was trying to arrive at the decision to pursue infertility, he said if the couple wanted to pursue infertility treatment "he would not steer them away from it...if they had the money...I would tell them to go ahead and try it...I would tell them...if you do by-pass infertility treatments, you don't ever wanna look later and say...you know, would it have worked." When the researcher asked WP if he felt the infertility journey impacted his marriage negatively he stated that "I think we're stronger now than we ever were." He went on to say that there were times when LP told him that he should leave her because she couldn't provide him with a child. He responded to this by saying "a family that prays together, sticks together." He further explained that he really believes that this "was the only thing that kept them together...we forced ourselves to talk...I never quit going to church and I never quit praying...I kept being faithful to him and same with her...in fact...when ever it got tougher...we began to pray more." WP also indicated that the members of their church "really rallied behind us...they were always there for us." WP also indicated that the pastor, in particular, "was phenomenal." WP explained that he and the pastor talked a great deal during the infertility journey. WP also stated that he confided in his mom a great deal because he and his mom are so much alike. He went so far to say that his mother "was a rock for me" during that time. (see Figure 6)

### **LP In-depth Interview**

The researcher began the interview by asking L if she thought she and her husband wouldn't have any difficulty conceiving. She replied with "no, we actually, all of this was um, I was 29 and my husband is 23 years older than I am. I was 29 and he was 52 I think so...52, 53 and was diagnosed with prostate cancer. So we actually had been



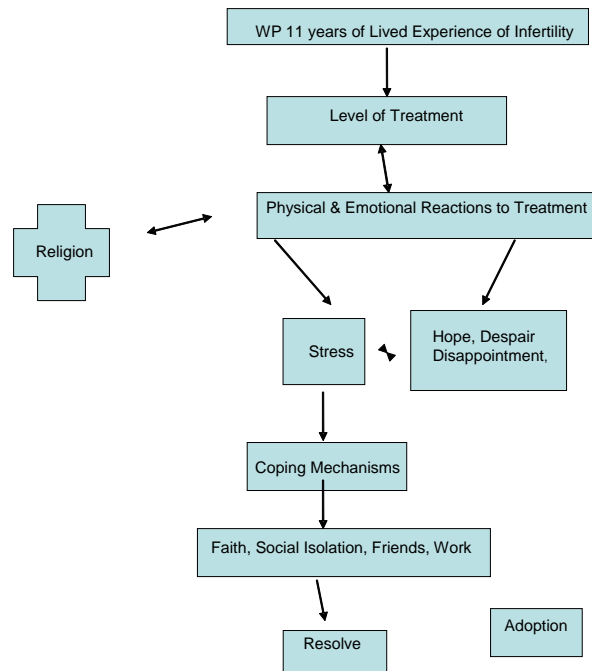


Figure 6. Representation of WP's lived experience of infertility experience.

married four years and just hadn't gotten around to getting pregnant. As the interview continued, L explained that she was the lab director at one of the hospitals in the city in which they live. She said almost as soon as her husband was diagnosed with cancer she got off the birth control pills. She didn't get pregnant before her husband's surgery, but they had frozen his sperm prior to the surgery. She went on to say that at that point, "it was never gonna be natural...you know... after that...so, but I definitely thought it would be just AI's...you know...not a big deal like that." She proceeded to tell the researcher that back in 1993 she was still working at the hospital and was working with a Dr. T at a fertility clinic. She got to do all her blood work for free, and she was also able to have her vaginal ultrasounds. She said at first, the physician did AI's, but then she borrowed a speculum from a friend and started doing the AI's at home. She did get pregnant which was as she described a "textbook pregnancy" until she reached week 26. The umbilical cord twisted and she delivered a still-born baby. She admitted that experience being "far worse than the fertility part." She explained that she was depressed and marital problems occurred during that time. She and her husband decided to take a break from the

infertility treatments and eventually decided to revisit it when she was 38 or 39 years old. She then went to see Dr. D. because he was traveling to her home town instead of her having to travel to Baton Rouge. After conducting all the tests, Dr. D. told L that she was "still good shape...your egg supply looks good, but don't waste any time...he said don't...don't put this off much past 37." So she waited until her marriage was stable. By that time she was 39. She returned to see Dr. D. and he suggested that she IVF's. They did three cycles with no success. In the end Dr. D. said " I'm not telling you...you can't get pregnant...you just need a good egg and I don't know how long it will take or how much money it will cost." She replied to him with "we're really done...Like we barley have enough money...I mean outside selling our home... I said my husband wants a baby, he doesn't want to keep trying for a baby." As the interview continued she explained that because her husband is 23 years older than her, her husband felt that money the infertility consumed was a much bigger issue. She said in retrospect, she wished she had the \$50,000-\$75,000 they spent on all the treatments. On the other hand, she followed this statement with "I had to go through whatever I went through to be ready...you know...so, he was always...ummm...how much did this cost and you know...and, I always minimized it, you know." She then went on to say that "she was giving details but, not the money." L said that the money conversations were very stressful and that it was good thing that they had their marital problems before or else they probably would have split up. L didn't really feel as though the infertility treatments impacted her work schedule as she was and still is self-employed. In that she respect she didn't feel like the doctor's visits and procedures controlled her life with the day-to-day driving to Baton Rouge. However, she did say that it "absolutely controlled my thoughts, my emotions. L explained that " I couldn't look...oh...look at that blue stripe...blue is for boys...it was just like a constant obsession, anxiety...you know for 10 fricking years." When she was asked how she felt when other people were pregnant and she wasn't she responded with "jealous...you know of friends, but oh God...like you'd see celebrities on TV...you know...just like...you know...why them and not me." When asked regarding confiding in friends, L stated that she shared her feelings with very good friends. L stated that she probably spoke about her infertility problems with about four close friends, but she really didn't speak with her parents about it because her mother tends to get anxious

and can be pessimistic. She went on to say that her husband's family didn't really know much about what they were going through." When the researcher asked what infertility meant to her now, she replied with "nothing...at one point...probably towards the end...I was like...you know what. I wanna be a mother. I don't have to have a kid that looks like me or I don't have to have pregnancy." She went on to say that she doesn't define herself by infertility. She said that she doesn't really think that she is infertile. When L was asked if her life was full, she responded with "extremely full." She went on to say "that there was a point right at the very end where I had really questioned whether God wanted...I mean...I used to worry about you know...God do you want me to have children?...I thought...oh my God...like what if this is it...and, we don't have any children...it was not good...In fact, it was not a good feeling, and it wasn't long after that...actually...that um...I finished my packet for the attorney and you know...turned everything in for the adoption." With regards to religion, L indicated that she was Episcopalian and the only thing that their religion feels strongly about is discarding frozen embryos. As the interview progressed L stated that she felt she had prayerfully considered all her options for having a baby. "And there were many times...pretty much constantly that I would pray...you know...God if this isn't your will...if you don't want me to go through with it...you know... you'll have to send me a sign...or, stop the cycle or do something...but you know...like, like, I, I don't want to do this against your will...You know I think it...I don't know...when I look back on it...I mean obviously he didn't want me to get pregnant that way or I'd be pregnant and I really think my faith was a harder... I think it was hard for me because I do believe in a God that is capable of everything...and, it's like so why won't you do this?" L concluded the interview with "I would imagine that other women feel the way I felt at times...like early on in the process...probably not at the end...like I am being punished...why can't I get a baby...how come everyone else...like this somehow I wasn't deserving or I was inadequate some way to be a mother...I am really lucky I had such a good...you know...support system and, and good faith system." (see Figure 7)

### **Composite Thematic Textural-Structural Description**

The women participants all agreed that the experience of infertility treatment was very stressful physically and emotionally demanding, financially overwhelming, and

involved a strong commitment to searching for hope even when disappointment and discouragement was more the rule rather than the exception. The stressful feelings were often perpetuated by the constant reminders that are innocently present in our everyday surroundings. These reminders could range from an invitation to a baby shower to

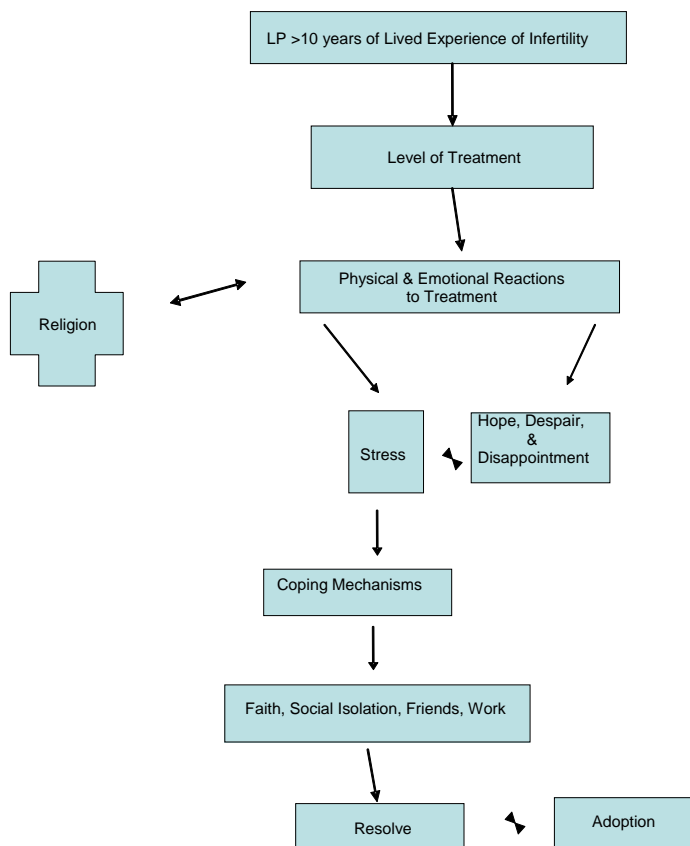


Figure 7. Representation of LP’s lived experience with infertility treatments.

something as simple as the color, pastel blue. For some, the chosen method of self-preservation was to stop attending baby showers and shying away from people who had young children, but for others protecting one's self from additional insult injury meant isolation. For all the women involved, each engaged in some level of isolation during

their infertility journey. For example, one participant spoke of not attending church on Mother's Day as it was simply too hard to see everyone there with their children, especially those who were unwed mothers. For another, she procrastinated from going to the hospital to visit the fifth baby that her sister had given birth to. And, for another, isolation meant remaining very secretive with regard to her infertility tests and procedures. Of course, the longer the journey of the infertility lasted, the greater the stress as it became increasingly more difficult to maintain privacy and secretive. One woman spoke of her fear of losing her Catholic school teaching position because of the beliefs held by the Roman Catholic Church regarding assisted reproductive technologies (ART). She spoke of feeling as though she had to "lie" to her principal when she had to report to work later than usual because of the blood and ultrasound tests that were scheduled at specific days and times. She said that she explained to her principle that she was having her hormones tested as it was their last attempt to get pregnant. She then qualified this statement by saying that it wasn't a lie, but it wasn't any of her business. For another woman who was a very devout Catholic, her level of concern and stress increased when she confronted the possibility of having multiple children at one time. She doesn't believe in abortion, but didn't think she could handle more than one infant at a time. Aside from the religious beliefs and the surroundings that often reminded the women of their desire to have children, the women spoke of the physical and emotional demands that infertility imposed. The women spoke of the schedules that had to be kept at all costs, because one step out of the boundary could mean not only a lost attempt, but a loss of many dollars, as well as some of their spirit. Two of the women spoke of the inconvenience infertility regimens brought to their lives, especially when it meant missing tailgating parties during

football season or taking vacations. The other women spoke of having to constantly be aware of their plans and working out the logistics of taking their injections wherever they may be when the clock struck six in the evening. From an emotional perspective, one woman spoke of feeling as though she had to "bear the burden" at all times, because she was the one who had to remember the doctor's appointments, she was the one who had to keep track of the medication regimens, she was the one who had to endure the side effects of the medications and procedures and she was the one who was constantly reminded that she was the one who was caught in a body that could not deliver. This very reminder was probably the very one that seemed to erode each woman's self-esteem and ego as many described feeling "not good enough to have a child," like a failure, or inadequate. These feelings, in turn, forced all the women, for a period of time, to re-define themselves and re-discover a new identity. One woman participant indicated that she eventually had to end all the infertility in order to get a sense about herself. Another woman stated that she and her husband had to draw the line somewhere so that they wouldn't spend years trying to accomplish something that may not be God's will. For others, the money simply came to an end. For the most part, all the couples paid for their infertility using their savings and had very little assistance, if any, from their insurance companies. For three couples, the decision to end treatment was made after many years of attempts and depleted resources. For another couple, the decision to end treatment was a combination of their religious beliefs and their financial situation. However, the decision to end treatment was in part due to each couples financial situation, but each couple's also seemed to be at a point of accepting their fate and ready to travel another path to parenthood. For most, this meant adoption, both international and domestic, but for

another it meant achieving pregnancy using donor eggs. Throughout each couple's experience, they all spoke of the hope they felt when they first sought treatment because they believed that this would be the right choice, the right path, and just what it would take to conceive. However, with each passing failed cycle, the hope that was felt so strong-heartedly was diminished little by little. It seems that the greater the investment, both emotional and physical, the greater the devastation, disappointment, and discouragement that transcended. Many of the women described this journey similar to riding a roller-coaster as once you make the decision to step-on, you find that the ride is full of many ups and downs and twists and turns, but the ride is anything but exhilarating and exciting. In fact, for these couples with the exception of one, the ride was nothing short of much despair. The women, who used the roller-coaster ride as an analogy to describe their experience, were not just saying that the journey is filled with many highs and lows, but they were also saying that they had lost control. Additionally, it seems that the harder they tried to control the chain of events that occurred along the way, the more stress they felt. In turn, many of the women found other avenues to alleviate themselves of the pain they felt. For all, this meant putting their energies towards work, exercise, acupuncture, or prayer. Whatever means they used, the activity became their way of coping and finding some mean to help soothe themselves.

Unlike the women in this study, the men were not diagnosed with infertility. However, the manner in which both responded to the questions was very different. In fact, one would say that their responses to the guiding questions were on opposite ends of the spectrum. The first male participant answered each question with very little detail and emotion. Although he answered each question with no hesitation, each answer was clear

and to the point. One point of interest with this participant was his insistence on making sure that the researcher understood that his wife's infertility issue was finally diagnosed as a "mechanical issue" and nothing more. He also made no attempt to speculate as to what path they would have chosen had his wife had not conceived. The other male participant, on the other hand, was very emotional as he described his and his wife's experience. He recalled the events of their experience vividly with much description. He willingly shared his feelings and emotions about the many miscarriages his wife endured and the joy and anticipation he felt when he was finally able to hold his adoptive daughter for the very first time. Throughout the entire interview he made it clear that God, his faith, prayer, and the church congregation enabled him and wife to remain strong during that trying time. Unlike the first male participant, the second participant shared his feelings with his mother and very close friends. In fact, he said that a former pastor and his mother often just listened to him talk about what he and his wife were enduring. (see Figure 8)



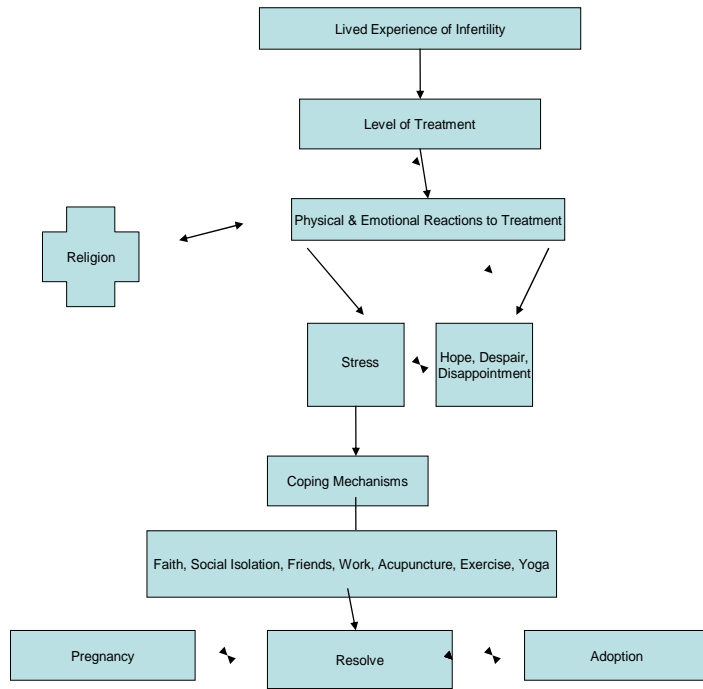


Figure 8. Composite Thematic Textural-Structural

## CHAPTER 5

### DISCUSSION

#### Summary

The study was a qualitative research endeavor to describe the lived experience of couples who had pursued infertility treatment. The genre was phenomenology, and as with most studies it all began with an idea, a personal interest, and a strong desire to uncover something of significance that had yet to be revealed. Thus the study was conceptualized and began with the rationale for conducting a study of this nature and a review of literature, supporting the need for more investigation. The rationale for this study was supported by the minimal amounts of qualitative research that exist with regard to describing the lived experience of men and infertility. For the most part, the qualitative research studies that have been conducted in this area have focused on describing the woman's lived experience. Of particular interest to me was that of the lived experience of infertility with couples of color. Specifically, this qualitative study was also designed to explore the lived experience of couples of African-American, Hispanic, and Asian cultures, but none were available at the time the study was conducted. As such, the researcher pursued those individuals who were available for interviews. The significance of the study was to acknowledge the pain and stress associated with infertility, but also to create an awareness of the number of couples who are faced with infertility each year. Taking this line of thought one step further, delay of parenthood means a significant impact on the availability of workers to care for our aging population. In turn, a decrease in the number of children conceived will also mean a significant change in the make-up

of the United States population as many couples who are not successful in conceiving a child may look to adopt children from foreign lands.

In chapter two the researcher provided the review of literature. The review literature began with defining stress and proceeding to the discussion of one of the major stressors confronted by couples, especially women during their lifetime. Infertility has long been identified by researchers in this area a major crisis and one that is deserving of more attention and research to fully understand the impact that this disease may have on a couple's relationships, emotional well-being, and their financial stability. Given the fact that phenomenology is a research process that evolves, the review of literature was not complete until the data collection and analysis was conducted as there was really no clear path that each participant interview would take.

In chapter three, the researcher described the methodology and discussed the management of the data collected. The methodology included a set of guiding questions for both the male and female participants. The guiding questions served as a method for steering the interview, but each participant was allowed to share any information with the researcher that he or she felt comfortable with providing. In addition, a pilot study was conducted in order to ensure that the guiding questions would elicit the information that was sought for the study. Due to the nature of the study and the sensitivity of the issue investigated, a detailed process by which the data was handled was provided as well as the manner in which anonymity and confidentiality was maintained. Vital to the transcription process was the member check system which included the participant, a member who works in health care and the researcher's major professor who has extensive experience with qualitative research. All people who participated in reading the

transcripts agreed that the themes identified were consistent with the transcript information. In this chapter, the researcher also discussed her experience with infertility and acknowledged her biases.

In chapter four, the researcher discussed the results of study. The Van Kaam method was used to organize, analyze, and synthesize the data. In doing so, a summary of each participant's interview was provided, while identifying the themes that emerged from the interviews. A graphic display was also provided so that the researcher could portray the journey that each participant traveled. Thematic textural and structural descriptions were combined for each participant and described in detail using verbatim excerpts from the transcripts. The researcher also provided a composite thematic textural-structural description of the experience and composed a diagram that was representative of the lived experience of the participants who had undergone infertility treatment.

Findings from the data analysis revealed that the women experience a myriad of emotions when pursuing infertility treatment. All of the women discussed having feelings of disappointment, frustration, and stress. Even though there were some differences in the manner in which each woman coped with the ups and downs of the infertility treatment process, all the women discussed utilizing close friends and/or families as means of support. Most of the women indicated that it was easier to talk with women who were either going through infertility treatment or who had undergone treatment. The women stated that it was easier to talk with people who fully understood their feelings and frustrations regarding the process. As the analysis continued it was evident that all the women in this study maintained a level of secrecy concerning their infertility. For some, secrecy meant maintaining employment, but for others it was a means of preservation as

they recognized their emotions were very fragile, their loss of privacy was great, and the emotional and physical stress of the situation escalated with every failed cycle and every level of treatment pursued. Maintaining a sense of the unknown by keeping friends and family at bay was their way of preserving some aspect of themselves and their marital relationship with their spouses. In each interview the women spoke of the stress that they experienced during their infertility experience. Some of the descriptive terms used to define the stress of the experience were chaotic, demanding, confusing, disappointing, frustrating, and a roller-coaster ride. These results are consistent with the findings of other studies..... For some of the women, the stress was heightened by their religious beliefs, as some of the women were of the Catholic faith. Catholicism does not support procreation using artificial technology when the couples' are not married, when conception occurs outside the human body, and the marital act of unity is dismissed (Very Reverend John Carville, S.T.D., personal communication). These couples strong Catholic background really imposed another level of stress that prompted them to seek counsel from their priest. In turn, it became the breaking point at which one couple decided to end treatment. As for the other couple, they never had to make the decision to pursue in-vitro fertilization as she became pregnant using artificial insemination.

The results of the interviews with the men were quite different from one another. The first man interviewed was very "matter of fact" with his answers as there was very little emotion and opinions with regard to his feelings with the entire experience. The two aspects of his interview that seemed to stand out were that he made it very clear that after all was said and done with their infertility experience, his wife's issues was mechanical rather than hormonal. He also made it clear that he was not going to anticipate any events

until he had to, meaning no decision was going to be made about the next step in the process until it was necessary. He indicated that he kept a positive attitude at all times, but did get upset when one of his wife's sisters became pregnant with her fifth child while they were trying for their first. In the end, he stated that he and his wife were going to do whatever it took for them to have a child. The second male participant on the other hand was completely different.

This individual felt the pain of his wife as he was often teary eyed as he discussed the experience. He often referred to God and God's plan for him and his wife as parents. He quoted many parts of the Bible and discussed how prayer and his faith helped him cope with the disappointment of the infertility process. He spoke of his mom and a former pastor as the two people outside his wife that helped him process the events of infertility.

For all involved in this study, it appears that each person processed the events of the infertility experience in their own time using a combination of various methods that involved everything from acupuncture, exercise, friends and family, to prayer, and faith in God. However, the process of dealing with the losses associated with infertility seem consistent from one person to another as each one went through the denial, anger, acceptance, and peace phases of grieving. The amount of time it took for each person to move from one stage to another varied greatly; and for some, they still have not reached the peace aspect, but for all involved, the resolve for these couples is parenthood whether it involves conception or adoption.

## **Implications**

The implications of this study are far-reaching for a number of reasons. First and foremost, the location of this study enabled the researcher to further explore the spirituality and the religious beliefs that affect a couple's decision to pursue infertility treatment. Many of the qualitative studies that have been conducted to explore the lived experience of infertility identified women who often prayed, questioned God's plan for them, and sought God in their quest for parenthood. However, none of these studies explored the religious teachings of parenthood by using ART, until now. Given the fact that Baton Rouge is located in the South Louisiana, which is heavily influenced by Catholicism and a culture that stresses the importance of family, it was not surprising that the women participants spoke of their struggles with pursuing infertility treatment while remaining faithful to their religious beliefs and Catholic upbringing. The acknowledgement of these women is of great importance because it not only delved deeper into another level of spirituality that has remained untouched, but it also raised an awareness of a struggle that most people do not consider and cannot even begin to fathom until they find themselves on this journey. In doing so, the results of this study also question the teachings of the various religious with regards to parenthood. The Catholic Church has long believed that conception should occur between man and woman who are married and in the privacy of their own bedroom. However, there appears to be some inconsistencies among priest by which this is interrupted. Also, there are numerous devout Catholic doctors and nurses who provide infertility treatment of all kinds to women of all beliefs and preferences throughout the United States. This in turn, leaves an individual to wonder if it is right or wrong to receive infertility treatment to procreate as

indicated by the Bible. Taking this thought one step further, if the Bible specifically directs Christians to "be fruitful and multiply" and this book is highly regarded as the authority of God's teachings, then why do religions outside of Catholicism not speak against infertility treatment, but Catholicism does? These are questions that this study has raised and of course, can only be answered with further research. However, the importance of this issue is one that must be considered and discussed with patients who seek infertility treatment. In turn, reproductive endocrinologists should provide their patients with the resources necessary for the couples to explore their options by way of their religious beliefs so that they can arrive at not only a well-informed decision, but a decision that can assist them finding peace and resolve.

This study initially sought to interview the male counterpart of couples who took part in infertility treatment. Seven people were interviewed, but only two of the seven participants were men. However, this was a very noteworthy achievement as there is very little research that has been conducted in this area specifically targeting men to describe the lived experience of infertility. Both men were very willing participants, but the manner in which they shared their experience with the infertility treatment was very different. The first man interviewed answered the questions very straightforwardly with very little emotion, but the second male described his feelings vividly and with much tearful emotion. Perhaps the difference in their description of their experience was colored by the level of treatment their wives had to endure as well as the duration of the journey. Perhaps the manner in which they described their feelings had something to do with the profession in which each was employed. Perhaps the manner in which they described their feelings was just simply due to their personality. Possibly, it was a



combination of things, but no matter what the situation may be, the length of the treatment, the type of treatment incurred, or which partner must undergo the treatment process, the man is emotionally affected by infertility treatment. The male may not be the one who must give himself injections, receive injections, have his blood drawn, and undergo numerous vaginal ultrasounds, but he must always be a tremendous support for his wife during the trials of this journey. As such, it is of utmost importance for the men to have resources available to them to create an awareness of the variety of ways infertility will impact their relationship with their wife, family and friends as well as methods for counteracting the stress of the event and demands the treatment will bring into their lives.

For some, the loss of the ability to biologically conceive a child is by far one of the most tragic events for a woman to endure. In doing so, it was evident that grieving for this loss is a very natural part of the journey. Grieving is also necessary to move from the path of turmoil and chaos to one of acceptance, peace, and eventually resolve. The grieving that women endure as a result of infertility is just as complex as it is to grieve for the loss of a loved one, as the process is very similar and the loss goes much deeper than the inability to procreate. For women, ending infertility treatment without success means many things. Many grieve for the loss of time, energy, and financial stability. For other women, grieving also involves accepting the loss of opportunities such as career growth, hobbies, and travel opportunities. Speaking in terms of relationships, part of the grieving means regret in terms of strained relationships and re-establishing physical as well as emotional intimacy with their husband. Finally, at the very core of grieving means re-defining themselves and making the decision to pursue life without children or a life with

an adopted child or children. Whatever path of resolve the woman chooses as the process of getting to the point of acceptance and eventually resolution, the journey begins with denial, anger, acceptance, and then peace. The speed by which each woman proceeds through this process varies and the means by which they work through each level differs. Currently, there are very few infertility clinics that offer couples resources to assist them with effectively coming to terms with infertility. As such, it would seem that the right approach to caring for couples faced with infertility would be to acknowledge that this is a physical as well as an emotional issue that should be treated concurrently. In other words, the couple should receive treatment for their mind, body, and soul because infertility is more than just a physical malfunction of the reproductive organs; it is a condition that affects every ounce of a person's being. To reduce the inability to conceive a child naturally to nothing more than the diagnosis of infertility is not only unfair, it is unjust.

Infertility is a very complex condition because it involves two anatomically different bodies. Both systems are complex, and when combined the complexity becomes even more complicated. In order to identify the problem or problems associated with infertility, both the male and female must undergo a number of tests and some may even have to have surgery. When various procedures must be initiated, the costs are presented and the regimens are given to the couples, the path to parenthood feels like stepping onto a rollercoaster ride that holds many peaks and valleys. And, unfortunately, the ride seems to be never ending as it feels as though the journey speeds up when time is of the essence. At times the process has free-falling events that tend to end in heartbreak and disappointment, and time may even move along at the speed of a snails pace when

anticipating the next attempt. This life changing event is enough to destroy the strongest of relationships, and the opportunity for miscommunication and misunderstanding is great. As such, confusion can often be the direct result of the stress that is inherently associated with infertility treatments. As such, clear communication and understanding should be the number one priority of the physicians and nurses who care for these patients and their loved ones. Providing prospective patients and their loved ones with an opportunity to meet with former patients would be an excellent means of creating awareness of all that is involved with infertility treatment as well as providing a support system for the couples to turn to as the events unfold. This would most likely be the most important aspect of treatment for couples enduring infertility treatment, as it is clear from this study as well as many others that couples who are faced with infertility tend to isolate themselves from others and maintain some level of secrecy. Providing couples an environment to share their hopes, disappointments, frustrations, and get answers to questions may enable to them express their anger, build relationships, grieve through their losses, and hopefully find peace with the decisions they make

## **Outcomes**

The outcomes presented are detailed descriptions of the findings of this study and their relationship to the research findings as discussed in the review literature presented in chapter two. The researcher's approach was to compare the findings of this study to the findings of studies that were similar in nature.

Findings from the data analysis revealed that the women experience a myriad of emotions when pursuing infertility treatment. All of the women in this study discussed having feelings of disappointment, frustration, and stress. Even though there were some differences in the manner in which each woman coped with the ups and downs of the

infertility treatment process, all of the women participants discussed utilizing close friends and/or families as part of their support systems. Most of the women indicated that it was easier to talk with women who were either going through infertility treatment or who had undergone treatment. The women stated that it was easier to talk with people who fully understood their feelings and frustrations regarding the process. This finding is consistent with the findings of a study conducted by Baker and Quinkert (1983).

Although this study was a quantitative study, the participants reported seeking others with similar problems as well as finding comfort from those who were near to them such family (Baker & Quinkert, 1983). As the analysis continued it was evident that all the women in this study maintained a level of secrecy concerning their infertility. For some, secrecy meant maintaining employment, but for others it was a means of self-preservation as they recognized their emotions were very fragile, their loss of privacy was great, and the emotional and physical stress of the situation escalated with every failed cycle and every level of treatment pursued. Maintaining a sense of the unknown by keeping some of their friends, family, and co-workers at bay was their way of preserving some aspect of themselves and their marital relationships. In each interview the women spoke of the stress that they experienced during their infertility experience. Some of the descriptive terms used to define the stress of the experience included chaotic, demanding, confusing, disappointing, frustrating, and a roller-coaster ride. These results were consistent with the findings of other studies (Hirsch & Hirsch, 1989; Imeson & McMurray, 1996; Johnson, 1996). In a study conducted by Hirsch and Hirsch (1989), the researchers reported the infertile individual "may feel damaged or defective and this feeling often affects his/her sense of self-esteem." For some of the women, the stress was

heightened by their religious beliefs as some of the women were of the Catholic faith. Catholicism does not support procreation using artificial technology when the couples are not married, when conception occurs outside the human body, and the marital act of unity is dismissed (Very Reverend John Carville, S.T.D., personal communication). These couples' strong Catholic background really imposed another level of stress that prompted them to seek counsel from their priest. In turn, it became the breaking point at which one couple decided to end treatment. As for the other couple, they never had to make the decision to pursue in-vitro fertilization as she became pregnant using artificial insemination. Many of the studies reviewed for this research study often spoke of women praying to God for granting them a child as well as providing them with answers for having to carry the cross of infertility (Davis & Dearman, 1990). The impact of religion on a couple's decision to pursue assisted reproductive technologies (ART) has been found in a previous qualitative research study designed to discover what it means to be an infertile woman of Mexican descent. In this particular study the researcher found that religion, specifically Catholicism, caused much grief for the Hispanic women because it does not recognize ART as an acceptable means of conception. The women of this study feared pursuing infertility treatment because they felt that they would deliver a child that was defective. Nevertheless, the women of this study continued to pray to God as well The Virgin de Guadalupe, which is the patron Saint recognized as having the capability of giving women the strength and hope they need to face their life struggles. The women of this study didn't believe they would give birth to defective children if they underwent infertility. The primary reason the women provided for not pursuing the infertility treatment was because it went against the teachings of the Catholic Church. Unlike the

previous study that was conducted with Hispanic women, this study findings revealed a great differences among the women and their priests' interpretation of the Catholic Church's position on infertility treatment. In addition, many of the women in this study did pray to God as well. All the study participants used prayer as a means of relaying their desire to God for wanting a child while at the same time they used prayer as a means of finding peace in a time of what seemed to be a never ending cycle of hope and despair.

The results of the interviews with the men were quite different from one another. The first man interviewed was very "matter of fact" with his answers as there was very little emotion and opinions with regard to his feelings with the entire experience. The two aspects of his interview that seemed to stand out were that he made it very clear that after was all said and done with their infertility experience, his wife's issues was mechanical rather than hormonal. He also made it clear that he was not going to anticipate any events until he had to, meaning no decision was going to be made about the next step in the process until it was necessary. He indicated that he kept a positive attitude at all times, but did get upset when one of his wife's sisters became pregnant with her fifth child while they were trying for their first. In the end, he stated that he and his wife were going to do whatever it took for them to have a child. This finding was consistent with a study that was conducted by Phipps (1993), who found that "men were more ambivalent than their wives, discussing the changes a child would make in their wives or goals. Men were concerned about whether a child was worth the couple enduring the ordeal of treatment." However, it should be noted that this particular study as well as other qualitative studies do have limitations associated with them as the couples were interviewed together as opposed to being interviewed separately. This part of the methodology could have

impacted the responses of each person interviewed. The second man participant on the other hand was completely different.

This individual felt the pain of his wife as he was often teary eyed as he discussed the experience. This particular finding is consistent with the findings of the study conducted by Phipps (1993) as well. According to this study "men's responses to their wives focused around the perception of their wives pain. A husband's inability to lessen her suffering often resulted in anger, feelings of powerless, and failure (Phipps, 1993). This individual in this study often referred to God and God's plan for him and his wife as parents. He quoted many parts of the Bible and discussed how prayer and his faith helped him cope with the disappointment of the infertility process. He spoke of his mom and a former pastor as the two people outside his wife that helped him process the events of infertility.

Finally, the differences in the men's responses to the questions presented to them during this study were consistent with the findings of a study that was conducted by Nachtigall, Becker, and Wozny (1992). Although this study was quantitative in nature, the study reported that the men's responses varied according to who suffered from infertility (Nachtigall, et al., 1992).

For all involved in this study it appeared that each person processed the events of the infertility experience in their own time using a combination of various methods that involved everything from acupuncture, exercise, friends and family, to prayer, and faith in God. However, the process of dealing with the losses associated with infertility seemed consistent from one person to another as each one went through the denial, anger, acceptance, and peace phases of grieving. This finding was consistent with a study that

was grounded theory-based designed to explore the perceptions that couples have during the various stages of infertility treatment (Blenner, 1990). According to this study, couples who pursue infertility treatment move through a series of stages as they seek to resolve their life goal of becoming parents. The first stage is referred to as “Dawning of Awareness” which involves becoming puzzled as to why they have not conceived after having made the decision they will start a family. After having no success, the couples proceed to the second phase that is identified as “Facing a New Reality.” This involves undergoing a comprehensive infertility workup and receiving the diagnosis of infertility. The third phase of this process identified as “Having Hope and Determination” now involves proceeding with infertility treatment which results in making sacrifices, enduring rigorous treatment regimens, incurring feelings of frustration, and engaging in isolation behaviors to protect one self. The fourth phase “(Intensifying Treatment)” focuses on the couples getting deeply involved in their treatment and the treatments become the sole focus of their lives. The fifth phase of this process is termed “Spiraling Down” which occurs as time passes and options diminish. The isolation worsens and the feeling of losing control escalates. This part of the process seems to resemble depression in which the person may sleep as much as she/he can to relieve herself/himself of the pain. Once the person comes to terms with the infertility diagnosis and the grief associated with the failed attempts, the person moves into stage six which is the “Letting Go” phase. The couple begins to accept the fact that treatment will not work and begin to take time off from treatment. Couples then begin to consider other options and seek to answer their questions regarding adoption or childlessness. This in some way gives the couples a sense of control again and new direction. The process is finally complete when



the couples move to stages seven and eight which is "Quitting and Moving Out" and "Shifting the Focus." Quitting and Moving Out means ending treatment (Blenner, 1990). When couples are able to withdraw from infertility regimens, they often experience a feeling of relief and look forward to getting on with their lives. Finally, shifting the focus means there is a peaceful resignation and a new focus is emerging. For some, this means adoption while for others it means facing life with a new direction. However, in this study the pain of infertility continued as the participants stated there are always constant reminders that they are unable to deliver a child. The amount of time it took for each person to move from one stage to another varied greatly; and for some, they still have not reached the peace aspect, but for all involved, the resolve for these couples is parenthood whether it involves conception or adoption. However, of the women in this study, two who have achieved parenthood through adoption have indicated that infertility really means nothing to them at this point in their lives.

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## APPENDIX A

### STATEMENT OF INFORMED CONSENT

**Study Title:** Life after infertility: A phenomenological and quantitative study of couples who have separated or divorced after ending infertility treatments.

**Performance Site:** Infertility Institute of New Orleans

**Investigators:** The investigators are available for questions about this study, M-F, 8:00 AM-4:30 PM: Mary Catherine Fontenot, MS, LDN, RD (225) 803-2684

**The Purpose of the Study:** The purpose of this mixed methodology research endeavor is to describe the impact infertility treatment has on the relationship of couples of ethnic descent.

**Number of Subjects:** 6

**Study Procedures:** Study participants will be interviewed by Mary Catherine Fontenot at the Fertility Institute of New Orleans for the purpose of gathering information about the infertility experience.

**Benefits:** The information obtained may be helpful in assisting the medical team, support systems and infertile couples in understanding their desire to conceive a child as it relates to their specific ethnicity.

**Risks:** The only study risk is the inadvertent release of sensitive information revealed in the interviews. Every effort will be made to maintain anonymity regarding individual responses. Confidentiality of the study records will be maintained with files being kept in a locked drawer to which only the investigator has access.

**Right to Refuse:** Subjects may choose to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.

**Privacy:** Results if the study will be provided to the Infertility Institute of New Orleans and may be published, but no names or identifying information will be included in the publication. Subject identity will remain confidential unless disclosure is required by law.

**Signatures:** The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about subjects' rights or other concerns, I can contact Robert C. Mathews, Institutional Review Board, (225) 578-8692. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

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## APPENDIX B

### MALE INFERTILITY SURVEY QUESTIONNAIRE

#### Part I.

1. Gender: \_\_\_ Male
  
2. Age Male:
  - \_\_\_ < 25 years of age
  - \_\_\_ 26-30 years of age
  - \_\_\_ 31-35 years of age
  - \_\_\_ 36-40 years of age
  - \_\_\_ > 41 years of age
  
3. Place of birth? \_\_\_\_\_
  
4. What is your occupation? \_\_\_\_\_
  
5. What is your significant others occupation? \_\_\_\_\_
  
6. How long have and your significant other been together?
  - \_\_\_\_\_ < than 1 year
  - \_\_\_\_\_ 1-5 years
  - \_\_\_\_\_ 6-10 years
  - \_\_\_\_\_ 5-10 years
  - \_\_\_\_\_ 11-15 years
  - \_\_\_\_\_ 16-20 years
  - \_\_\_\_\_ 21-25 years
  - \_\_\_\_\_ >25 years
  
7. What is your level of education?
  - \_\_\_\_\_ High School Diploma or GED
  - \_\_\_\_\_ Some College
  - \_\_\_\_\_ Technical Degree
  - \_\_\_\_\_ Bachelor Degree
  - \_\_\_\_\_ Bachelor Degree and Graduate Course Work
  - \_\_\_\_\_ Graduate Degree
  - \_\_\_\_\_ Medical Degree/ JDM
  - \_\_\_\_\_ Doctorate
  
8. What is your significant other's level of education?
  - \_\_\_\_\_ High School Diploma or GED
  - \_\_\_\_\_ Some College
  - \_\_\_\_\_ Technical Degree



- Bachelor Degree
- Bachelor Degree and Graduate Course Work
- Graduate Degree
- Medical Degree
- Doctorate

9. In your relationship, which partner was diagnosed as infertile?

- Male       Female       Both       Undetermined

10. How long did you attempt to have a child? \_\_\_\_\_

- < 1 year
- 2 – 3 years
- 4 – 5 years
- 6 – 7 years
- 8 - 9 years
- > 10 years

11. Why did you and your significant other choose to discontinue treatment?

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12. Which technique did you and your partner use to conceive a child (Please check all that apply)?

- Corrective Surgery
- Artificial Insemination (AI) using significant other's sperm
- Donor semen Insemination
- Medication induced ovulation stimulation
- Rhythm (timing) method
- IVF, GIFT, or related techniques
- IVF with donor eggs or embryos
- other: \_\_\_\_\_

13. Please indicate the number of times, each method was attempted.

- Corrective Surgery
- Artificial Insemination (AI) using significant other's sperm
- Donor semen Insemination
- Medication induced ovulation stimulation
- Rhythm (timing) method
- IVF, GIFT, or related techniques

\_\_\_\_\_ IVF with donor eggs or embryos  
\_\_\_\_\_ other: \_\_\_\_\_

14. Do you currently have any biological children? \_\_\_ Yes \_\_\_ No

If yes, these children are :

- \_\_\_ result of unassisted conception
- \_\_\_ result of artificial insemination
- \_\_\_ result of ovulation stimulation
- \_\_\_ result of IVF, GIFT, or other
- \_\_\_ your children from a previous marriage
- \_\_\_ Stepchildren

15. Do you currently have any adopted children? \_\_\_ Yes \_\_\_ No

16. What is your family origin? (Check all that apply)

- \_\_\_ Arabic/Middle Eastern
- \_\_\_ Caucasian
- \_\_\_ Indian
- \_\_\_ African
- \_\_\_ Asian
- \_\_\_ African
- \_\_\_ Asian
- \_\_\_ Hispanic
- \_\_\_ Other: \_\_\_\_\_

17. What is your religious affiliation?

- \_\_\_ Catholic
- \_\_\_ Hindu
- \_\_\_ Protestant
- \_\_\_ Buddhist
- \_\_\_ Islam
- \_\_\_ Jewish
- \_\_\_ No Affiliation
- \_\_\_ Other: \_\_\_\_\_

## APPENDIX C

### FEMALE INFERTILITY SURVEY QUESTIONNAIRE

#### Part I.

1. Gender: \_\_\_ Female
2. Age Female:
  - \_\_\_ < 25 years of age
  - \_\_\_ 26-30 years of age
  - \_\_\_ 31-35 years of age
  - \_\_\_ 36-40 years of age
  - \_\_\_ > 41 years of age
3. Place of birth? \_\_\_\_\_
4. What is your occupation? \_\_\_\_\_
5. What is your significant others occupation? \_\_\_\_\_
6. How long have and your significant other been together?
  - \_\_\_ < than 1 year
  - \_\_\_ 1-5 years
  - \_\_\_ 6-10 years
  - \_\_\_ 5-10 years
  - \_\_\_ 11-15 years
  - \_\_\_ 16-20 years
  - \_\_\_ 21-25 years
  - \_\_\_ >25 years
7. What is your level of education?
  - \_\_\_ High School Diploma or GED
  - \_\_\_ Some College
  - \_\_\_ Technical Degree
  - \_\_\_ Bachelor Degree
  - \_\_\_ Bachelor Degree and Graduate Course Work
  - \_\_\_ Graduate Degree
  - \_\_\_ Medical Degree/ JDM
  - \_\_\_ Doctorate
8. What is your significant other's level of education?
  - \_\_\_ High School Diploma or GED

- Some College
- Technical Degree
- Bachelor Degree
- Bachelor Degree and Graduate Course Work
- Graduate Degree
- Medical Degree
- Doctorate

9. In your relationship, which partner was diagnosed as infertile?

- Male       Female       Both       Undetermined

10. How long did you attempt to have a child? \_\_\_\_\_

- < 1 year
- 2 – 3 years
- 4 – 5 years
- 6 – 7 years
- 8 - 9 years
- > 10 years

11. Why did you and your significant other choose to discontinue treatment?

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12. Which technique did you and your partner use to conceive a child (Please check all that apply)? Also, Please indicate the number of times, each method was attempted

- Corrective Surgery
- Artificial Insemination (AI) using significant other's sperm
- Donor semen Insemination
- Medication induced ovulation stimulation
- Rhythm (timing) method
- In-Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT), or other techniques
- In-Vitro Fertilization (IVF) with donor eggs or embryos
- other: \_\_\_\_\_

13. How many times did you and/or your significant other attempt ?

- Corrective Surgery

- Artificial Insemination (AI) using significant other's sperm
- Donor semen insemination
- Medication induced ovulation stimulation
- Rhythm (timing) method
- In-Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT), or related techniques
- In-Vitro Fertilization (IVF) with donor eggs or embryos
- other: \_\_\_\_\_

14. Do you currently have any biological children?  Yes  No

If yes, these children are :

- result of unassisted conception
- result of artificial insemination
- result of ovulation stimulation
- result of In-Vitro Fertilization (IVF), Gamete Intra-Fallopian Transfer (GIFT), or other techniques
- your children from a previous marriage
- Stepchildren

15. Do you currently have any adopted children?  Yes  No

16. What is your family origin? (Check all that apply)

- Arabic/Middle Eastern
- Caucasian
- Indian
- African
- Asian
- African
- Asian
- Hispanic
- Other: \_\_\_\_\_

17. What is your religious affiliation?

- Catholic
- Hindu
- Protestant
- Buddhist
- Islam
- Jewish
- No Affiliation
- Other: \_\_\_\_\_

## VITA

Mary Catherine Fontenot completed her Bachelor of Science degree in dietetics in 1992 at Louisiana Tech University in Ruston, Louisiana. After working as a registered dietitian consultant she attended Louisiana State University in Baton Rouge, Louisiana. She graduated with a Master of Science degree in the School of Vocational Education in 1997. Shortly after completing her education and she moved to Southwest Colorado where she had the opportunity to work with Navajo and Ute Native Americans.

While living on the reservation she was able to work closely with the Native Americans from both an administrative and education perspective. She supervised many Navajo employees while working as the food service director of one of the federal government's healthcare service units. In addition, she was able to educate the Navajo patients regarding diet and disease while working as a dietitian consultant for one of the dialysis units located on the reservation. After having her two children, she decided to return to Louisiana and pursue her Doctor of Philosophy degree in the School of Human Resource Education and Workforce Development. In addition to Catherine's experience as working as a consultant for long-term care facilities, rural hospitals, clinical nutrition manager, she has also taught nutrition for nursing students enrolled with Our Lady of the Lake College in Baton Rouge, Louisiana. Currently Catherine is working as the assistant director of patient services for the Duke University Health System in Durham, North Carolina.