THE EXPERIENCE AND MEANING OF INFERTILITY FOR
BIOLOGICALLY CHILDLESS INFERTILE MEN

by

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Abstract

A qualitative phenomenological paradigm was used to explore the experience of male factor infertility for childless men. Six men were recruited; three from Vancouver, B.C. and three from Regina, Saskatchewan. The men described their experience of infertility within an individual, in-depth, audiotaped interview. Eight common themes were extrapolated from an analysis of the data.

The results indicated that the men's experience of male factor infertility included all of the following: (1) intense grief and loss, (2) a sense of powerlessness and loss of control, (3) feelings of inadequacy, (4) betrayal, (5) isolation, (6) a sense of threat or foreboding, (7) a need to overcome or survive, and (8) a need for positive reconstruction of the situation and of the self; whereby, the men found new and positive meanings (or purposes) for an experience that originally seemed meaningless and painful.
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Dedication

This work is lovingly dedicated to:

My parents:

Dr. (Bud) Marian Leslie & Rhoda Doreen Webb

who always told me that I could do anything I put my mind to

and whose continued love and support encouraged me

to "seek first" those things that endure,

AND

To my beloved wife:

Tina Marie Webb

who stood by me and encouraged me throughout this project,

whose love means more to me than a thousand theses,

and whose loving and gentle spirit continues to sustain me,

AND

To my son:

Michael Zachary Emory Webb

who surprised us and changed our lives,

whose absence kindled and inspired this work

and

whose life fosters healing within my own.
CHAPTER 1

Statement of the Problem

Throughout history fertility has been admired and celebrated. The importance of the basic right of people to bear and raise children has been emphasized across most cultures, around the world and throughout history (Mullens, 1990). In the past fertility was viewed as an unknown mystery or miracle that was not under human control.

Different cultures attributed fertility to different gods such as Ishtar, Iris, Astarte, Aphrodite, Demeter, Maia, Ops, Freyja and many others (Mullens, 1990). These were the gods that were worshipped and appeased in order to gain some sense of control over fertility and child bearing. With fertility being an ascribed power of a god or goddess, the importance of fertility is evident.

During Biblical times, women who could not bear children were ostracized and dishonoured. There was such a real pressure to have children in that day that to not have children was considered intolerable. The ancient Jewish Talmud makes mention of three forms of living death: to have poor health, to be poor, and to be barren (The living Talmud: The wisdom of the fathers, 1957).

Religions (e.g. Christianity, Judaism) have placed great emphasis upon having children. In Genesis, God’s command was to be fruitful and multiply. King Solomon stated (Psalm 127) that children are a reward and gift from God. Therefore, in a childless marriage, some people assume that God is not blessing the couple and must be punishing them for some wrong that was committed.

The Roman Catholic church takes the position that a marriage entered with the
intent of being childless is not valid in the eyes of God (Pohlman, 1970). Many
religious perceptions serve to reinforce the relationship between fertility or
childbearing and an individual’s sense of personal worth or value.

The psychological community has also reinforced this connection between
fertility and adult status in providing support for the belief that parenthood is an
important element of normal adult development. Erikson’s (1960) theory of human
development includes as the seventh stage, an emphasis upon generativity. In his
theory, Erikson states that all individuals have the desire to create, procreate, or
generate. Failure to progress through this developmental stage leads to stagnation and
the inability to move to the last stage of maturity, ‘ego integrity’. One common form
of generativity is having children.

Even in more recent psychological literature, there continues to be a belief that
childless couples are in some way maladjusted and emotionally disturbed (Abse, 1966;
Akhtar, 1978; Denber, 1978; Eisner, 1963; Singh & Neki, 1982) which reflects
cultural beliefs about the relationship between mental health and infertility. If the
experts of a culture think that childlessness and maladjustment are often linked, this
then adds to the cultural pressure towards parenthood (Pohlman, 1969, 1970).
Experts’ opinions also have the potential of continuing to reinforce the connection
between fertility status and personal worth. Today, with only 5% of the world’s
population choosing to remain voluntarily childless (Veevers, 1980) it would appear
that such family values continue to be perpetuated.

More than any other transition such as moving out of the parental home,
finishing school, getting a job, becoming self supporting, or even getting married; parenthood is thought to establish a person as a truly mature, and an acceptable member of the adult community (Hoffman & Manis, 1979). Society’s perception of married couples with children is more positive and affirming than for couples without children (Callan, 1985). Many people tend to view couples without children as being selfish or immature in some way.

Veevers (1980) states that Western society defines childlessness in almost exclusively negative terms. This perception may hurry couples into parenthood in order to combat such perceptions (Pohlman, 1969, 1970). With such pervasive value being placed upon the ability to reproduce and with the link being made between fertility and both worth and psychological normalacy, it is not surprising that the achievement of the parental role continues to be considered a major life goal for most adult men and women. Fertility similarly continues to be assumed to be a basic human right (Menning, 1977; Pohlman, 1969).

Of those attempting to become biological parents however, one out of six, approximately 17% of the population, experience problems with infertility (Leader, Taylor, & Daniluk, 1984; Ulbrich, Tremaglioniucyle & LLablre, 1990). Infertility is commonly defined as the inability to conceive or bear a child after one year of regular sexual relations without the use of contraceptives (Grantmyre & Hanson, 1992). A distinction is also made between primary and secondary infertility. While secondary infertility is the inability to conceive or bear children after having at least one child; primary infertility is the inability to conceive or bear children without any previous
children. Although approximately 50% to 60% of couples do eventually conceive and deliver, still 40% to 50% remain infertile (Colins, Garner, Wilson, Wrixon & Casper, 1984). Thus approximately 3.5 million couples in the United States are infertile (Ulbrich et al., 1990).

Only 25 years ago, 40% to 50% of infertility had no known physiological explanation (Burns, 1987). As a result, in such cases it was believed that emotional or psychological factors were to blame (Abse, 1966; Akhtar, 1978; Bresnick & Taymor, 1979; Denber, 1978; Eisner, 1963; Singh & Neki, 1982). However, with advances in medical diagnostic technology, it is now understood that only 5% to 10% of infertile couples have no known physiological explanation for their infertility (Burns, 1987). Of those infertile couples with known physiological problems, 7 times out of 10 the infertility is either strictly male factor or strictly female factor (Benson, 1983).

Although our culture generally perceives infertility as being a woman’s problem, research indicates that men are just as likely to experience infertility (Grantmyre & Hanson, 1992; McNeely, 1990). A breakdown of the physical causes of infertility identifies men as the origin of the problem in approximately one third of the cases, women in one third of the cases, the couple sharing the problem in 20% of the cases, and unexplained infertility being the diagnosis in the remaining 10% of cases (Grantmyre & Hanson, 1992).

It has become well known that couples who experience infertility may go through a great deal of stress and strain, personally and interpersonally (Abbey, Andrews & Halman 1991; Berg & Wilson, 1990; 1991; Daniluk, 1988; Daniluk,
Leader & Taylor, 1987). Leading up to the diagnosis of infertility and afterwards, it has been found that many men and women experience depression, helplessness, and marital strain (Abbey, et al., 1991; Berg & Wilson, 1991). Infertile people often report that there is no part of their lives that has been left untouched by the overwhelming experience of infertility (Mahlstedt, 1985).

Infertility has also been conceptualized as a crisis (Menning, 1980), based on couples’ commonly reported emotional reactions of frustration, anger, sadness, guilt, depression, confusion, desperation, hurt, humiliation and isolation (Abbey, et al., 1991; Andrews & Arbor, 1991; Kendem, Mikulincer, Nathanson, & Bartoov, 1990; Bresnick & Taymor, 1979; Clapp, 1985; Daniluk, 1991; Daniluk, Leader & Taylor, 1987; Valentine, 1986; ).

Individual responses to infertility have not only been described in terms of a crisis reaction, but also as a mourning process (Clapp, 1985; Leader, et al., 1984; Mahlstedt, 1985; Shapiro, 1982). Many couples experience a great sense of grief over not being able to have a child. This grieving process is similar to grieving other kinds of losses except that the loss may not be recognized (Clapp, 1985). Mahlstedt (1985) states that, "the fact that there is nothing tangible to represent the loss actually intensifies the pain and makes the loss more difficult to understand" (p. 336).

The losses that are experienced with infertility are multifaceted. The infertile couple may experience the loss of a love object, loss of power and control over their lives, loss of someone of great value, loss of the experience of being pregnant and giving birth, loss of positive and hopeful developments in their lives, and loss of a
dream or fantasy (Mahlstedt, 1985).

For some people having children is viewed as a developmental milestone that is essential to becoming an adult. Not to have a child becomes developmentally frustrating and to lose the vision of this idealized adult self can be painful (Mahlstedt, 1985; Veevers, 1980). Often infertile people experience a sense that they are damaged goods (Abbey et al., 1991; Leader et al., 1984; Seibel & Taymor, 1982). Self image and self esteem may decrease along with the person’s own sense of femininity or masculinity (Leader et al., 1984; Menning, 1977).

The impact of infertility can also permeate the marital relationship. Due to each partner dealing with their own loss, there can be a loss of closeness between partners, as neither may have the inner resources to support the other (Daniluk, 1991; Mahlstedt, 1985; Menning, 1977). Infertile couples reportedly experience greater marital dissatisfaction than fertile couples (Hirsch & Hirsch, 1989). Marital difficulties due to unfulfilled marital expectations are common in infertile marriages (Burns, 1987). Infertile couples may also experience a period of time when the sexual satisfaction within the relationship is significantly decreased (Daniluk, 1988; Hirsch & Hirsch, 1989; Mahlstedt, 1985).

A great deal of research has also examined differences between husbands’ and wives’ reactions, coping abilities, and resolution of their infertility. A number of studies suggest that male partners are less affected by infertility (Andrews & Arbor, 1991; Berg & Wilson, 1990; Bresnick & Taymor, 1979). Some researchers report that men do not perceive infertility as being as stressful as women do, and express less
negative affect than women (Abbey et al., 1991). In a review of thirty controlled research publications, Wright, Allard, Lecours and Sabourin (1989) found that there was convincing evidence that infertile female participants scored higher on psychosocial distress scores than their male counterparts. However, Wright et al. also found that both infertile women and men scored higher on measures of psychosocial distress than did fertile control groups.

These results have frequently been interpreted as suggesting that infertility does not affect men as much as it does women. However, this may be an incorrect deduction. It may be that men simply react and deal with infertility in a different manner than women do (Daniluk, 1991; Mahlstedt, 1985), resulting in differing scores on tests measuring psychological distress. The measures commonly used may not tap into the way in which the experience of infertility is expressed for men.

Another possible reason for the reported sex differences in the reaction to infertility (Andrews & Arbor, 1991; Bresnick & Taymor, 1979) could lie in the roles that men and women have taken in our society. Abby et al. (1991) state that these apparent gender differences in response to infertility, "...reflect general gender differences in the ways in which men and women have been socialized to cope with negative affect" (p. 298). Generally, women have been socialized to talk more openly about their problems, whereas men have been socialized not to show emotions.

Consistent with this perspective, in semi-structured interviews with 12 infertile couples, Valentine (1986) found that the men expressed a sincere desire to be supportive and available to their wives. However, they reported that talking about infertility raised
their stress level rather than lowered it. Daniluk (1991) concurred with Valentine, in suggesting that many infertile men experience considerable distress at being unable to ease their partner’s pain or help ‘fix’ the problem.

There is a possibility that men may take on gender-specific roles in dealing with infertility. This is exemplified in the words of one infertile man:

...when I do feel like crying about not having a child, I don’t, because I’m afraid my crying would make her feel worse. And she believes that I am not upset. I’m playing a game, and we are both losing (Mahlstedt, 1985, p.343).

Thus, the roles that spouses play in marriage and that men and women play in society may result in an incorrect perception of men being less affected and/or more stoic in their responses to infertility.

Both Daniluk (1988) and Mahlstedt (1985) confirm that an individual’s response to infertility may be dependant upon which member of the couple is identified as the physiological source of the infertility problem. Thus, the origin of the infertility may be a significant factor in considering the differences in men’s and women’s responses to infertility. In many research studies (Abbey et al., 1991; Brand, 1989; Bresnick & Taymor, 1979; Draye, Woods & Mitchell, 1988; Hirsch & Hirsch, 1989; Greil, Porter, Thomas & Riscilli, 1989; Link & Darling, 1986) however, the origin or source of infertility was not included as a variable in the analysis.

Based on the belief that infertility is a more stressful and distressing experience for women, relatively little research has been conducted looking specifically at men (Kedem, Mikulincer, Nathanson, & Bartoov, 1990; Berg & Wilson, 1990; Berger,
more specifically, men's response to male factor infertility. It would be a mistake to assume that what the research literature states about women's experience can be applied to that of men; as men and women are socialized differently and thus their experiences and the meanings they attach to their infertility may be different. Also, most of the limited work on the psychological aspects of male infertility (Kedem et al., 1990; Berg & Wilson, 1990; Berger, 1980; Feuer, 1983; MacNab, 1986; Snarey et al., 1987) has been conducted using quantitative methods; no qualitative work has investigated how infertile men meaningfully integrate their experience of infertility into their lives.

Of the studies that have examined men's reactions to infertility, researchers have found that infertile men have lower self-esteem, higher anxiety and display more somatic symptoms than fertile men (Kedem et al., 1990). It is also common for infertile men to experience a period of impotence after diagnosis (Berger, 1980). Infertile men and women also experience higher levels of tension, depressive symptoms, worry, and interpersonal alienation (Berg & Wilson, 1990). After a diagnosis of infertility, it has been found that in the place of parenting, infertile men substituted either: (1) other people's children, (2) other objects, or (3) themselves. Those who substituted other people's children were most likely to achieve generativity, as defined by Erikson (Snarey et al., 1987). Hence, Snarey et al. (1987) found that how these men dealt with infertility had developmental implications in later life.

Feuer (1983) interviewed male-factor infertile couples, as well as, administered
the Spanier Dyadic Adjustment Scale, the Rosenberg Self-Esteem Scale, and the Beck Depression Inventory on all subjects. Feuer found that the scales for "quality of marital relationship", "locus of control", "self-esteem" and "social isolation" all indicated that infertility impacted negatively on these men. He also stated that:

Significant differences were found between questionnaires and interviews and Subjects’ report of the impact of the infertility on their lives. The tendency of Subjects to deny the impact of infertility on the questionnaires is strongly contrasted by the results of the interviews, suggesting that the latter method may be a more accurate method for assessing this phenomenon (Feuer, 1983)

Feuer confirmed the necessity of qualitative research for investigating infertility.

Therefore, this study is an qualitative investigation into the meaning of the infertility experience for primary infertile men who are experiencing male factor infertility. Primary infertility is defined as the inability of bearing children without previously having had children. Male factor infertility is defined as the inability to conceive due to male physiological impairment.

The research question being asked is: **What is the experience of infertility as lived by infertile men?** This research is unique in attempting to clarify how infertile men make meaning out of their experience of infertility. Hence, this study is significant in beginning to understanding the process of constructing meaning that men go through in coming to terms with their male factor infertility.

This study may help to bring clarity to the meaning of infertility for men and may help clinicians begin to understand the significance and impact of infertility in the
lives of men. Thus, because this study will help in understanding the male experience of infertility and how men come to terms with their infertility, it may be helpful to both medical and psychological professionals who work with infertile men. Counselling professionals need to understand the significance and meaning of infertility for infertile men if they are to avoid the stereotypic assumption that infertility is a woman’s problem, and if they are to assist infertile men and couples in their personal journeys toward meaningfully integrating their experience of infertility into their lives and relationships.
CHAPTER 2

Review of the Literature

The research into the psychological aspects of infertility can be divided into three areas of study. These three areas are important to investigate to set the groundwork for understanding the context of this study. The first area deals with research concerning the general psychological responses to infertility, showing the importance of research into this experience. The second area will review those studies that made distinctions in response to infertility according to gender. The third area of research will review those studies that specifically focused on the response of men to male factor infertility.

Response to Infertility

The experience of infertility has a significant impact on people’s lives. The following research has been arbitrarily divided into 3 general areas - (1) infertility and stress, (2) infertility as crisis and loss, and (3) infertility and coping.

Infertility and Stress. The stress that couples may endure during diagnosis and treatment for infertility is reported to be high. Mahlstedt, MacDuff and Bernstein (1987) in a questionnaire study of 94 in vitro fertilization participants found that 80% of infertile respondents described their infertility as stressful or extremely stressful. Of the respondents, 63% thought that their infertility experience was more stressful than divorce when they had experienced both events.

Thus, the impact of infertility upon people’s lives cannot be underestimated. We know that divorce is rated as being one of life’s most stressful events (Booth &
Amato, 1991; Dreman, 1991; Kraus, 1979; Pledge, 1992). Hence, it is imperative that we understand the nature and impact that infertility has on the lives of those it touches.

In a review of thirty publications of controlled research, Wright et al. (1989) investigated three hypotheses concerning the relationship between infertility and psychosocial distress. Their first hypothesis, that psychosocial distress triggered infertility, received little support. Their second hypothesis stating that infertility triggered psychosocial distress, received more support although this hypothesis had not yet been adequately tested. Wright et al. found that in the studies reviewed, patients diagnosed and treated in infertility clinics showed significantly higher levels of psychosocial distress than their control counterparts. This was supported consistently with such reactions as loss of self-esteem, intense grief reaction, increased anxiety and sexual problems. Their third hypothesis was that there was a bidirectional relationship between distress and infertility. They found that the research that supported their second hypothesis could also support their third. None of the research they reviewed gave definitive results to support one hypothesis over another due to the lack of rigorous methodology in many of the studies they reviewed. However, they did indicate that generally, females scored higher on psychosocial distress than males.

In reporting on the 16 studies that compared psychosocial responses of males & females to infertility, Wright et al. did not mention the origin of the infertility as a factor under consideration (whether male factor, female factor, or combined factor infertility) in the studies reviewed. The studies reviewed did not consider the origin of a couple's infertility as a factor in their analysis. This perhaps confounded the results
of such studies, because the origin of infertility was a vital factor to consider in comparing the response to infertility according to gender. This research highlighted the need for new research that specifically looks at the men’s and women’s response to infertility when the origin of the infertility is factored into the inquiry.

However, in several studies, reviewed by Wright et al. that included social desirability scales, the researchers generally reported that men score high on such scales, suggesting that men tend to downplay the psychosocial impact of infertility. This also was a factor to consider in gender comparative studies (Abbey et al., 1991; Bernstein, Potts & Mattox, 1985; Brand, 1989; Draye et al., 1988; Ulbrich et al., 1990) that suggested that women are more distressed by their infertility than men. This also suggests that future research may need to use a methodology that better taps into the experience of infertility for men.

McEwan, Costello and Taylor (1987) in a multi-regression quantitative study investigated the psychological adjustment to infertility for 62 female and 45 male attendants of an infertility clinic. Due to the low number of male factor infertility participants they were not able to include this factor in their analysis; nevertheless, they did find that younger infertile women were more likely to be emotionally distressed than older infertile women. One suggested explanation given was that women who wait longer to have families, do not value having children as highly as younger women do or they may have invested energies into other areas of life that have given them a sense of gratification. This would suggest that the value a woman gave to having children decreased with age - a suggestion not substantiated by their
research. McEwan et al. (1987) also suggested that it could be that women who had spent most of their lives without children, may have had less difficulty adjusting to this as a permanent situation. They also found that women who felt personally responsible for their infertility were more distressed than those who did not.

Daniluk (1988), in a longitudinal repeated-measures study of 43 infertile couples during the medical investigation for their infertility found that couples experienced significant levels of distress during the initial medical interview and at the time of diagnosis. She also found that depression was a commonly reported symptomatic reaction to infertility. Sexual satisfaction mean scores for participants stayed within the "sexually satisfied" range, although large standard deviations suggested wide variability in the degree of sexual satisfaction levels among participants. Daniluk noted that her results indicate that there was a higher degree of sexual satisfaction among couples who receive a neutral diagnosis of unexplained infertility as compared to those men and women who had receive a negative diagnosis and prognosis for possible treatment.

Similar results were also reported by Berg and Wilson (1991) in their longitudinal study of 104 couples undergoing medical investigation and treatment for infertility. They found that couples experienced acute stress at the time of diagnosis, after which stress levels appeared to decrease in the second year. However, they also found that the stress became acute again as the treatment extended into the third year, suggesting a curvilinear relationship between the degree of stress experienced and the amount of time in medical investigation and treatment.
In another study by Berg and Wilson (1990), a standardized questionnaire was given to 104 infertile couples currently involved in an infertility investigation. They found that the stress of infertility was reflected in tension, depressive symptoms, worry, and interpersonal alienation. These occurred frequently for both the infertile men and women in the study.

The stresses and losses of infertility may also negatively effect the infertile couple’s marriage. In an interview study of 157 couples, Andrews, Abbey, and Halman (1991) found that increased stress in these relationships due to infertility was directly related to increased marital conflict, decreased sexual self-esteem, and decreased satisfaction with own sexual performance. The stress associated with the participant’s infertility was also found to negatively affect (both directly and indirectly) their evaluations of life-as-a-whole, self-efficacy, marriage, intimacy and health.

These studies (Andrews, et al., 1991; Berg & Wilson, 1990, 1991; Daniluk, 1988; Mahlstedt et al., 1987; McEwan et al., 1987; Wright et al., 1989) all concluded that infertility resulted in considerable psychological distress, particularly for women. Younger women were more greatly distressed than older women. Distress was also more significant upon women if they felt responsible for the infertility.

This may also be the case for men experiencing male factor infertility, although this research could not draw such conclusions. This research also indicates that the origin of the infertility may contribute to a person’s sense of responsibility and distress regarding infertility.

In these studies the distress experienced was significant for men and women at
the initial medical interview, as well as at the time of diagnosis. The stress of infertility was reflected in tension, depressive symptoms, worry, and interpersonal alienation. Although the stress brought on by an initial diagnosis decreased after the first year, there is some evidence to suggest that the stress increased after the third year of treatment. The stress of infertility increased marital conflict for couples and decreased sexual self-esteem and satisfaction.

**Infertility as Crisis & Loss.** In an semi-structured interview study of 12 couples experiencing infertility, Valentine (1986) found that the couples experienced strong emotional reactions to infertility such as sadness, depression, confusion, desperation, hurt, and humiliation. Behavioral reactions to infertility included disorganization, distraction, exhaustion, moodiness, and obsessive thoughts and behaviours. These strong emotional and behavioral reactions were explained by Valentine in terms of crisis theory, as a crisis reaction. Valentine also suggested understanding infertility as a multiple loss and multiple stressor. The losses reported by her participants were: loss of potential children; loss of genetic continuity; loss of pregnancy, child bearing and breast feeding experiences; loss of a life goal; and loss of the control over one’s body. The sources of stress for infertile couples that Valentine found were from: medical procedures; medical staff insensitivities; unhelpful and insensitive comments from family and friends; society’s negative perception and stigmatization of childlessness; a strained sexual relationship; and adoption workers who expected couples to demonstrate that they had emotionally resolved their feelings about their infertility prior to being approved for adoption. Thus, infertility had a
significant impact upon these participants who were reacting and responding to a crisis, a multiple loss and multiple stressors in their lives.

Based on years of clinical experience in working with infertile people, both Menning’s (1980) and Mahlstedt’s (1985) experiences concurred with the research of Valentine’s (1986) that at some point in the fertility investigation an infertile person experiences a state of crisis. Both stated that common emotional reactions to infertility include surprise or shock, denial, anger, isolation, guilt and grief. Mahlstedt (1985) states that the infertile couple may experience loss of a love object, loss of power and control over their lives, loss of someone of great value, loss of positive and hopeful developments in their lives, and loss of a dream or fantasy. The most common problem for infertile couples from Menning’s experience was a failure or inability to grieve. Menning stated four possible reasons for this: the loss may not be recognized, the loss may be seen as "socially unspeakable", the loss may be uncertain, and there may be an absence of a social support system.

This research (Mahlstedt, 1985; Menning, 1980; Valentine, 1986) indicates that couples experience infertility as a significant loss in their lives. This loss evokes strong emotional reactions due to their grief and lack of control over their situation. At some point couples may experience infertility as a crisis, as well as a significant stressor in their lives.

**Infertility and Coping.** Individual responses to infertility may vary according to an individual’s ability to cope. Koropatnick, Daniluk and Pattison (1993) in a cross-sectional, multifactorial study investigated the adjustment to infertility of 43
infertile women and 28 men who attended an infertility treatment clinic. Koropatnick et al. found that high self-esteem, internal locus of control, higher socio-economic status and moderate age were all factors that relate to an individual's abilities to cope more effectively with infertility. Although the entire sample exhibited moderately high levels of distress in comparison to the normative groups; high levels of anxiety and distress were correlated with low self-esteem, undifferentiated sex role identity and advanced age. Koropatnick et al. also found that participants' perceptions of the outcome of their infertility appeared to contribute a great deal to their response to infertility. Individuals who perceived their infertility as permanent rather than uncertain or temporary, reported fewer interpersonal distress symptoms. The receipt of a definitive diagnosis was reported as being predictive of better overall adjustment. Koropatnick et al. stated that,

> Individuals and couples who perceive their infertility as final may incorporate this reality into their identity, an essential step in the process of successful adaptation to such a transition (p.169).

Both men and women embarking upon IVF and DI treatments experienced high levels of anxiety while attending an infertility clinic, in a standardized interview and questionnaire study of 59 women and 34 men, by Cook, Parsons, Mason and Golombok (1989). Cook et al. also found when these same men and women were divided into high and low distress groups and compared with respect to their use of different coping strategies, that those who were anxious and/or depressed were more likely to engage in avoidance coping strategies.
This research (Cook, 1989; Koropatnick et al., 1993) suggests that an individual’s ability to cope depends upon their level of self-esteem, locus of control, socio-economic status, age and whether they perceived the infertility to be permanent or temporary. Those who experience more anxiety and depression are more likely to utilize avoidance coping strategies.

**Gender Differences in Response to Infertility**

The second area of research in infertility that needs to be understood for this paper includes investigations of the differences in response to the experience of infertility based on gender.

Draye et al., (1988) investigated the coping strategies of infertile men and women. In their questionnaire study of 39 women and 27 men who attended an infertility clinic, they found that these men and women experienced infertility differently in that the women had significantly more problems in the areas of self-esteem, personal life, health care systems and occupation in comparison to the men. Although both the men and the women used a similar number of problem-oriented and social support coping strategies, women employed significantly more avoidance-withdrawal coping strategies than did men. However, it is important to note that this study has some methodological flaws. The researchers did not make the source of the infertility (whether male-factor, female-factor, combined factor or unknown) a variable in their analysis. Thus, it is difficult to ascertain the reason for the differences in response between the men and women in this research.

Abbey et al. (1991), in a survey of 275 couples (of which 185 were infertile),
reported that infertile wives, as compared to their husbands, perceived their infertility problem as being significantly more stressful than their husbands. The women in the study felt that they had experienced more disruption and stress in their personal, social and sex lives than presumably fertile women. They also felt more responsible for their infertility and in more control of the solutions for their infertility. Infertile wives also perceived having children as more important than did their husbands. These differences were not found among the 90 presumed fertile couples surveyed.

However, it is important to keep in mind the kinds of infertility represented in this study. Of the 185 infertile couples, only 10% were male factor, while 46% were female factor, 30% were combined factor and 14% were unexplained infertility. Thus, this representation is skewed and does not accurately represent male factor infertile men. Thus, the conclusion that women find infertility more stressful than men may not be a valid conclusion as in the sample female factor infertility was over represented and male factor infertility was under represented.

Bernstein et al., (1985) found that the results of the 21-item, self-report assessment questionnaire of 70 participants (39 women and 31 men) from an infertility clinic indicated that 21% experienced mild distress, and 3% moderate distress. Mean scores for the men were within normal ranges, while means for women were more distressed in the area of interpersonal relations, depression, and hostility. Women also scored significantly higher than their male counterparts on impairment of self-esteem. Bernstein et al. did not distinguish within their results the response’s of men who were infertile and men who’s spouses were infertile.
The intensity of the initial disappointment of infertility was significantly greater for women than for men as reported by Brand (1989), in a thirteen item semi-structured interview of 59 infertile couples. This suggested that the experience of infertility more greatly affected women than men. It may be that the effect of infertility on men was experienced differently or expressed differently. Men’s marital roles may not allow for the same degree of emotional expression. There was also the problem that although the semi-structured interview was constructed to measure acceptance of infertility, Brand gave no indication as to how this was measured. Important to note, this research too was skewed disproportionately. Of the 59 participating couples, only 5 involved male factor infertility. With only 8.5% of Brand’s sample representing male factor infertility, it is difficult to make comparisons between men’s and women’s acceptance of or reaction to infertility.

If research comparing men and women in their the response to infertility is to be valid, researchers need to compare male factor infertile men with female factor infertile women. They could also compare men who’s partners are infertile with woman who’s partners are infertile. In this way researchers may determine if the experience of an infertile man is the same as that of a man who’s partner is infertile.

Brand (1989) also reported that women not only discussed their infertility problem more frequently than men, but the women in this study also found it easier to talk about the subject with people other than their spouse. Mahlstedt (1985) concurred with Brand on this point and also stated that women may confuse a man’s silence as a lack of concern when in reality it is not the case.
As stated previously Daniluk (1988), in a longitudinal repeated-measures study of 43 infertile couples during the medical investigation for their infertility, found that the infertility investigation was most stressful at the time of the initial medical interview. Daniluk also found that the distress associated with infertility was greater for the individual identified as having an organic fertility problem. This suggests that for couples with male factor infertility, the man may well experience greater distress.

A more recent study Ulbrich, Tremaglio Coyle and Llabre (1990) investigated the adjustment to involuntary childlessness for 103 couples in treatment for infertility. Through mailed questionnaires Ulbrich et al. (1990) found that there was a significant difference in men’s and women’s experiences of stress associated with the couple’s infertility. They found that the wives experienced more stress than their husbands; however, it must be noted that although the source of the infertility was known, it was not factored into the analysis of the data. They also found that men who were the source of a couple’s infertility reported less satisfaction with the expression of affection and sex in their marriages than that of other men in the study. Men also associated acceptance of a childless lifestyle with greater marital adjustment and men adjusted better to an involuntary childless marriage if their partners were employed or had high earnings.

An interesting aspect of this study was the skewed participation in responding to the questionnaires with respect to the source of the infertility. The participants were obtained through Resolve, a support organization for infertile couples and through infertility specialists. Of the 103 responding couples there were more than 6 times as
many female-factor infertile couples represented than male-factor infertile couples. This representation was discrepant to commonly reported incidence of approximately 35% of infertility problems being male factor in origin and 35% female factor in origin (Grantmyre & Hanson, 1992). This skewed representation may suggest two possibilities. Infertile men may be less likely to fill out and respond to mailed questionnaires or possibly infertile men are less likely to attend an infertility support group. In either case infertile men were underrepresented in this study.

From these studies that compared men and women in their response to infertility, the research appears to suggest that infertility affects women more than men. These women had significantly more problems in the areas of self-esteem, personal life, dealing with the health care system and their occupations in comparison to the men. Women employed significantly more avoidance-withdrawal coping strategies than did men. Women perceived their infertility problem as being significantly more stressful than men and reported greater disappointment at the initial diagnosis of infertility and greater distress in the area of interpersonal relations and depression.

However, it must be noted that most of the research had one of two problems that must be taken into consideration in interpreting the results: most researchers did not make the source of the infertility (whether male-factor, female-factor, combined factor or unknown) a variable in their analysis and the number of infertile men were greatly underrepresented in a number of studies. This underrepresentation may have skewed the results of the research. With the source of the infertility not taken into
account or male factor infertility under represented, it is difficult to ascertain the validity of their findings.

It could be that women are over represented in the research because they tend to be more open in discussing their infertility than men (Brand, 1989). However, although women may share more openly than men, it should not be concluded that their greater voice is an indication of greater distress or pain.

**Men’s Response to Male Factor Infertility**

There are generally two kinds of diagnosis for male infertility - oligospermia and azoospermia. Oligospermia is understood to be a deficient amount of spermatozoa in the seminal fluid. This resultant subfertility can be significant enough to be the grounds for a couple’s inability to have children. Azoospermia is the absence or near complete absence of spermatozoa in the seminal fluid (Thomas, 1989).

Berger (1980), in an interview study of 16 male factor infertile couples found that it was common (63%) for infertile men to experience a period of impotence lasting 1 to 3 months after diagnosis (Berger, 1980). Berger also found that 87% of the women interviewed had experienced rage toward their husband and when these women were asked to share their dreams around the time of diagnosis, three different themes emerged from their dreams - concern for their husband, a wish to be rid of him, and guilt over this wish. Husbands whose wives were symptom free did not experience impotence. Therefore, Berger (1980) suggested that impotence following a diagnosis of male factor infertility may be an interactional problem involving both husband and wife. If this inference is correct, it may imply that not only does the
diagnosis of infertility bring about a sense of emotional crisis and distress, but that the interactive relationship between partners may also elicit emotional distress.

One interesting longitudinal study (Snarey et al., 1987) with a sample of 343 men studied over 40 years found that 52 men (15.2%) in the study experienced infertility in their first marriages and that the way they dealt with their infertility had lasting personal implications. The researchers found that all of the 52 infertile men chose activities to substitute for parenting. Sixty three percent substituted nonhuman objects to lavish their attention on (e.g. their houses), 25% took part in the activities of other people's children and 12% substituted themselves (e.g. body building). These men were rated by the researchers as to their generativity (as defined by Erikson). They reported that of the three substitutes, 75% of those who substituted other people's children, 25% of those who substituted nonhuman objects, and none of those who substituted themselves, achieved generativity. Hence, how these men dealt with infertility had developmental implications in later life. Snarey et al. (1987) also found that the attribution of the infertility problem to only one spouse had a greater negative impact upon the couples' marriages than when both spouses had a medical problem.

In a thorough review of the literature the following studies were identified as research specifically investigating the experience of male factor infertility. Feuer (1983), in his study, used three self-report evaluation scales as well as personal interviews to investigate, The Psychological Impact of Infertility on the Lives of Men. In order to provide baseline data on this phenomenon, Feuer (1983) investigated the dependant variables of "depression", "quality of marital relationship", self-esteem"
"masculinity", "locus of control" and "social isolation" through the following three self-evaluative scales: the Spanier Dyadic Adjustment Scale, The Rosenberg Self-Esteem Scale and the Beck Depression Inventory. Each variable was tested under two separate conditions: (1) at the time of diagnosis, and (2) still trying/no longer trying to conceive. Feuer does report the period of time between the two testing intervals. Of the six hypotheses "depression" was supported under both conditions; the participants were significantly more depressed than norm groups. Four hypotheses ("quality of marital relationship", "locus of control", "self-esteem", "social isolation") were supported under one condition each. Information was not available as to the specific nature of the four hypotheses, nor under which of the 2 conditions each hypothesis were supported.

Information regarding the purpose of the study, the way in which it was carried out (methodology), the sample size, and the resulting relationships between the variables investigated was also not available. Therefore it is difficult to establish the degree of validity for Feuer's findings and or the relevant implications. That being the case, Feuer did find that participants who were diagnosed as oligospermic consistently showed the greatest impact in response to the infertility. Feuer stated that this may be due to uncertainty associated with the diagnosis - a result confirmed by other researchers (Koropatnick et al. 1993). According to Feuer participants diagnosed as azoospermic indicated that infertility had significantly less of an impact on their lives then those diagnosed as oligospermic. He stated that this effect may be due to the finality of the diagnosis in contrast with that of oligospermia.
In MacNab's (1986) questionnaire and interview study of 30 men in infertile marriages, MacNab drew the following six conclusions based on his research:

(1) The issues men have in dealing with infertility have been denied and suppressed by our society, by clinicians, by wives and families, and by the men themselves. (2) Infertility is a major life stress. (3) Two key variables influence how men experience infertility: the duration of the infertility struggle and the certainty of the medical diagnosis. (4) Infertility interrupts the life paths of men. (5) Infertility has a paradoxical impact on the adult development of men. (6) Couples adopt gender-specific roles in dealing with infertility (p.774).

MacNab’s finding may be significant to better understand the experience of infertility for men; however, basic information about this study was unavailable. It was uncertain whether the men in this study were the source of the infertility for each couple. The origin of the infertility, whether male factor, female factor or combined factor, was not reported. The specific methodology, questionnaire, and type of analysis were also not made available. Therefore it is difficult to establish the degree of validity for MacNab’s findings.

Finally, in a recent study by Kedem et al. (1990), 107 men who suspected they may be infertile were compared with 30 men who had no such suspicion. Questionnaires (shortened version of the Attribution Style Questionnaire, the Rosenberg Self-esteem Test, and the Hopkins Symptom Checklist) revealed that the suspected infertile men scored significantly lower self-esteem than their matched control group. The suspected infertile men also scored higher on anxiety and showed
more somatic symptoms than the control group. In addition, Kedem et al. also found that infertile men were less hopeful when their infertility was primary than when it was secondary.

Kedem et al. (1990) also found that men who attributed their infertility problems to more global causes and appraised their infertility as more stressful tended to also report more somatic symptoms of depression, although their scores for depression were not significantly different from their matched control group. Global attribution was measured by the men's response to the following question: "To what extent does your problem of infertility affect other areas in your life?" (p.75). The greater the extent to which a participant felt that infertility affected other areas of his life, the greater the measure of global attribution. Therefore, infertile men who felt that infertility had affected other areas of their lives were also more likely to also experience somatic symptoms of depression. Because this part of their research was correlational in design, causality between these variables could not be determined. Hence, Kedem et al. conceded that it was also possible that the symptoms of depression may have altered the degree of global attribution and perceived subjective stress of the suspected infertile men.

Although, when Kedem et al. (1990) compared men who suspected they were infertile with men who had no such suspicion, no significant differences were found as to feelings of sexual inadequacy, depression, obsessive-compulsion and interpersonal sensitivity. When considering these findings, it is important to note the small control group (N=30) in comparison to the sample of 107 suspected infertile men. The small
control group may be responsible for the lack of statistical power to ascertain relevant differences between the two groups.

From the studies discussed above it would appear that infertile men may experience greater depression, lower self-esteem, higher anxiety, more somatic symptoms and less satisfaction with the expression of affection and sex in their relationships than that of fertile men. It would appear that there may be a greater psychological impact for men with oligospermia than for men with azoospermia, possibly due to the uncertainty associated with this diagnosis. Infertile men may also be less hopeful when their infertility is primary than in the case of secondary infertility. This may be due to the fact having at least one child gives hope that others are possible. It could also be that secondary infertile men have already achieved parenthood and thus the losses incurred with infertility are fewer.

It is apparent from the literature that there is little research on the male experience of infertility, especially when the origin of the infertility is exclusively male factor. Yet given the documented gender differences in response to the experience of infertility, it would appear to be inappropriate to extrapolate to men, the findings of studies of the response to infertility based primarily on female samples. Little is known about how men make sense of their experience of infertility or how they meaningfully construct and integrate their experience into their self and life structures. As such, in this study the focus of investigation will be upon the meaning that men attribute to their experience of male factor infertility.
CHAPTER 3
Methodology

Design

The study was conducted in an attempt to begin to understand how men meaningfully construct their experience of infertility. Thus, this study’s methodology needed to reflect the nature of the inquiry.

The underlying research question was: What is the experience of infertility as lived by infertile men? The goal was to bring a greater understanding to the nature of this experience for men, and also to develop propositions for further investigation.

The topic of this investigation is quite sensitive in nature, and thus it was vitally important that the methodology used be responsive to the feelings, needs and experiences of the participants. In the past a large number of researchers studying the experience of infertility investigated the phenomenon using quantitative methods (Abbey et al., 1991; Andrews & Arbor, 1991; Bartoov et al., 1990; Brand, 1982; Berg & Wilson, 1990, 1991; Bresnick & Taymor, 1979; Callan, 1987; Cook et al., 1989; Daniluk, 1988; Daniluk et al., 1987; Draye et al., 1988; Feuer, 1983; Hirsch & Hirsch, 1989; Koropatnick, et al., 1993; Link & Darling, 1986; McEwan et al., 1987; Snarey et al., 1987; Ulbrich, et al., 1990; Wright, et al., 1989). In this study it was assumed that men who have endured the very invasive, impersonal, and possibly demeaning medical procedures associated with the investigation into their infertility, might be opposed to any further personal investigation which they perceived as invasive and
impersonal. Quantitative testing procedures were believed to potentially replicate the impersonal and invasive nature of their medical experience. Menning (1980) quotes a woman's experience with infertility to help understand this aspect of the infertile person's experience:

There is no inner recess of me left unexplored, unprobed, unmolested. It occurs to me when I have sex that what used to be beautiful and very private is now degraded and terribly public. I bring my charts to the doctor like a child bringing home a report card. Tell me, did I do well? did I ovulate? Did I have sex at all the right times as you instructed me? (p. 315)

Thus, it was considered important in approaching this area of investigation to use a one-to-one, empathically personal approach rather than employing standardized testing procedures that could be perceived as invasive and unempathic. A qualitative interview method of inquiry was considered more suited to examining the personal construction of meaning for infertile men.

The nature of the infertility experience is a very complex one, which touches on many aspects of a person's life. To grasp the most comprehensive picture of the meaning of infertility for infertile men a holistic approach was needed. To access the meaning of the infertility experience, it was necessary to allow each participant to construct their own reality about their experience. Colaizzi (1978) states that the phenomenological approach is non intrusive, in that it does not intrude upon or coerce the phenomenon, but rather, lets the phenomenon speak for itself. The phenomenological approach neither denies experience or distorts it through
transforming it into some sort of operational definition (Colaizzi). It is a method that
"...remains with human experience as it is experienced, one which tries to sustain
contact with experience as it is given" (pg.53). Therefore to access more accurately
how men meaningfully construct their experience of infertility, a phenomenological
approach was chosen for this study.

The phenomenological paradigm is useful for research which aims at revealing
the lived experience of a phenomenon as well as for understanding experiences about
which little is known or for which many misconceptions may exist (Giorgi, 1985).
The meaning attached to the experience of a phenomenon is disclosed through an
individual's subjective experience, thoughts and feelings. Such an approach was
believed to be well suited for investigating the experience and meaning of infertility
for involuntarily infertile men.

**Bracketing**

This topic area became of interest to me for a number of reasons. First, I came
to realize the impact of infertility when I experienced it personally. I learned that I
was infertile and could not have biological children. As a result, I became interested
in researching the literature as to the nature of this experience.

Secondly, I came to realize that a great majority of the literature on infertility
addressed the female aspects of the experience and that most of this same literature
suggested that the experience of infertility did not impact men the way that it did
women. This did not fit my own personal experience.

Thirdly, the research that I read described the reactions that men and women
had to being diagnosed as infertile and how this had impacted their lives. However, I could not find research on how men created meaning and made sense of their experience of infertility. Therefore, I undertook to investigate men with male factor infertility to understand how these men made sense out of their infertile experience.

My assumptions were that the experience of infertility changes a man’s most basic sense of identity. I thought that I would find that infertile men go through a confusing period characterized by a deep sense of loss, out of which they must construct some new meaning of their sexual identity, and make some sense of why this has happened to them. I also assumed that these men would describe a process of transition to an infertile identity. Finally, I suspected that the impact of infertility upon these men would be comparable to that reported in the literature on women, but would be experienced, dealt with, and displayed somewhat differently. Although men’s and women’s experience with infertility would be similar in intensity, the way men deal or cope with the issue and the meaning it has for them personally would be somewhat different than for women. I suspected that the men I interviewed would relate a great sense of isolation, as they would more likely attempt to try and deal with infertility alone; not having the kind of social supports that women have.

Participants

Participants selected for inclusion in a phenomenological study must have experienced the phenomenon of interest and be adequately articulate to illuminate the nature of the phenomenon (Colaizzi, 1978; Giorgi, 1985; Osborne, 1990). The participants for this study were men who had been diagnosed as having male factor
infertility, who had not had biological children in the past. This study was focused upon primary infertility rather than secondary infertility. It was believed that secondary infertility was uniquely different from primary infertility and that the experience might be different for secondary infertile couples. Thus, for this study only primary infertile participants were chosen.

Participants were required to be at least one year past their initial diagnosis. This was to ensure that they had had sufficient experience with the phenomenon in question to be able to reflect on their attempts to integrate and make sense of their experience of infertility. As well, it was required that all participants felt that their fertility and/or having biological children was important to them; that the experience of infertility mattered to them. Although there is a small population of couples who choose childlessness (Veeres, 1980), it is important that they were not represented in this research, as it was believed that their experience and meaning of infertility would be qualitatively different.

Men from couples where both partners had been identified as having an infertility problem were excluded from participating in this study. Research has indicated that the experience of infertility may differ if it has been a shared etiology or diagnosis (Daniluk, 1988; Mahlstedt, 1985; Ulbrich et al., 1990). The focus of this study was upon men’s experience of male factor infertility.

Participants were also required to report that they had a sense or feeling that they "had come to some sort of positive resolution of their experience of infertility", prior to their inclusion in the study. This was vital to ensure that they had indeed
undergone a process of meaning construction around their infertility.

Phenomenological studies are not designed with the intention of statistical
generalizability, but rather require as many participants as it may take to illuminate the
phenomenon (Colaizzi, 1978; Osborne, 1990). For this reason, six individuals
participated in this study. This number was considered sufficient to expose the
diversity and commonality in the men's experiences, while also ensuring the themes
which were derived from the protocols did not occur by chance.

**Procedure**

Participants were recruited through contacts with professional organizations
which specialized in infertility. Advertisements (see Appendix A) were sent out to the
newsletters of The Vancouver Infertility Peer Support Group and the Adoptive Parents
Association. These notices were also placed on bulletin boards at the University of
British Columbia. Urologists and infertility specialists were asked to inform
participants who met the inclusion criteria of the study (see Appendix B).

After some time had passed and an insufficient number of participants
responded to the recruitment notices, a friend of the researcher's in Regina, who knew
of this research, contacted the researcher to say that he had talked to three infertile
men in Regina who were all interested in participating in the research. All three men
met the research criteria and were included in the study.

Each man interested in the study was requested to contact the investigator by
phone. At that time, the potential participants received additional information about
the study (ie., background information about the investigator, the Counselling
Psychology Program, the goals of research) and had the opportunity to ask any questions they had about participating. It was stressed that the interviews were not meant to take the place of counselling or therapy.

During the phone conversation the investigator asked potential participants questions to ascertain if each fit the research criteria (See Appendix C), and evaluated the potential participant’s comfort with and ability to articulate their experience of male factor infertility. The first six participants who met the selection criteria outlined previously, were accepted as participants in this study. Mutually agreed upon times and locations were arranged with each man for the first in-depth, tape recorded interview.

The interviews took place in comfortable and private settings which were suitable for both the investigator and the participants (the participant’s place of residence, and/or a counselling room available to the investigator). The initial goal at the onset of the first interview was to establish a trusting rapport (Colaizzi, 1978). The parameters of the participant’s involvement were reviewed at the outset of the interview and each man was asked to read and sign two copies of an ethical consent form (see Appendix D). An opportunity was given to each participant to ask any questions he had regarding the study, prior to the start of the interview.

The first interviews were minimally structured in order not to impose meaning or structure to each co-researcher’s preconceived ideas and feelings about the phenomenon (Giorgi, 1985; Van Manen, 1990). To begin the interview an orienting statement was presented to help focus the participant upon the phenomenon in a
general way (See appendix E). A further list of questions was available to assist in the deeper exploration of the specific topics and issues, if they were first raised by the participants (See Appendix F).

Active empathic listening (Colaizzi, 1978; Gordon, cited in Osborne, 1990), which is essential for this kind of research, was used by the investigator throughout the interviews. Questions were open ended to avoid directing or leading the participant (Osborne, 1990). Probes also were used to elicit greater explanation or clarification. Silence was used to allow each participant to express fully all of his thoughts (Van Manen, 1990). The researcher tracked topics which needed further elaboration. Process notes were also used by the researcher to assist in capturing as much of each participants’ experience as possible.

Each interview was tape-recorded and lasted for approximately two to three hours, till the participant felt that he had had sufficient opportunity to tell his story fully. Participants were asked if they would like to suggest a pseudonym for their stories to ensure confidentiality of their experience in any oral or written accounts of the material. Only one participant asked for a particular first name. All participants were encouraged to phone the investigator after the interviews should new thoughts arise pertaining to the study, although none did. Participants who had additional descriptions of an elaborate nature were requested to write out this additional material to reduce the need for more interview time and more transcriptions (Osborne, 1990). None of the participants did so.

Following each interview the recorded tapes were transcribed. The transcripts
were analyzed for thematic content, where upon a copy of the common themes, their personal profile and their interview was mailed or hand delivered to them. Each participant was instructed to read through their profile for accuracy of content. As well, each was asked to read common themes that were extrapolated from the data. The researcher then phoned the participants to conduct validation interviews to validate the accuracy of their individual profiles and their thoughts and feelings regarding the common themes. One man could not be located to complete his validation interview. These interviews took place with each participant to ensure that the themes derived from each of their protocols were an accurate reflection of their experiences. Participants were given the opportunity to recommend any changes, additions or deletions to the thematic descriptions, to be certain that their experiences were fully and accurately depicted by the researcher.

A few small changes were made to the individual profiles and themes by the participants in the validation interviews. These changes were made to enhance the accuracy of what was written. For example, one participant pointed out where this researcher had stated that all of the couples used birth control. This was not the case for that particular couple, so the appropriate changes were made. Other changes were made to the accuracy of the individual profiles that were written about each of the men. Upon reading the common themes, the men were satisfied that the themes incorporated the main elements of their experience with infertility.

Data Analysis

A thematic analysis procedure devised by Colaizzi (1978) was used. The
following procedural steps were undertaken. All of the participant’s descriptions, or what Colaizzi (1978) calls protocols, were read from beginning to end to get an overall feel for the material. Then each protocol was read individually extracting significant phrases or sentences that directly related to the phenomenon under investigation. The investigator then engaged in "creative insight" to formulate meanings from the significant phrases. This process required that "...the researcher go beyond what [was] given in the original data and at the same time, stay within it" (p.59). The data had to be allowed to "speak for itself". It was important that conceptual theories not be allowed to mould the data to fit with any particular theory. This procedure was repeated for each protocol.

The process of extrapolating themes from the protocols involved reading through all of the protocols a number of times. The researcher also read through them while listening to the taped recordings of the interviews; to ensure accuracy and to get a clearer understanding of the transcript through the tone of voice used by the participants in their interviews. This greatly aided the researcher in catching the nuances of communication that were not reflected in the original typed transcripts. Initially, in extracting possible themes from the protocols for this research, many themes or variations of themes were found. The researcher evaluated how the themes were connected to each other. For example, anger was a part of the experience of all of the men; however, as a theme it was connected to 'grief and loss', 'powerlessness and loss of control' and 'betrayal'. Anger was elicited within the context of all three of these themes and thus is connected to these three themes. All of the themes were
evaluated in regard to how they interconnected with each other.

To extrapolate the eight major themes from the protocols involved a cyclical process of the following: (1) reviewing the protocols; (2) distancing from the protocols and reflecting on all of the themes and the way they were connected to each other; (3) formulating a possible hierarchy for the themes - finding those themes that are subordinate to more central themes; (4) engaging in dialectic with other people as to the prospective hierarchy of themes and receiving feedback as to other possible themes or theme hierarchies; and then (5) going back to the data within the protocols and repeating the processing cycle. Eventually, certain themes emerged as stronger or more central to the experience of infertility.

Of the original 35 possible themes, some were not common to all, while others seemed to be a part of or incorporated into more central themes. As an example, most of the men experienced depression which was experienced in a number of different contexts. Although it could be a theme, the depression appeared to always be in the context of 'loss and grief' , 'sense of powerlessness and loss of control' or 'inadequacy' - three more central themes. Hence, depression was then discussed as a part of those themes. Although, this "exhausting of themes" may not be completely possible, results can serve in the identification of relevant research variables and in directing clinical practice.

Once a list of formulated meanings had been drawn from the protocols, the investigator organized them into "clusters of themes" (Colaizzi, 1978 p.59). These clusters of themes were then referred back to the original protocols in order to validate
them. Colaizzi (1978) stated that this is accomplished by asking whether there is any material in the original protocols that is not accounted for in some way in the cluster of themes. When there was material unaccounted for or when there were themes which were not substantiated or found within the original material then the preceding procedural steps were redone and re-examined. This was to ensure that the identified themes were based solely upon the data. The results of this analysis were "...integrated into an exhaustive description of the investigated topic" (Colaizzi, 1978, p.61) that was formulated in such a way as to identify the fundamental structure of the phenomenon of men’s attempts to make sense of male factor infertility and to integrate this experience into their lives.

**Limitations of the Study**

The focus of this study was limited to an exploration of the experience of infertility for men within the confines of a two to three hour interview with each participant and a follow up validation interview. A more complete investigation could be accomplished through additional interviews over a longer period of time; however, limitations of time and resources did not make this practical or possible.

This research focused specifically upon male factor infertility and made no attempt to examine men’s experience of female factor infertility or combined factor infertility. This study also did not include investigating women’s experience of partner’s who are infertile, although many of the partners of the participants in this study expressed directly to the researcher or their husbands reported that they would have liked to participate. This study was limited to the experience of infertility solely
from the perspective of the men who were themselves infertile. In-depth interviews were the primary source of data collection.

This research is based upon self-report and therefore relies upon what the participants remembered and on their level of insight and self-awareness. Factual accuracy of the self-reports is not of fundamental importance to the phenomenological researcher, since meaning making arises out of the salience of the experience from the perspective of the participant (Van Manen, 1990). What the participant chooses to present in content and affect comprised the meaning of the experience to him.

Although factual accuracy within the stories of these men is not crucial; their fidelity to their own experience is. In the case where one individual may distort the true nature of his experience, whether knowingly or unknowingly, this distortion is apt to fall by the wayside when searching for themes that are common to all. Such individual distortions do not become major themes because of the unlikelihood of the same distortion being common to all of the participants’ stories.

The study, intent upon understanding how infertile men meaningfully construct their experience of infertility, necessarily required that some of the participant’s accounts would be retrospective in nature. Most people desire consistency between their current life and what they remember of past experiences. Thus retrospective accounts may be subject to distortion, whether intentional or unintentional. However, the focus of this research was upon the individual meaning-making process in experiencing this phenomenon; a process that is not contingent upon accurate recall.

The men’s reports in the study may also have been influenced by their desire to
be socially desirable or viewed in a positive way. Factors such as denial, self-deception, shame, humiliation and guilt may have influenced the participant's self-reports. In phenomenological methodology it is recognized that the content of each man's story and how he processes his experiences are embedded in the context of the situation and thus are shaped by cultural influences (Colaizzi, 1978; Van Manen, 1990).

Other limitations of this research are common to phenomenological researchers in general which pertain to the lack of generalizability of the results to other populations or settings (Borg & Gall, 1989; Giorgi, 1985; Osborne, 1990). With only six participants, the results of this study cannot be generalized to all men who have experienced male factor infertility. Generalizability is not acquired through one study, but rather, through the on-going process of other infertile men telling their stories and researches checking, disputing, refining and challenging the themes to more accurately depict the nature of the phenomenon (Colaizzi, 1978). The results of this study can however, be compared to theory and can also influence the direction or focus of future research.

It was also important to realize that the process of exhausting of the possible themes can in reality never be totally accomplished, just as no human being can be exhaustively investigated (Colaizzi, 1978). Therefore, the phenomenological investigator was continually faced with the acknowledgement that his study can never be "complete or final" (p. 70).
CHAPTER 4

Results

In this chapter descriptions of the six men who participated in the study are presented. Following their biographical descriptions, the eight common themes extracted from the men’s protocols are presented. Each presented theme includes a discussion of the nature and meaning of the theme itself, and how the theme was lived out in the lives of these men. Specific quotes from the various participants are provided to help illustrate and support each theme. The results of this chapter may not be generalizable to larger populations until further research can substantiate them and continue the process of refining our understanding of the nature of the experience of infertility for men.

The following profiles represent descriptions of the 6 men who participated in the research, although all names have been changed to ensure confidentiality and respect privacy.

Profiles of the Six Co-researchers

Garret. Garret, at 32 years of age, works in the construction business. At the time of the interview, Garret had known about his infertility for 4 years. He had been married to his wife, Heather, a training consultant for a major corporation, for 10 years and both always wanted to have children. They had started 6 years ago to try to have children. After a year of trying, they approached their doctor to investigate the matter. They continued to try and conceive through the use of a basal thermometer and charting. A year later, their doctor began an exploratory investigation on Heather.
Later, Garret had a series of sperm tests done and the results indicated a low sperm count. However, the doctor was uncertain regarding Garret's condition as he had been sick within 3 months of each test, which the doctor stated could be the cause of the low counts. Eventually, Heather was referred to a gynaecologist, who was able to only find 2 small ovarian cysts. No other problems were found in the testing on Heather.

Garret was then referred to a urologist who thought he had found a varicocele; however, after being tested, none were found. Soon after, Garret and Heather entered into an in vitro fertilization program at a local hospital. The doctors were able to retrieve 10 or 11 eggs, however, in attempting fertilization, only one egg was fertilized. The implant was unsuccessful. It was then that the IVF doctor told them they were probably not good candidates for IVF and so they did not proceed with any more IVF treatments. Garret found out from the doctor that the probable cause for the infertility was his very low sperm count and possibly a missing enzyme. The doctor stated that he could investigate the exact cause of the infertility, but Garret and Heather decided not to proceed. Garret and Heather also tried artificial insemination unsuccessfully and have now began the process of adoption.

Jeff. Jeff is a 34 year old accountant of a Jewish heritage and faith. When interviewed, he and his wife, Rachel had been married for 6 years. They had always planned to have children and began to try to conceive after 2 years of marriage. After 7 months of attempting to conceive, Rachel asked Jeff if he would mind being checked out for any fertility problems. Jeff went for a sperm test, simultaneous to Rachel
being tested for fertility impairments. He then found out that he had a low sperm count; however, "not so low that it should be a problem", according to the doctors. Jeff then went through minor surgery and the doctors found that the sperm were not maturing enough, and would die before conception. After recognizing the problem, Jeff and Rachel decided to have children through artificial insemination by a donor. Approximately 3 months after the diagnosis of infertility, Jeff and Rachel went for artificial insemination. After only one cycle of insemination, Rachel became pregnant and delivered a baby girl. After two years, they decided to try artificial insemination by a donor again in order to have a second child. Again Rachel was pregnant after the first attempt. On each occasion, just following the insemination, Jeff and Rachel had sexual relations. Jeff still wonders if the two girls that were the result of D.I. (Donor Insemination) may really be his own biological offspring.

At the time of the interview, most of their friends were unaware of their present situation, and they were wondering about how to tell their children of their conception or if they should not tell them at all.

**Sean.** At the time of the interview, Sean was a 28 year old Elementary School teacher, who had been married for 5 years to his wife, Melody, a 26 year old English instructor. Both Sean and his wife are practicing Catholics. Sean had known of his infertility for 5 years. As a child, Sean had a condition in which his testicles had not descended. At 12 years of age, Sean received drug therapy to try and help the testicles descend; however, it was successful for only one testicle. Sean then underwent corrective surgery in order to lower the second testicle.
Before Sean and Melody were married, Melody had a medical check up and told her doctor of Sean’s situation. He advised that Sean get a sperm test to ensure that his fertility was not in jeopardy. So, just six weeks before getting married, Sean went for a sperm test, only to find out that he had a very low sperm count; approximately 2 percent of what would be considered normal.

Despite this news, Sean and Melody married with the conviction that somehow, they would have children. Both Sean and Melody had come from large families and both wanted a large family of their own. The only medical intervention available to them was donor insemination, which they did not attempt. Five years later, a few months previous to the interview, Sean and Melody adopted a baby boy and are considering another adoption attempt.

Bob. Bob, at the time of the interview, was a 35 year old seminary student, working towards a Masters of Divinity degree. He had been married to his wife Cathy, a data processing clerk, for 15 years and had known about his infertility for 13 years.

A year after Bob and Cathy were married, they decided that it was time to start a family. They both had always desired to have a family of their own and assumed that they could do so. After 6 months of trying to conceive, Cathy went to her doctor. Because it was easier to test male fertility than female, Bob went for a sperm test. He was calm and felt sure that there was no chance that he could be infertile. Two tests confirmed a diagnosis of azoospermia; no sperm in the seminal fluid. The reason or exact cause of the infertility was never pursued. Bob never had a biopsy done to find
out the exact cause, because he didn’t want to find out the reason. For Bob, at that time, to find out the exact reason would then "make it final".

Six months after the diagnosis, Bob had an affair. He felt strongly that it was in some way tied to his experience of infertility. The affair lasted 3 months. Although Bob could have pursued a medical investigation into why he might be infertile, he chose not to do so and donor insemination did not appeal to him. Seven years later, Bob finally accepted his infertility and he and his wife started the process of adoption. They now have three children through adoption, 2 girls and a boy.

**Dave.** When interviewed, Dave was a 34 year old business analyst and had been married to his wife Lori, an accountant, for 14 years. He had known about his infertility for 8 years. In 1985, Dave and Lori decided that it was time to have the family they had always wanted. After a year of unsuccessfully trying to conceive, they consulted with their physician about the situation. Dave went for some testing and was shocked to find out that he was infertile. He had 5% to 10% the number of sperm that would be considered normal. His doctor then referred him to a urologist who performed a biopsy, but nothing corrective could be done.

After a short time, Lori then brought up the option of adoption; but, at the time, Dave wasn’t in favour of it. A few months later Dave found himself speaking to a friend, who was also infertile, about all the reasons why his friend should adopt. It then dawned on Dave that all Dave had been saying to his friend applied just as well to himself. So, Dave and Lori started the process of adoption. Donor insemination was considered but not chosen because both Dave and Lori felt uncomfortable with
this option.

In the first attempt at adoption, the birthmother changed her mind and the adoption fell through. Their second attempt also fell through as the parents of the birthmother convinced her to keep the child. And while waiting for that child, another was offered to them. They declined, as they felt sure that they were going to be adopting already.

Their third attempt also failed. They had the child since birth for 5 days, however the birth mother changed her mind and this third attempt faltered. Finally, on a fourth attempt, Dave and Lori adopted a baby boy. A few years later, they adopted a little girl.

Then, in 1992, Dave and Lori thought that Lori might have been pregnant. This was a great surprise and joy; however, to their dismay it was not to be. In the fall of 1992, they made the decision that Dave would have a vasectomy. This closed the chapter for Dave and Lori on the possibility of having any biological children and on raising any more false hopes.

Les. When interviewed, Les was a 39 year old pastor of a church and had been married to his wife Janet for 17 years. He had known about his infertility for 14 years at the time of the interview.

Les and Janet were married in 1976. They had always planned to have a large family of six or more, as both had come from large families and had valued this experience. They waited a couple of years before trying to have children.

By 1979, Les and Janet suspected that something might be wrong, so they went
to their doctor and Janet underwent a number of tests checking for fertility impairments. As none were found, Les then had a sperm test done. The results indicated no sperm in the seminal fluid. A second test only verified the first. The following year, Les had three operations to try and correct the problem. The biopsy confirmed that he was producing sperm. The doctors sought to determine why the sperm were not getting to where they should be. It was then that the doctors found out that Les had had two hernia operations in the lower groin area as a child. The two operations that followed confirmed that the two doctors who had operated on his two hernias, on separate occasions, had in fact cut the vas deferens tube on both sides. The damage was too severe on one side to even try and reconstruct the tube. Reconstructive surgery on the other vas deferens tube was attempted but did not improve his fertility.

Les was intensely frustrated and angry about the fact that two doctors, three or four years apart, had each made the same mistake. He then attempted to sue the doctors for their errors, only to find out that this type of suite had to be processed within a year of the event happening. However, Less was unaware at the age of ten that he was infertile. So, the malpractice suite was abandoned and the hope for having biological children was crushed.

As Les and Janet did not consider donor insemination to be an option for them, so they decided to build their family through adoption. They began the process of adopting in the spring of 1980 and brought home a four day old baby girl, two years later. They went on to adopt a second baby girl in 1983, when she was 11 days old.
Then in 1985 they adopted two boys who were birth brothers; one at age 5 and the other age 3. Then eight years later in 1993, Les and Janet brought home a 6 year old boy to adopt. He is Les and Janet’s fifth adoption, making for a family of seven. Les and Janet and their children are open and considering the possibility of adopting more children into their family.

**Common Themes**

In studying the six protocols, there were two marked distinctions in two of the interviews when compared to the rest which need to be elaborated on. The first distinction was within the interview with Jeff. It was qualitatively different. This interview had within it a number of inconsistencies, suggesting that perhaps the participant was not yet fully aware of or connected to his experience. He appeared to still be denying the reality of his infertility when he stated that he still had hope that his two children conceived through donor insemination might very well be his own biological children because he had intercourse with his wife after each insemination. His belief that his children might be biologically tied to him suggests an inability to reconcile his own infertility. This possible denial also appeared to shaped how he viewed his experience of infertility and the meaning that he made this experience in his life.

The common themes found in the other protocols can be found within this particular protocol; however, they were more difficult to extrapolate and appeared to require more inferential judgements during the analysis. Thus, in the examples of the themes provided in the following discussion, few statements made by Jeff are cited, as
he did not express the themes as fluently as the other participants.

The second marked difference was within the last protocol with Les. His experience was unique in that his infertility was due to human error. It was as a result of the mistakes of two doctors that Les become infertile. This changed his experience of infertility in some ways. All of the other participants saw themselves to blame to varying degrees, for why they could not provide children for their spouses. The cause for their infertility was perceived as internal to themselves, while Les attributed the blame for his infertility to the two doctors who had erred during surgery. Hence, his own self image or self concept was not altered to the degree that the others experienced. Each of the common themes presented were found within the story of Les' experience of infertility. His unique situation appeared to provoke Les to experience a greater intensity of anger, which was more focused and experienced for a greater length of time. This impacted his experience of loss and grief, in that he uniquely felt robbed and cheated. It also impacted his experience of infertility in that while the other participants experienced a need to positively reconstruct their own identities (a part of the last theme presented), this theme was difficult to extrapolate from his interview. His own self image or self concept was not altered to the degree that the others experienced, perhaps because he perceived the cause of his infertility as external to himself.

After an analysis of all of the protocols, a total of eight themes emerged as common to them all. The themes are presented in an order that approximates how they might be found within any one protocol. They are as follows: grief and loss, a
sense of powerlessness and loss of control, a sense of inadequacy, a sense of betrayal, an experience of isolation, a sense of threat or foreboding, a need to overcome or survive, and a need for positive reconstruction of the situation and of self.

**Grief and Loss.** For each of the participants, an important part of their experience of infertility was a profound sense of loss and grief. Implicit to grief is loss of some kind. There was naturally the loss of fertility, but infertility seemed to incorporate a multifaceted loss, and some of these other losses touched a deeper chord for these men than just the loss of fertility.

The following were mentioned by the participants as different aspects of the loss of fertility that they had to face. The quotes reflect the specific words the participants used to describe their losses. They felt a sense of loss of a biological child they would never have or know. They would "never be able to father [their] own child". Some expressed that "it's a death", the loss of a "dream child", the loss of a future with that child - of what their life would have been like with them. The men also experienced a loss of manhood where they might feel "less than a man" or "less than complete", or a sense that something had died within them. They expressed that they had lost the ability to pass on physical and intellectual characteristics to their children; "I couldn't pass myself on biologically". Other losses mentioned were the following: a loss of being able to be "biologically linked" or connected to any children they might have through other means (adoption, donor insemination), a "loss of control" of an important aspect of their lives, a loss of an identifying symbol of "a couple’s love for each other", a loss of some of the meaning that is a part of
intercourse, a loss of the "blood line" and "of carrying on the family name", and a loss of the hopes and dreams for the future that they as a couple had formed in their desire to have children together.

The reactions to the loss in the lives of these men varied in length and intensity, although all experienced grief or a sense of mourning over the losses they had incurred. They used words like the following that depict aspects of grief: "shock", "disbelief", "denial", "devastated", "emotional pain", "anger", "anger at God", a sense of "injustice", "frustration", feeling "numb", and "depressed". The feelings of grief and loss experienced by these men are reflected in the words of Bob as he talked of the intensity of his grief:

At the same time, I was going through anger and deep gut wrenching grief at times. There would be times when I would just cry, you know, because I felt so desperate to have kids.

Being unable to have a biological child was of major significance within the lives of the men. In reflecting on the intensity of this experience, Sean compared his grief of infertility to that of his adopted Grandfather dying:

It was more grief then I had with..with the loss of my adopted grandfather. It was just..grief - physical, emotional grief, that I had lost - I had lost this gift, this ability - fertility - the idea that I would never see, never have a child, a biological child that would have some of my characteristics.

A little later in the interview, he expressed his feelings around this loss emphasising the pain associated with the grief of infertility:
It has been a painful journey, and pain...and like I say there will be things that will bring back memories of those painful moments, very painful times, long periods of time of pain.

A number of the men stated that they realized that their infertility is not something that will go away, but rather is a part of their experience that will have to be dealt with for many years to come and possibly all of their lives.

Not only was infertility a long lasting loss to live with, but it came as such a shock for most of these men. All of the men had held the assumption that they could have children at any time. There was a sense that they were entitled to have children. Most of their friends were having children at the same time they were trying to conceive. They never imagined that having children would be a difficult task. Most had taken precautions to prevent pregnancy, previous to trying to have children. Thus when they found out about their infertility, they felt "shocked" because this was not supposed to happen to them. They also felt "cheated" because they felt this was something they had a right to experience and feared they would not. Some suggested that this assumption was ingrained in them as boys; that to be a man was to have children. Bob stated it very clearly when he said, "I had felt that to be a man, you had to have children." Dave learned it from his culture growing up. He stated,

I'm sure that if I examine the roots of that (feeling incomplete as a man), it's the culture I grew up in....sex was a big thing and I can remember one of my friends, his girlfriend becoming pregnant and rather that being quite upset about it, he was quite delighted cause to him that proved he was a man.
Thus, when they realized they would never have their own biological children, they experienced significant shock and a profound sense of loss.

Even in the beginning stages of the investigation of infertility, most of the men assumed that if there was a problem, it would be with their wives - not themselves. Bob emphasised that he felt strongly at the time that the infertility problem had to be his wife’s, when he exclaimed,

Obviously it wasn’t my problem, it had to be her’s....Infertility is not a male problem. It’s a female problem. The woman can’t have the baby. Not the man, it’s the woman....The woman is the one who needs to be tested, not the man.

There seemed to be a sense that these men believed that fertility (and thus also infertility) was a woman’s issue, and therefore shouldn’t touch them.

The sense of loss that accompanied their experience of infertility was not something that the participants dealt with easily or in a short time. For these men, this sense of loss and grief seemed to return again and again. Different things would trigger the return of the grief, such as seeing other parents with their children, comments from family or friends, or Father’s Day. These events would often trigger feelings of pain, sorrow, sadness, guilt, anger and depression. With time, these grief feelings would ease. And for most, it seemed that fatherhood through adoption had also lessened the sense of loss and grief.

**A Sense of Powerlessness and Loss of Control.** A sense of loss of control is defined separate from loss in general, since the men appeared to describe this as a
distinct experience. Up until the time of a diagnosis of infertility, all but one of the men assumed that they were not only fertile, but that they needed to be responsible for their fertility and thus placed controls upon it. When the controls (contraceptive devices) were volitionally lifted, they assumed that pregnancy would result. This technological control over preventing pregnancy gave these men a false sense of power and control over achieving pregnancy. When pregnancy did not occur the men became anxious about what the problem might be. Their sense of entitlement or belief in their inherent right to have children exacerbated the experience of feeling out of control and powerless, an experience that resulted in frustration for the participants.

When these men were diagnosed as infertile, they reported experiencing a sense of being out of control; an experience that left them initially somewhat immobilized. Sean articulated well this sense of loss of control,

...when you are fertile, you have control. That is why you have got all the...that is why you have people trying to prevent conception, and you try and put some control in it by putting a rubber on or taking whatever means or methods of family planning. You are trying to be in control of this ability you have. You are trying to master something. So, when you are infertile, you no longer have this gift. You don’t have this control, this reproductive control.

The sense of loss of control that was experienced by the men incorporated far more than just the loss of control over the ability to impregnate their partners. It also incorporated: loss of control in the medical investigation of the infertility and in the time it took to get appointments with specialists; loss of control of all aspects of their
lives during medical interventions as life was generally put on hold (eg: postponing vacations, changing plans all around IVF treatment); loss of control of their sex life as it became a regimented schedule to achieve pregnancy. They also experienced loss of control with their family in terms of how family members might react to, or how they might accept, the decisions that the couple made regarding their infertility and future parenting options. They lacked of control in the donor insemination program of ensuring that the doctor would not make any drastic mistakes that the couple would then have to live with. They also experienced loss of control over their emotions in the grieving process; loss of control over the process of getting children through adoption; and loss of control in determining and assuring their contribution to the attributes and characteristics of children born through D.I. or children they adopted.

The sense of powerlessness or lack of control resulted in some of the men feeling forced to try anything that might help the situation. They felt a desperation that obliged them to try out any advice that would supposedly solve their problem. This included sometimes listening to well-intentioned friends or family members who provided "helpful suggestions". These solutions often implied that the infertile couple could get power and control over fertility if only they really knew what to do or tried a secret trick. Garret related how he felt obligated to try these suggestions in order to appease his friends:

But the other thing too, is that if somebody gives you a piece of advice like that, you almost feel compelled to try it out or compelled to do it because next time when they say, "Well, did you listen? Did you take my advice?" or the
next time somebody else says it, you can say, "Well, we tried that already".

You know... I still have pictures of Heather just about standing on her head with her hips straight up in the air.... This is on the advice of a urologist!? These experiences took the control of fertility out of the men’s hands completely and served to increase their sense of frustration at their own lack of ability to change the situation. Infertility was something that these men felt powerless to change.

However, at some point all of the participants began a process of asserting control in their lives, where they actively began to exert some control (eg. choices regarding the pursuit certain medical treatments or options). These men began to assume control over the areas where they had lost control. This gave them a new sense of empowerment and strength. For example, Garret and his wife began to set limits on the extent of their medical treatment program. He explained,

You take control. You take control back and that’s the biggest thing, right there. It’s like one morning you just wake up and it’s like, to hell with this.

And, you know, we kind of talked in business terms, but, you know, it was basically like cutting your losses. This is it! Cut your losses. Let’s get on with it.

Garret and his wife began to set different ending dates where they would no longer continue the treatment process. Dave and his wife eventually took control through making the decision that Dave would have a vasectomy. They took control through choosing to close the book on even the slightest possibility of having any biological children. Les took control by proceeding with a law suite against the doctors
responsible for his infertility. Thus, each participant found ways to take back some aspect of the control that they had lost, a necessary component in the process of coming to terms with their infertility and getting on with their lives.

A Sense of Inadequacy. A part of each of the participant's experience of his infertility was this deep sense of personal inadequacy which was woven into each man's sense of his masculine identity. Each participant expressed their experience of inadequacy with words like "failure", "useless", "a dud", "less than average", "inadequate", "not a full man", "not a real man", "less of a man", "unmanly", "feel like garbage", "defective", "not a whole person", "a loser", "sexually inadequate", "questioned my manhood", or questioned "was I married only for my fertility". All of these words describe the mens' profound sense of personal inadequacy as a result of their infertility.

Bob experienced infertility as taking away his very sense of masculinity. Like the others, he grew up with the definition that to be a man meant you had to have children; as indicated in the following passage:

A man should be able to have children, should be able to give his wife children. So, because I couldn’t I wasn’t a real man. That’s what I mean, simple, straight forward. That was my view at that point, of what a real man was. And so that’s why I felt an attack on my maleness...I guess that it all comes down to one word - inadequate. It’s not that I wasn’t male. I’m still male. Maybe it has something to do with masculinity, but then does that mean I’m more feminine? No. It just means I’m not masculine. You know, but I’m
still male.

Bob struggled with feelings of inadequacy and within a few months of his diagnosis of infertility, had a 3 month affair. After some thought, Bob discerned that his affair was a reflection of his feelings of inadequacy. He stated that the affair was an attempt "...to build up [his] maleness."

To better express the extent or depth of his feelings of inadequacy to his wife, Sean recalled writing to her about the effect that infertility had had on him in this area:

> With a lump in my throat I wrote that I felt unmanly, inadequate, and powerless when I compared myself to other men who have children. I told her that I often tried to compensate for my feeling of inferiority by looking and acting like a super jock....I also explained that I felt inadequate sometimes when my performance as a sexual partner was not perfect. And, that I imagine my infertility might have something to do with this.

In this quote, Sean disclosed that part of the experience of inadequacy involved comparing himself to other men. This was also the case in a number of the other men’s experiences.

Sean also disclosed that he tried to compensate for his feelings of inadequacy through acting like a super jock. Some of the other men interviewed also tried to compensate through a variety of avenues. Both Bob and Dave attempted to compensate for these feelings through devoting more time and energy into being successful and competent at work. Although all of the participants expressed feelings
of inadequacy, with the passage of time and with working through their issues, these feelings eventually subsided. Dave related how he worked through his feelings of inadequacy through a process of convincing himself of what he still had as a man.

...it may be just a whole journey of convincing myself intellectually, that this is the case....Convincing myself that it isn’t necessary for me to be fertile in order for me to be a complete person. I’m still a husband and a father. I perform just as well at work. I am just as capable in all other areas of my life.

A Sense of Betrayal. The experience of infertility also incorporated a sense of betrayal. In living with infertility, these men felt betrayed by their families, friends and medical professionals. Some of the men reported that extended family did not accept the reality of the impact of their infertility; they felt others sometimes belittled the impact that infertility had on their lives. Sometimes the men felt family members would deepen the wound of infertility, in assuming to know what the men might be experiencing or by trying to give advice. Others reported feeling betrayed and rejected by family members who avoided talking about the issue altogether; interpreting their silence as meaning they did not really care or they felt disgrace about their infertility and thereby reinforcing the men’s sense of shame about their infertility. For the participants, these experiences elicited feelings of frustration, anger, a sense of isolation, and betrayal. Garret illustrated how he felt betrayed by his family in the following way:

...my family [has] always been great for, I guess the one liners, you know - the one line solutions. You know, "take a holiday", "relax", you know, "everything
will work out", you know? Dad kinda pats you on the back, "Let me show you how to do it" and that sort of stuff....that’s the way my family treated this whole thing and I don’t think, even when my parents, I’ve never really had a serious discussion. I don’t think that they’ve, even to this day, grasped completely what we’ve been through...it’s not that they wouldn’t understand, I don’t think they want to understand.

Garret interpreted his family’s reaction to his infertility as a lack of caring or understanding. Although not explicitly, like the other men in the study, he felt that when he turned to his family for support he was denied and rejected, resulting in a sense of betrayal by those he loved and counted on.

Some of the men also felt betrayed by the medical system or specific medical professionals. Garret felt betrayed by the medical system for running them through a treadmill of treatments with no apparent caring or end in sight. Les felt betrayed specifically by the two doctors who made him infertile and who never took responsibility for their mistakes. Both Les and Dave felt betrayed by other professionals (eg. social workers) who they expected to have some understanding, but who they experienced as only betraying their trust though insensitive comments, questions or advice. Most (Garret, Jeff, Sean, Dave and Les) felt betrayed by some family members exerting pressure on them to have children, and for their perceived insensitivity and their lack of understanding. Some felt betrayed by friends for the same reasons. Les had hoped that his friends at church might have tried to be helpful but he felt they ignored the issue:
None of them reached out to us. This is before the days of quote, end quote, support groups. And nobody knew what to do with us. And so it was just ignored. It was basically swept under the carpet at church. Nobody talked about it. Not everybody knew, but the one's who did know - nobody talked about it. Nobody dealt with it. And nobody worked anything through with us.

All of the men had hoped that they could count on others for support, and were left feeling abandoned and betrayed by the people they were counting on the most. This experience of betrayal appeared to increase the men's sense of isolation, in that they felt alone in the struggles to survive with this issue.

Some of the men felt betrayed by God, questioning why God had done this to them. Some of the men felt betrayed by God for the injustice of making them infertile when others who abuse their children were not infertile. Bob reflected this common sentiment when he said:

You still don’t want to see people enjoying their kids. You don’t want to see other people abusing their kids - that’s even worse. God, why did you give them a child when I want one and I could take better care of them than that guy.

Sean also felt betrayed by God and explained,

...we were both angry at God. We were so angry for different reasons, angry at God for screwing up our plan and thinking, "He (God) really blew it."

It was not uncommon for these men to feel betrayed even by their spouse. Some felt their spouse had unjustly blamed them for not giving them children, even
though infertility was never something within their control. One man blamed his wife for his infertility due to the fact that she had considered the idea of adoption years earlier. This was betrayal, because he felt her positive view of adoption had influenced God to make him infertile. Both Bob and Dave felt a sense of betrayal in that this shouldn’t be a man’s problem. They felt betrayed by society for teaching them to believe that children and fertility are a woman’s sole domain.

For most of the men, these feelings of betrayal subsided over time, although for some the sense of betrayal still continued. Twelve years after finding out about his condition, Les still felt a great deal of betrayal and anger at the doctors who were responsible for his infertility. Bob continued to feel betrayed by people who imply that his family (of three adopted children) was somehow not a real family. The sense of betrayal appeared to lessen for most of these men when they became parents, either through adoption or donor insemination. Albeit, each man appeared to exhibit different levels of experiencing betrayal at the time of the interview. For some, their sense of betrayal seemed to be an experience of the past, while others continued to report this experience.

These men all experienced a deep sense of betrayal from a variety of sources: family, friends, spouse, God, medical professionals, social workers, and society in general. Their feelings of betrayal reinforced feelings of isolation, the sense that they were alone and no one truly understood what they were experiencing.

A Sense of Isolation. A very strong theme that ran through all the stories of the participants was a deep sense of isolation. When they heard about their own
infertility, the men felt that they had been diagnosed with something few people ever had to bear. Sean expressed this experience of feeling alone or unique:

   Like we thought nobody was going to have the same problem that we have....There was a time in our relationship we thought nobody had this issue, that we were some special couple that had never - the only couple in the whole world that has had to deal with such a terrible, dramatic thing, as infertility.

   Because the experience was very personal and touched feelings of inadequacy, these men also felt inhibited to share their experience and were reluctant to risk the possibly of not being understood. When they did disclose their secret, if they perceived that the listener ignored the issue or devalued the importance of it, they again felt betrayed. This betrayal of trust would elicit fear of future hurt and thus each man was inclined to distance himself from others as a means of self protection, thereby increasing his sense of isolation.

   These men felt the pain of isolation from their families and friends. Many even felt isolated from accessing professional help, support groups or other resources. Most reported experiencing difficulty finding the help that they needed. And even if such help and support were available, some of the men would not have been willing to risk sharing their secret. Garret, as a case in point, talked about how at one point in time he was not willing to go to a local infertility support group, as he did not want to be seen as a "loser". However, later he sought counselling and reported difficulty in finding any specific counselling resources to help him deal with his infertility.

   The feelings of isolation were not solely the result of the men’s perception or
reactions to the behaviours of others. The isolation was also a part of the men’s attempts to avoid any more pain; they withdrew to escape from the pain they were experiencing. For example, Garret reflected upon how he distanced himself from others and stated,

Yeah. It’s true because, you know, there’s many times when you just go for a walk and I just didn’t want - hell, I didn’t want to take the dog. I just wanted to get away - just to be apart, just not to have to deal with anything. Kind of an escape.

Later Garret admitted, "We isolated ourselves from a lot of people." Thus, for the men in the study the experience of isolation was a two way process; isolation in response to the behaviour of others and self-imposed isolation through withdrawal.

Each of the men also felt for some period of time, a sense of isolation even from their wives. At times each found it difficult to talk to their wives about their experiences. For some this was because they felt they were personally at fault, while for others their wives became a symbolic reminder of the reality of their own infertility. In any case, each participant felt isolated for some period of time from their wife. According to the men this isolation was perpetuated both by them as well as by their spouse. Sean illustrated how the isolation invaded his relationship with his wife:

If Melody was sobbing at night in one side of the bed, I would just turn over and not be...not be any sort of source of ... couldn’t really listen to her - really listen to what she was communicating and the feelings, the emptiness. There
were times there where I felt Melody was going to leave me. And there were
times I felt resigned; resigned to the fact that she was going to get up and go.
There were times where she would threaten me with leaving me or going home
and at times I felt or I judged that Melody was going to go. So, the feelings of
being alone, sometimes feeling hurt, but not expressing it. My reaction to it
was being very silent, withdrawing, not wanting to talk about it.

This deep sense of isolation from their partners was particularly painful for the men as
they tried to come to terms with the reality of their infertility.

However, this emotional isolation did not last forever. After some period of
time (sometimes years), the isolation between husband and wife was overcome. These
couples began to see infertility as a shared experience. Many stated that they became
closer as a couple through their experience. For example, Sean shared how the
experience of infertility eventually made him feel closer to his partner,

...I could never have imagined that an area that had kept us so distant from
each other, infertility, and in such pain, could make us feel so close.

Dave also reported that he felt closer to his spouse in working through this issue with
her,

...the pain that we have gone through, both in dealing with that (infertility) and
with going through adoption, I think has brought us closer together; helped us
to understand how each other works.

The deep sense of isolation ended as many found support through others who
were also dealing with infertility. Dave regretted that he didn’t find someone he could
talk to about his infertility. He reflects,

...if I had known enough to think about it and spend time talking to somebody about it, I would have gotten through that time more quickly. It wouldn’t have taken years to finally put it to rest.

**A Sense of Threat or Foreboding.** Within these men’s stories of their experience of infertility was a sense of foreboding or threat. Upon the diagnosis of infertility, these men not only had to deal with the losses that it brought, but also sensed a threat to their futures. They were unsure as to what kind of impact infertility might have upon the rest of their lives; something that elicited anxiety and fear. At some level, each man recognized that infertility threatened the very essence of all that they had held as secure; their future family, their marriage, and their personal identity. Not knowing for sure what the full impact of infertility might be, they felt helpless against this sense of an impending doom. Questions that were raised by the experience included: How much would infertility destroy their futures? Would it destroy their marriages? Would it permanently wound how they felt about themselves?

For each of these men the fears that followed a diagnosis of infertility varied in type and intensity; however, they all induced anxiety, uncertainty, and apprehension. Their fears included such things as the following: the fear of rejection by spouse, the fear that their spouse would leave or divorce them, the fear that the marriage will end because of the degree of stress and pain that infertility brought on, the fear that their spouse would turn to another man and have an affair, the fear that infertility would somehow be used against them in the future by their spouse or others, the fear that
others might find out (fear of exposure) and the fear of what others might think of them, the fear of facing all of the feelings brought on by infertility, the fear of sharing their true feelings with their spouse and others because of possible rejection or humiliation, the fear that their families might not accept the decisions that they subsequently make, the fear of medical slip ups or mistakes (e.g. in donor insemination), the fear that their children through donor insemination might not bond with them, the fear that donor inseminated children may later reject them, and the fear that their adopted children may one day reject or abandon them.

By far the most prevalent fears surrounded their marriages was that their marriage might be destroyed by infertility. Garret related how he feared that his wife might never get pregnant and how he felt guilty over it. He suggested that she have an affair to solve the problem,

...even after the in vitro, there was still a bit of a, you know, it was almost like a hangover effect and I can’t believe some of the things I said actually that...I mean, I was to the point where I was almost encouraging Heather to have an affair and don’t tell me about it...again you’re riding this guilt thing.

Sean described how he felt about telling his wife-to-be about his recent diagnosis of infertility,

I remember having to tell Melody this; feeling panicked, feeling fearful, feeling worried. Now this is a couple of weeks before marriage; feeling kind of scared because maybe Melody would consider it might be wise to hold back off the marriage.
Later, Sean talked about how he thought that Melody would leave him. He feared revealing his feelings to his wife and feared how she might feel towards him.

…I think Melody was dealing with it (infertility) alone. I was dealing with it detachedly - going through all the, you know, fear, sometimes thinking that this marriage was going to be at an end...(later in the interview)...I did not want to seriously examine my feelings because I did not want to face the feelings of pain, sorrow, disappointment and inadequacy...I did not want to hear Melody’s feelings of pain and anger about my infertility.

Thus, for Sean, his fear made him seek for the safety of distance in his relationship with his wife. This distance further isolated himself from his wife. He felt that the marriage was doomed to destruction and lived with the feeling that he could do nothing to stop it.

These fears about how infertility would affect their relationships with their spouses, families and others were experienced by the men as real and serious threats. For the men in the study, the experience of infertility threatened their basic sense of security in their relationships with their spouses and in their perceptions of what their futures would hold.

A Need to Overcome or Survive. Although infertility brought with it a number of fears or threats for these men to cope with, it is important to note that each also felt a strong need to overcome these perceived threats that they felt had been placed before them. All of the men talked about different ways in which they coped. Implicit to the very essence of coping is the fact that their is a perceived threat and
that the coping is a strategy to survive the threat or ordeal. This coping was necessary for the men in order to eventually overcome the threatening aspects of their experience of infertility. Their use of coping strategies was important to their process of dealing with the impact of infertility in their lives.

Some of the coping strategies used by the men included the following: denial, suppression, intellectualization, escaping, withdrawal, avoidance, self comforting through eating, the use of humour, blaming, finding emotional support, taking back control in their lives, talking with others who were also infertile, sharing their experiences with their spouses, reading books, and coping through focusing solely on potential solutions to the problem. Some coping strategies were more helpful than others. All of these coping strategies were employed in an attempt to cope, to survive, and to eventually overcome the experience of infertility.

All of the participants felt a strong need to respond to the impact of infertility in their lives, and their responses were constructed in the best way each knew how, for the purpose of surviving the impact of infertility in their lives and marriages. It seemed that some of the men took on the role of "the strong one" in their relationship with their partner. They endeavoured to be strong for their spouse, to ensure that their partner and their marriage would survive the experience of infertility. Sean shared how infertility brought a great deal of emotional pain for his wife and how he tried to comfort her, but that the emotions were too much for him at the time.

Melody [would be] in tears, angry, feeling alone. A lot of these things I just couldn’t handle as a man. I couldn’t handle all these things that I was seeing -
all this emotion, all this hurt. I would tell Melody not to even think about it or to "hang in there", "let's give ourselves time"..."we can't give up."

Like many of the other men, Sean tried be strong for his wife endeavouring to survive this experience of infertility. It was his role to try and comfort his wife, even if the feelings that she was expressing made it difficult for him to cope. Sean also shared how he initially tried to cope with infertility in his marriage through avoidance or withdrawal:

…it was really scary, rough. I mean, I would express no emotions to Melody. I would try not to discuss the matter. I would say, "Let's give ourselves time"....And I think in the first while in dealing with infertility, I think Melody was dealing with it alone. I was dealing with it detachedly, and going through all the fear, sometimes thinking that the marriage was going to be at an end, and not willing to communicate, not even having the ability. I think a lot of it was not having the ability or the honesty to know what I was feeling.

Like the other men in the study, Sean was eventually able to share his feelings with his wife, but only after he had stopped trying to cope through avoidance. Sean, then developed another coping strategy which involved risking sharing his feelings about his infertility with his partner as a means of enhancing mutual understanding and support.

Garret also spoke of a need escape from the situation in order to survive personally, but also for his marriage to survive. In speaking about his wife, he stated to her, "You buried yourself in your work." And then shorter after, Garret reflected
upon how he would cope through trying to "escape", as he called it. Like many of the men, Garret withdrew or escaped from his partner and the situation as a way coping; as a way for he and his marriage to endure.

Jeff's way of coping was to avoid looking at the impact of the problem, because he couldn't change the fact he was infertile and to focus on finding a solution. He explained,

...bottom line is that, if it's very important for us, for you to have children, then the answer would be, you will! You will have children if you want children. There are many ways that you can overcome this problem. And rather than sitting and sulking and wondering...take me as an example, and move on from the pain. Brush off the pain and you know, experience the pain, deal with it! Don't dwell on it. And do something to overcome it because it's the only way you are going to have children.

Jeff relied on more action-oriented coping.

Each of the men felt a need to overcome and survive the impact of their infertility. Infertility was threatening enough for these men to recognize that they had to respond; even if the response chosen was to deny the reality or impact of infertility for a time. This too was a way of coping, a way of surviving. Bob explained that denial was part of his way of coping with what he called a "crisis" for a number of years:

This isn't happening to me. I don't need anymore tests. We don't need to worry about this. Something else will come up....My wife and I went through
a crisis period. For me it was basically denial. Denial for 7 years, to be exact....(Later in the interview)...Denial is a pretty powerful way of dealing with things. And as long as you’re denying, you don’t have a problem.

This way of surviving was utilized by most of the men to some extent, although the duration of this kind of coping varied greatly.

All of the men also coped with their situation through gleaning positive meanings from it. This was another way of coping, surviving and overcoming the negative aspects of their experience of infertility.

**A Need For Positive Reconstruction of The Situation and of the Self.**

Apparent within the stories of these infertile men was a desire or momentum towards taking this negative situation and gleaning positive meanings out of it. For each of the men in the study there seemed to be a need to find new and positive meanings (or purposes) to what originally seemed meaningless and painful. Within the protocols, there emerged two main areas of positive reconstruction; one focused on the situation itself, and the other focused on the men’s sense of self or identity.

There were many ways in which each of these men positively constructed their situation. While each man realized that their infertility took something away from them, they each came to realize that infertility also gave different things to them that they valued.

Each of the men needed to, and came to believe that some good had or would come out of the whole experience. In expressing some of the "good" that they felt had come from their experience of infertility, the men used stated that infertility had given
them "more compassion"; "the ability to empathize with others who are experiencing loss"; more caring; "not so judgemental". They also stated that "it's broadened my thinking in a lot of areas" and felt that their experience had made them "more sensitive to other people's needs", problems or issues. Some felt that their pain had made them more aware and sensitive to the pain of other's. In some cases this was tied to a belief in a loving God who does not allow for purposeless pain; thus God had some purpose for this experience in their lives. Although a belief in God may have helped some to find or believe that good would come out of the experience, faith was not a necessary component in the meaning making of all the men.

Some of the men felt that their infertility helped them to reprioritize their life goals and change their values. Garret's goal was to be a millionaire by the time he was thirty. But after his experience of infertility that goal and focus was no longer of interest to him. The experience of infertility changed the goals and value systems of several men. Some mentioned that infertility allowed them to dialogue in a more meaningful way with their family and friends. It also resulted in a number of the men gaining an ability to listen to and talk to others about their concerns and pain, particularly around infertility. Some of the men said that their infertility experience enabled them to better understand themselves, their childhoods and their relationships.

The experience of adoption was also viewed positively by the majority of these men. Les told how adoption had not only been "good" for him but also has brought "good" into the lives of his adopted children.

...a comment that my kids made to me - this is pretty close to a quote, it may
even be a quote - that, "If you could have had kids of your own, you would never have adopted us." And that also helped me to work it through. That again can relate back to the good that has come out of all of this - is that we have taken some kids, some of them wouldn’t have had much of a chance otherwise. Because some of our kids were adopted as older, what do you call them, special needs kids....So, that’s been part of the good that’s come out of it as well.

Five of the six men also referred to their marital relationship as being strengthened through the whole experience. When the men moved past feeling personally isolated from their wives, they began to risk sharing their inner feelings and experiences. As they shared their fears and their pain, this sharing tended to bring the couples closer together. Sean explained this common experience when he said:

Until I took this risk in dialogue (communicating with his wife) I could never have imagined that an area that had kept us so distant from each other - infertility - and in such pain, could make us feel so close...(later in the interview)...Infertility has tested us. It has taken us to the edge of despair and has brought us to new understandings and depths; new tightness together as a couple.

New closeness in their relationships was seen by the men as a very positive outcome of the whole infertility experience. Some of the men even suggested that because their relationship had endured infertility, it gave them hope and strength that their relationships could face and endure any other problems that might come in the future.
Not only did the men feel a need to positively reconstruct and make sense out of their infertility, but they also had a need to positively reconstruct their sense of self. With the loss of fertility, these men felt that they had lost part of themselves. Many went through a process whereby they reevaluated and redefined their worth as individuals. Dave explained his process of self reevaluation:

I was convincing myself that it isn’t necessary for me to be fertile in order for me to be a complete person. I’m still a husband and a father. I perform just as well at work. I’m just as capable in all other areas of my life.

Most of the men felt a need to redefine their sense of masculinity. This need of positively reconstructing their sense of self appeared to be closely tied to their feelings of inadequacy as men. Bob shared how he felt that his "...maleness had been attacked..." and felt that if he had had a better self image and sense of what it meant to be a man that the impact of infertility would have been less. He stated, If I’d had a good self-image, a good image of myself, a good hold on what it meant to be masculine, what it meant to be male, I think it (infertility) would have affected me a lot less; a lot less. Because maleness doesn’t come from having kids. It doesn’t come from having the ability to give a woman a baby.

It’s something else.

Like the other men in the study, Bob had to rework his personal definition of masculinity. He sensed a need to positively reconstruct this aspect of his identity. He recognized that a significant portion of his definition of masculinity consisted of the ability to impregnate. Thus, his loss of fertility compelled him to build a new
definition and understanding of masculinity and a new self definition.

Although these men may have reconstructed more positive self images and can see positive aspects of this difficult life experience, they in no way implied that they now think of their infertility only as a positive experience. A number of the men stated that they had come to the realization that infertility would be with them for the rest of their lives. Although they may have come to terms with their losses and even identified some gains, they recognized that in some sense they may never be able to close the book on the impact infertility has had on their lives. Bob expressed it well when he said,

I think that the biggest thing that we’ve had to work through as a couple and me as a person, is just learning to live with it. Because it changes everything. Being infertile changes everything.
CHAPTER 5

Discussion And Conclusion

The purpose of this study was to explore and document the nature of childless men’s subjective experience of male factor infertility. The research was conducted using a phenomenological paradigm (Colaizzi, 1978) to inform the researcher of these men’s attempts to make meaning out of their experience of infertility. The primary research question being asked was: What is the experience of infertility as lived by infertile men? The researcher sought to illuminate the meaning of the experience of infertility for men through an analysis of six participants’ narratives.

This chapter includes a synopsis of the essential structure of the experience of male factor infertility, as well as a comparison of the findings with the research literature. The chapter concludes with a focus upon the implications for future research, practical implications for counselling, and a brief conclusion.

The Essential Structure of the Experience of Male Factor Infertility for Men

The following synthesized description of these six mens’ experience of infertility has within it a process or journey through which these men travelled. These results may not be generalizable to larger populations until further research can substantiate or refine the themes presented in this study. Although the themes described may sometimes appear to be discrete, discontinuous or possibly sequential, it is important to recognize that the phenomenological perspective attempts to represent an integrated or holistic understanding of the experience (Colaizzi, 1978; Giorgi, 1985). The themes were not experienced as isolated parts of their experience, but
rather, were intertwined throughout the stories of these men's experience of infertility.

Prior to finding out about their diagnosis of infertility, all of the men in this study desired a family. They assumed that they would be able to have children and felt that they were entitled to this right and tradition. Many felt pressure from society, friends, family and sometimes even their partners to have children. It was never a question of "if" for these men but rather a question of "when".

Each of the participants assumed that they were not only fertile, but that they needed to be responsible for their fertility and thus placed controls upon it. When the controls (contraceptive devices) were volitionally lifted, they assumed that pregnancy would result. This technological control over preventing pregnancy gave these men a false sense of power and control over achieving pregnancy.

At some point, each couple decided that it was time to start a family. As time went by, most of these men did not consider that there might be a problem. Instead, they comforted their spouses through reassuring them that these things take time and not to worry about it. Eventually, usually after a year or so of trying to conceive, each couple went to their doctor to investigate the situation. The men of this study experienced anxiety seeing the doctor, not knowing what he or she would say or do. The family doctor either sent them to a specialist or else began some kind of exploratory testing of both the men and their partners.

Each man was asked to supply a semen sample for testing their sperm count and mobility. The men in this study had mixed feelings about doing such a test and felt humiliated and awkward in handing in their sample to a lab technician. Often there
was a sense of shame handing in such a sample due to the stigma of masturbation and the men's recognition that all the clinical staff were fully aware of how such samples were retrieved. Usually 2 or 3 samples were required and sometimes more if results were inconclusive or if the effectiveness of a treatment was being evaluated.

All of the men in the study assumed that if there was an infertility problem, it would most likely be their wives. Thus, when they received the news that they were infertile, their was a great sense of shock and disbelief. Some of the men stated that they went into denial over the reality of their diagnosis. The length and intensity of the denial varied greatly for these men. But at some point, they eventually experienced the full impact of their loss.

These men experienced a profound sense of grief and loss over the biological child they would never have or know. They compared it to that of a very close friend's death. They felt devastated, angry, frustrated, a sense of injustice, as well as, feeling "numb", and depressed. Infertility was a difficult loss to grieve for these men due to the fact that it was an unseen loss, not recognized by others. Their experience of loss and grief seemed to return again and again. Different events or situations would trigger the return of the grief, such as seeing other parents with their children, comments from family or friends, and Father's Day. These events would trigger feelings of pain, sorrow, sadness, guilt, anger and depression.

When the men of this study were diagnosed as infertile they also experienced a sense of powerlessness and being out of control; an experience that left them initially somewhat immobilized. The sense of powerlessness resulted in some of the men
feeling intense desperation to try anything that might help the situation. They felt obliged to try out any advice that would supposedly solve the problem. These solutions offered by well-meaning friends and family often implied that the couple really could get power and control over their fertility if only they knew what to do or if they tried the right trick.

While the participants had to deal with their loss and grief, and feeling powerless to change their situations, they also examined themselves as men. They realized that a part of their own definition of what it meant to be a man involved the ability of having children. They did not meet this requirement and experienced a personal sense of inadequacy and shame. These men felt like they had let their wives down in not fulfilling their marital duty.

The men of the study experienced a crisis that called their masculine identities into question. Who they had thought they were had changed or no longer existed. They could no longer have their own children. They could not give the children their spouses so desperately wanted; a symbol of their own male maturity and virility. Thus, they felt they were no longer adequate as marriage partners because they could not fulfil their essential part in providing children; an expectation they and their partners had for marriage. Many of the men in the study tried to compensate for their feelings of inadequacy. One reported acting like a "super jock", while others compensated by devoting more time and energy into becoming successful and competent at work. One man had an affair 3 months after his diagnosis of infertility and realized that this, too, was a way of trying to validate his masculinity.
Their deep sense of inadequacy and the personal nature of their experience inhibited these men from talking to others about their experience. They were reluctant to risk the possibly of not being understood. They felt that to be open might bring shame or humiliation. When they did disclose their secret, if they perceived that the listener ignored the issue or devalued the importance of it, these men felt betrayed. This betrayal of trust elicited fear of future betrayal and thus they were more inclined to distance themselves from others as a means of self protection. This defensive strategy only worked to increase their profound sense of isolation.

Their sense of betrayal and isolation seemed to work in conjunction with each other. The greater the experiences of betrayal, the deeper the sense of isolation. The more isolated these men felt from the people they thought they could count on, the greater the sense of betrayal.

The men of this study felt betrayed by their families and friends for their insensitivity and belittlement of the impact of infertility upon their lives. They felt betrayed and rejected by family or friends who avoided talking about the issue altogether; interpreting their silence as meaning they did not really care or they felt disgrace about their infertility and thereby reinforced the men's sense of shame about their infertility. They felt betrayed by God; questioning why God had done this to them, when others who abuse children are not infertile. These men felt betrayed even by their spouse for not being understood or for being blamed for not being able to produce children.

Their sense of betrayal elicited a sense of isolation in their relationships with
their spouses. At times the men of this study found it difficult to talk to their wives about their experiences with infertility. They felt personally at fault and their wives became a symbolic reminders of the reality of their own infertility. These men would also isolate themselves from their wives’ experiences of pain surrounding infertility because this would elicit pain for them as well as feelings of powerlessness in not being able to do anything to change the situation.

As these men looked to the future, they experienced anxiety and fear as to what the full impact of infertility might bring upon them; it was a sense of foreboding or threat to their futures. At some level, each man recognized that infertility threatened the very essence of all that they had held as secure - their future family, their marriage, and their personal identity. Not knowing for sure what the full impact of infertility might be, these men felt helpless against their sense of impending doom. They feared being exposed, shamed, humiliated, devalued, and rejected; but the most prevalent and intense fear was a fear that their marriage would not survive the stress, strain and pain of infertility.

All of the men of the study felt a strong need to respond to the impact of infertility in their lives. They endeavoured to cope through a variety of means in order to survive their ordeal. Some of the men took on the role of the strong one in their relationship with their partner. They endeavoured to be strong for their spouse, to attempt to ensure that their partner and their marriage would survive the experience of infertility.

As time pasted, these men eventually began a process of recovery. At some
point, they realized they really did not lose all control in their lives as previously thought. The men of this study realized that they did have a measure of control in their lives and began to assert their control over areas in their lives where they could assert control. They could not change the reality of their infertility, but they did have the power to decide the extent of the medical investigation, what options to proceed with and the power to choose adoption, donor insemination, or to remain childless. This new awareness of the choices that they did have revitalized their sense of power and control in their lives.

These men's process of recovery also included taking risks to share their experience with their partners and with other people. This started the process of breaking down the walls of isolation they had experienced so significantly earlier. They started to see they were not alone in their experience with infertility, but that it was a shared experience of betrayal, pain, loss, and grief with their spouses. Many of the men in the study stated that their marriage relationships become emotionally closer and more meaningful. They also risked sharing their experience with others; usually on a one-to-one basis and some were able to find other men who had had similar experiences.

A major part of the process of recovery for these men was a desire towards taking this negative situation and pulling positive meanings out of it. These men found new and positive meanings (or purposes) for an experience that originally seemed meaningless and painful. They felt that their experience of infertility had given them more compassion, empathy, and sensitivity to other people's needs,
problems and issues. They felt that they had grown to be more open and less judgemental. They felt that their experience of infertility had helped to reprioritize their life goals and values, and that it had deepened their communication and connectedness with family and friends. Most of all, the majority of the men in this study felt that it had been the catalyst for building a stronger and closer relationship with their spouses.

Not only did the men of this study feel a need to positively reconstruct and make sense out of their infertility, but they also had a need to positively reconstruct their sense of self. With the loss of fertility, these men felt that they had lost part of themselves. Many went through a process whereby they reevaluated and redefined their worth as individuals. Most of the men felt a need to redefine their sense of masculinity. As they did so, they recognized that they were still men and could feel more positive and secure about their sense of masculinity.

Five out of six of the men eventually adopted, while one went through donor insemination to achieve parenthood. With time and the experience of fathering, the intensity of the experiences of infertility diminished. It must be pointed out, however, that all the men felt that their infertility is an issue they will have to deal with for the rest of their lives.

**Comparison to the Literature**

In this study the researcher investigated the experience of male factor infertility for men. The empirical research on the psychological aspects of infertility is fraught with methodological problems. In particular, some researchers have neglected to
incorporate the etiology of infertility as a significant variable in their research investigating the experience of infertility for men or in comparative studies of men's and women's response to infertility (Bernstein et al., 1985; Draye et al., 1988; MacNab, 1986). Other research is problematic due to the skewed under-representation of male factor infertile participants within these studies (Abbey et al., 1991; Brand, 1989; Ulbrich et al., 1990). Therefore generalizations and conclusions as to the nature of the experience of male factor infertility for men has been difficult to ascertain from this research.

In the present study, a qualitative methodology was employed to investigate the phenomenon of male infertility. Most results of the previous studies reviewed in this paper are based on quantitative analysis of specific variables. However, a comparison of the findings of this study to existing research will be attempted.

The literature as a whole appears to agree that infertility is an important event in people's lives that produces significant distress, although, there appears to be an assumption that this phenomenon does not meaningfully impact men to the same degree or intensity as it does women (Abbey et al., 1991; Bernstein et al., 1985; Brand, 1989; Draye et al., 1988; Ulbrich et al., 1990). The findings in this study findings are contrary to this perception, and indicate that men who experience male factor infertility perceive it as a significant loss in response to which they feel grief, depression, powerlessness, inadequacy, betrayal, isolation, fear, and a sense of threat. The experience of infertility for the participant's of this study was both meaningfully significant and intense.
These findings concur with Daniluk (1988) who found that the distress associated with infertility was greater for the individual identified as having an organic fertility problem. This suggests that for couples with male factor infertility, the man may indeed experience greater distress. In this study, it can not be inferred that infertile men experience more distress than their partners as it was not a comparative study and the partners of these men were not interviewed. It can only be stated that the men of this study experienced significant pain in response to their infertility. Past research which has neglected to incorporate the etiology of infertility as a significant variable or which has a skewed under-representation of male factor infertile participants, may have erroneously discounted or minimized the experience of infertility for men.

**Grief and Loss.** The men in this study experienced a profound sense of loss and grief. The reactions to the loss in the lives of these men varied in length and intensity, although all experienced grief or a sense of mourning over the losses they had incurred. They experienced feelings of "shock", "disbelief", "denial", "devastation", "emotional pain", "anger", "anger at God", "injustice", "frustration", "numbness", and "depression". These emotional reactions to infertility are consistent with the reports of many researchers who have investigated the experience of infertility (Berg and Wilson, 1990; 1991; Daniluk, 1988; Feuer, 1983; Mahlstedt, 1985; Menning, 1980; Valentine, 1986; Wright et al., 1989). Based on the results of his study, Valentine (1986) concurs that couples experience strong emotional reactions to infertility such as sadness, depression, confusion, desperation, hurt, and humiliation.
Valentine also suggests that it is important to understand infertility as a multiple loss and multiple stressor.

The men in this study articulated a number of losses that they felt as a result of infertility. The felt a sense of loss of a biological child they would never have or know. Some expressed it as a death, the loss of a "dream child", the loss of a future with that child - of what their life would have been like with them. The men also experienced a loss of manhood where they might feel "less than a man" or "less than complete", or a sense that something had died within them. They expressed that they had lost the ability to pass on physical and intellectual characteristics to their children. Other losses mentioned were the following: a loss of being able to be biologically linked or connected to any children they might have through other means (adoption, donor insemination), a loss of control of an important aspect of their lives, a loss of an identifying symbol of a couple’s love for each other, a loss of some of the meaning that is a part of intercourse, a loss of the "blood line" and of carrying on the family name, and a loss of the hopes and dreams for the future that they as a couple had formed in their desire to have children together. These losses have also been recognized and recorded by Mahlstedt (1985), Menning (1980), and Valentine (1986). They concur that these losses are significant for anyone experiencing infertility.

**A Sense of Powerlessness and Loss of Control.** The participants within this study also experienced a sense of powerlessness and feelings of being out of control. This loss of control extended far beyond the loss of control over the ability to impregnate their partner. They felt powerless throughout the medical investigation,
and powerless to change or fix the situation. They felt a loss of control of their sex
life as it became a regimented schedule to achieve pregnancy, and they experienced a
loss of control in determining and assuring their contribution to the attributes and
characteristics of children born through D.I. or children they adopted.

Although the empirical research has not specifically investigated powerlessness
and loss of control, both Menning (1980) and Mahlstedt (1985) state that the infertile
couple may experience loss of power and control over their lives. Daniluk (1991)
suggests that many infertile men experience considerable distress at being unable to
ease their partner's pain or help 'fix' the problem.

Other research appears to implicitly support this finding specifically in the area
of sexual performance. The findings of research by Andrews et al. (1991) are
supportive in reinforcing the relationship between increased stress due to infertility and
decreased sexual self-esteem and satisfaction with their sexual performance. Valentine
(1986) concurs that infertility places a strain upon the sexual relationship of a couple.
However, although Berger (1980) reports that it is common (63%) for infertile men to
experience a period of impotence lasting 1 to 3 months after diagnosis, this was not
reported in the experience of the men of this study. It could be that impotence was
not experienced by the participants of this study, or it may be that they did experience
a period of impotence, but chose not to speak of it. If this were so, it could be for
two reasons: (1) it was either too personal to share within a tape recorded interview or
(2) it was not as significant as that which was shared. The men of this study
expressed how part of their experience of infertility included a deep sense of
inadequacy. This deep sense of inadequacy may have been the primary experience that the men of this study wanted to communicate, rather than the secondary experience of impotence as a result of an infertility diagnosis.

These studies appear to suggest that infertile men may experience a sense of powerlessness or loss of control due to their experience of infertility. Although empirical research has not specifically investigated the experience of powerlessness or loss of control as a result of infertility, research does not dispute this finding. Anecdotal accounts (Menning, 1980; Mahlstedt, 1985) of the experience of infertility concur with the results of this study.

**A Sense of Inadequacy.** A part of each of the mens’ experience of infertility was a deep sense of personal inadequacy which was woven into each man’s sense of masculine identity. They expressed their experience of inadequacy with words like "failure", "useless", "a dud", "less than average", "inadequate", "not a full man", "not a real man", "less of a man", "unmanly", "defective", "not a whole person", "a loser", "sexually inadequate", "questioned my manhood". All of these words describe the mens’ profound sense of personal inadequacy as a result of their infertility.

These findings are consistent with research which indicates that infertile people often experience a sense that they are damaged goods (Abbey et al., 1991; Leader et al., 1984; Seibel & Taymor, 1982). Self image and self esteem may decrease along with the person’s own sense of femininity or masculinity (Leader et al., 1984; Menning, 1977).

If it can be assumed that feelings of inadequacy may effect sexual performance,
these findings are then consistent with most of the research. Ulbrich et al., (1990) indicate that men who are the source of a couple’s infertility reported less satisfaction with the expression of affection and sex in their marriages than other men in their study from infertile marriages. The findings of Andrews et al., (1991) also suggest that increased stress due to infertility is directly related to decreased sexual self-esteem, and decreased satisfaction with sexual performance.

Despite the congruence of the this study with some of the findings of the research noted above, it must be pointed out that the findings of this study were contrary to a recent study by Kedem et al. (1990). In their comparison of men who suspected they may be infertile with men who had no such suspicion, no significant differences were found as to feelings of sexual inadequacy. It may be inferred by their research that infertility does not elicit feelings of inadequacy for men. Although this present study did not compare infertile men with fertile men, this researcher found that the infertile men of this study experienced a deep sense of inadequacy.

There are three possible conclusions that could be drawn from this discrepancy: (1) the two studies are not measuring or reporting the same aspect of the experience of infertility for men, (2) Kedem et al.’s study accurately depicts that infertile men do not experience a sense of inadequacy and this present study is not representative of most infertile men or (3) that Kedem et al.’s study does not accurately depict the experience of inadequacy for infertile men.

All three are valid possible explanations for the discrepancy of the findings. However, when considering Kedem et al.’s findings, it is important to note their small
control group (N=30). When the control group is this small in comparison to the large sample of 107 suspected infertile men, it may be responsible for the lack of statistical power to distinguish relevant differences between the two groups. Thus, Kedem et al. (1990) did not find that suspected infertile men had significantly greater feelings of sexual inadequacy do to the small control group that the suspected infertile men were being compared with in the study. This would give credence to the third possible reason for the discrepancy between Kedem et al. and this present study; that Kedem et al.’s study does not accurately depict the experience of inadequacy for infertile men.

It is also possible that the two studies are not measuring or reporting the same essence of the experience of infertility for men. Kedem et al. (1990) measured sexual inadequacy in concrete behavioral terms. Four questions were asked to determine an individual’s sexual inadequacy score. They were asked if they had experienced any problems with the following: (1) achieving erection or maintaining it during sexual intercourse, (2) premature ejaculation, (3) difficulty in ejaculating during sexual intercourse, and (4) lack of interest in, or pleasure from, sexual intercourse. Although the infertile men of this present study may have experienced some of these sexual problems, the essence of the theme of inadequacy is much broader in definition or scope than that of Kedem et al.’s definition of inadequacy. The infertile men of this study reported feelings of inadequacy that related to their role as men and husbands. A few of the men did express feelings of sexual inadequacy; however, these feelings were only a part of their overall feelings of inadequacy. Therefore the study by Kedem et al. (1990) and this present study may be tapping into different elements of
the experience of infertility for men.

**A Sense of Betrayal / A Sense of Isolation.** In this study infertile men reported experiencing a deep sense of betrayal as a part of their experience of infertility. Their sense of betrayal appeared to work in conjunction with their experience of isolation. The men felt isolated and betrayed by friends, family, medical professionals, society, their spouse, and God. They used isolation as a means of self-protection to avoid more pain. These findings coincide with anecdotal descriptions (Menning, 1980; Mahlstedt, 1985) of the effects of infertility as well as findings from some of the research (Andrews, et al., 1991; Berg & Wilson, 1990; Brand, 1989; Daniluk, 1991; Feuer, 1983 Valentine, 1986) examining the effects of infertility in general. Berg and Wilson (1990) report that the stress of infertility is reflected in interpersonal alienation. Due to each partner dealing with their own loss, there can be a loss of closeness between partners, as neither may have the inner resources to support the other (Daniluk, 1991; Mahlstedt, 1985; Menning, 1977). The participants of this study also found that there was less closeness in their marriage relationships due to their perceived sense of blame from their spouse for the infertility or their own withdrawing from their spouse, as their spouse became a symbolic reminder of own infertility. Andrews et al., (1991) relates that the increased stress due to infertility is directly related to increased marital conflict. Although the men in this study did not all relate that there was increased marital conflict as a result of infertility, most did allude to some marital conflict as a part of their experience of infertility. Marital conflict may be experienced as a sense of betrayal from their spouse. It can also be experienced as
a sense of isolation from one’s spouse. Both of these experiences (betrayal and isolation) were experienced by most of the men in regard to their marital partners. Therefore, this research generally concurs with Andrews et al. (1991).

Valentine (1986) reported in her study that the sources of stress for infertile couples were from: medical procedures; medical staff insensitivities; unhelpful and insensitive comments from family and friends; society’s negative perception and stigmatization of childlessness; strained sexual relationship; and adoption workers who expect them to demonstrate that they have emotionally resolved their feelings of infertility. These are also factors mentioned by the men in this study. Valentine states that these things were sources of stress. Within this study, these experiences elicited feelings of isolation and betrayal. Some of the men reported that extended family did not accept the reality of the impact of their infertility; they felt others sometimes belittled the impact that infertility had on their lives. Some of the men felt betrayed by professionals (eg. social workers) who they expected to have some understanding, but who they experienced as only betraying their trust though insensitive comments, questions or advice.

**A Sense of Threat / A Need to Overcome and Survive.** In this study infertile men were unsure as to what the full extent of the impact infertility might have on their lives, resulting in a great deal of anxiety and fear. At some level, they recognized that infertility threatened the very essence of all that they had held as secure; their future family, their marriage, and their personal identity. To overcome and survive they employed a variety of coping strategies in order for them to cope
with the issues related to their infertility.

These findings are consistent with many researchers (Abbay, et al., 1991; Andrews & Arbor, 1991; Kendem, et al., 1990; Bresnick & Taymor, 1979; Clapp, 1985; Daniluk, 1991; Daniluk, et al., 1987; Mahlstedt et al., 1987; Menning, 1980; Valentine, 1986) who report emotional reactions of frustration, anger, sadness, guilt, depression, confusion, desperation, hurt, humiliation and isolation in response to the crisis of infertility. Crisis involves a sense of threat and by it’s very nature requires people to cope, survive and overcome that which elicited the crisis. This sense of crisis or threat coincides with the experience of the men in this study who felt that their marriages and their futures were threatened by infertility. The men employed a variety of coping strategies in order to survive this perceived threat.

Cook et al. (1989) report that when infertile couples are divided into high and low distress groups and compared with respect to their use of different coping strategies, those who are anxious and/or depressed are more likely to engage specifically in avoidance coping strategies. Avoidance is reported to be one of the ways in which the men in this study coped with infertility. However, the men in this study used a number of different ways to cope: denial, suppression, intellectualization, escaping, withdrawal, self comforting through eating, using humour, blaming, finding emotional support, taking back control in their lives, talking with others who were also infertile, sharing their feelings and experiences with their spouse, reading books, and coping through focusing solely on potential solutions to the problem.
A Need for Positive Reconstruction of The Situation and The Self. The results of this study indicate that infertile men have a desire to take the negative situation of infertility and glean positive meanings out of it. They need to find new and positive meanings (or purposes) in making sense of and integrating an experience that originally seemed meaningless and painful. There is no support in the existing literature on infertility for this theme. This finding is neither substantiated nor unsubstantiated by the research on infertility to date. This may be due to two factors. The first is that most of the research on the psychological aspects of infertility has been quantitative and specific in nature and therefore would not find such a outcome. This research is exploratory in nature and therefore does not seek to verify a specific set of hypotheses. Rather, the phenomenological research paradigm seeks to let the data speak for itself (Colaizzi, 1978; Giorgi, 1985; Osborne, 1990). The second factor is that a number of the research studies (Abbey et al., 1991; Bernstein et al., 1985; Brand, 1989; Draye et al., 1988; Ulbrich et al., 1990) on the psychological aspects of infertility have implied that infertility does not impact men to the same degree as women; therefore, researchers have not focused upon the meaning infertile men attribute to their experience of infertility.

It could be that the process of positive reconstruction is one way of coping with infertility. To reframe one’s understanding and perspective to an event may change how one feels about the event. An ascribed positive meaning and purpose to a negative event may elicit positive feelings about such an event and stop endless ‘why’ questions. Ascribing positive meanings may also give a sense of meaning and purpose
to negative events in one’s life. If a negative event has a positive purpose or meaning, then a person may be better able to accept the reality of the negative event.

**Conclusions.** The empirical research on the psychological aspects of infertility is fraught with methodological problems. Researchers have neglected to incorporate the etiology of infertility as a variable in their research and many studies have a skewed under-representation of male factor infertile participants. Therefore generalizations and conclusions from this research as to the nature of the experience of male factor infertility for men are difficult.

Although there is an assumption that infertility does not meaningfully impact men to the same degree or intensity as women (Abbey et al., 1991; Bernstein et al., 1985; Brand, 1989; Draye et al., 1988; Ulbrich et al., 1990), this study’s findings are contrary to this perception. The experience of infertility for the participant’s within this study was both meaningfully significant and intense.

The specific themes of grief and loss, powerlessness, inadequacy, betrayal, and isolation all appear to be generally supported by the research on the experience of infertility in general. These findings specifically contribute to our understanding of the experience of male factor infertility for men.

**Implications for Future Research**

The focus of this research has been upon the experience of male factor infertility for men. There is a lack of research which incorporates the etiology of a couple’s infertility as a significant factor in analysis. Thus, more research is needed where this factor is taken into account. With the etiology of a couple’s infertility
factored into the analysis, a clearer understanding may emerge of the experience of infertility for both men and women. Future research needs to investigate the nature of the female partner's experience of male factor infertility, as well as, the male partner’s experience of female factor infertility. Future research is also needed in understanding the essence of the experience of unexplained infertility for both men and women.

Since all of the men of this study were white, middle class, and in their mid to late 30's, research into the experience of infertility from different cultures, socio-economic levels, and age groups might provide additional information concerning mens' experience of infertility. For example, the men in this study report that they experienced a deep sense of inadequacy and felt betrayed by society for teaching them that fertility is woman’s domain and issue. An investigation of men’s experience of infertility from other cultures and religious orientations where attitudes regarding fertility may be different from our culture, would offer a comparison to the findings of this study. As well, a comparison of the experience of infertility for men in their 50s or 60s would also provide a comparison to the findings of this study.

The men in this study used a variety of coping styles in dealing with their experience of infertility. Some of the men reported that they were in denial for a number of years before they came to the point of accepting the reality of their diagnosis. Others appeared to not utilize denial to the same extent. A study investigating the nature of different coping strategies for infertile men would help to inform how men may be able to cope with infertility better and how professionals could be helpful to men in coming to terms and accepting their infertility.
According to the results of this study, the marital relationship for some infertile men may come close to dissolving. Research investigating men or women's experience of infertility where the relationship survived with relationships that did not survive would give valuable information for practitioners who are working with infertile couples; to discover more constructive ways of resolving problems for infertile couples whose relationship might be in distress as a result of the impact of infertility.

Finally, due to the lack of phenomenological research on the experience of infertility for men and the small size of the sample of this study, there are limitations as to the generalizability of these findings. Replication of this study with a larger sample size may contribute to a greater and more continually refined understanding of the meaning of this phenomenon.

**Implications for Counselling**

Of the six men who took part in this study, one went to formal counselling, and three went to their pastor or priest for counselling regarding their infertility. All of the men risked telling others about their problem, however, most did not feel heard or understood and thus felt betrayed. Some of the men felt betrayed by professionals who invalidated their feelings and experiences. The men felt that these professionals should have known better, and should have been more understanding and more sensitive to the pain that they were experiencing. Thus, it is vital to explore what implications this research may have upon counselling.

In trying to understanding the nature of the experience of infertility and its implications for counselling, an important question to address is the following: how is
male infertility unique as an experience of loss? Or what is specific to the experience of infertility for men as opposed to other losses?

There appears to be three significant aspects to the experience of infertility for men that are unique. First, infertility for these men in general was an unseen, unrecognized loss. Their infertility was not recognized as a loss by society in general. The multiple losses associated with infertility were not seen and were not concrete in nature. Thus, counselling could be beneficial in helping a person understand the full nature of their losses and may help in the process of grieving the losses of infertility.

Secondly, infertility is unique as a loss for men in that there appeared to be a lack of lay support for the men in this study. A number of the men stated that the research interviews provided the first opportunity to talk about their entire experience of infertility with another person other than their spouse. After the interviews were complete, a number of the men commented that they had found the experience of being able to talk about their experience of infertility with an objective and caring person to be validating and gave them a new perspective to their experience. Thus, counsellors need to recognize that men may not have the social support for dealing with infertility and that when men do tell their story of infertility to a counsellor, it is quite possible that the counsellor may be the first person with whom they have been able to tell their story.

Thirdly, infertility was unique as a loss for these men in that it touched their very identity. Most losses are external to self, while infertility was experienced as an internal loss. This loss was unique in that it changed these mens' concepts of
themselves. This loss affected their masculine identities. The losses of infertility included a deep sense of personal inadequacy which was woven into each man’s sense of his masculine identity. The men experienced a loss of manhood where they felt "less than a man" or "less than complete", or a sense that something had died within them. As such, counsellors need to recognize that this loss involves a man’s masculine identity, and that part of the process of recovery may involve redefining their identities as men.

The men in this study experienced a deep sense of loss and grief. Due to the fact that the losses of infertility are unseen, not recognized by society, and there may be an absence of social support to deal with this experience (Mahlstedt, 1985; Menning, 1980), counselling focusing on grief work may be crucial. The men came to recognize their losses, but many stated that if they had had someone who could have helped them work through their feelings of loss, then their process of recovery would not have taken so long. The losses of infertility need to be explored, recognized and validated. Anger was a common reaction of these men that may be seen as a part of their grief work. However, due to the invisible nature of infertility and the lack of validation of the losses incurred, such anger may be prolonged and increase the isolation experienced by the infertile men. Therefore, counsellors need to facilitate appropriate expression of men’s anger by validating their feelings of injustice, betrayal, powerlessness and grief.

The men all experienced feelings of being out of control and felt powerless in the process of their infertility investigation, as well as powerless to change the
situation. Thus a counsellor needs to be aware that counselling infertile men may require ensuring that the client feels that he has some control in the counselling process; that it is his process and he has control of the speed and duration of that process. This may help to personally empower the infertile men and enhance his sense of personal efficacy.

The men in this study came to a point where they relinquished control of that which was out their control and they began to assert control over those aspects of their experience where they could assert control. The men described this assertion of control as being a positive and helpful process for feeling more control in their lives. A counsellor may be very helpful by encouraging infertile men to recognized and accept where they do not have control and by encouraging them to recognize aspects of their experience where they do have control. They may not have control over infertility, but they do have control over other life options and decisions (Menning, 1992; Valentine, 1986). Some of these options include: the extent of the medical investigation (Daniluk, 1991), decisions about possible treatments and the extent of those treatments, the choices of donor insemination, adoption, or remaining childless.

Counsellors also need to be aware of infertile men’s issues surrounding their sense of masculinity. Counsellors need to recognize that infertility raises feelings of personal inadequacy that may be difficult for men to express. It may be valuable for counsellors to explore with male clients how society, friends, and their family of origin have defined masculinity and how they themselves define it. The men in this study went through a process of redefining their sense of masculinity. A counsellor could
help engage a client in the process of constructing a sense of masculinity which incorporates the reality of their infertility. A counsellor can point out all the areas of masculinity that infertility has not affected, thus reaffirming the man's sense of masculine identity. Although he may be infertile, he can still experience fathering through other people's children, through adoption or donor insemination. He is still virile and can express his masculinity through sexual intimacy with his partner. He can still be as competent, effective, useful and worthwhile at work. Such an exploration may be helpful in his process of evaluating his sense of masculinity and in his process of coming to terms with or accepting his infertility.

Counsellors need to be aware of infertile men's experiences of betrayal and isolation. The infertile men may need to have his feelings and experience of infertility both validated and normalized. It is important for him to know that he is not alone in his experience and that his feelings are not unique. This process of normalization and validation can help to break down feelings of isolation. As well, the counsellor can work with the client to strategize about different approaches in communicating his feelings about infertility to his family, friends and spouse. These strategies might include talking one to one with the people of concern, writing a letter, or giving literature outlining the struggles and issues of infertility to better inform family or friends. The purpose of any such strategy is to help the client to not feel so isolated by the experience of infertility. Supplying clients with literature on the experience of infertility as well as information on local infertility support groups can help to normalize his experience as well as helping to decrease feelings of alienation and
isolation.

In the process of telling their stories to the researcher, a number of the men reported that it was the first time they had shared their entire story and indicated that their involvement in this project helped to clarify the meaning of their experiences. Through engaging in a review of their life experiences as they relate to infertility, a broader understanding was accomplished which promoted a sense personal growth. Counsellors can perform a similar role in providing a respectful, validating and safe place for men to tell their story of infertility and explore their personal meanings of their experiences. Personal growth, increased personal awareness and change can be facilitated by a counsellor who demonstrates nonjudgemental positive regard, and empathic understanding of the client's experience (Rogers, 1961).

Once rapport has been built with a client, counsellors can facilitate clients in their process of positively reconstructing their situation by allowing clients to glean the positive meanings from their experience of infertility. Caution must be taken by counsellors however, to not invalidate or discount clients' painful experiences by being overly zealous in their search for positive meanings. This process of positive reconstruction was generally expressed by the men in the study in the last part of each interview. Thus, only after the researcher had been informed and understood the full ramifications of the experience of infertility for these men, did they disclose positive meanings from their experience. It may be contraindicated to engage a client in this process too early in the counselling process.

Because infertility is an issue for the couple, marital counselling may be an
appropriate approach. If a couple comes for counselling regarding infertility, it is important for a counsellor to investigate the nature of the infertility and its etiology. Counsellors must not assume that infertility is more of an issue for women than men, even though women may be more verbal and open about their experience of infertility than men (Brand, 1989; Mahlstedt, 1985). Also, it might be important to tell couples that infertility may be experienced differently for each of them. As the men in this study indicated, many felt isolated and alienated from their partners. Thus a focus of marital counselling needs to be upon opening or increasing a couple's communication regarding their feelings and issues around their infertility. If a couple can feel that their infertility is a shared experience, then their personal sense of isolation may diminish.

Marital counselling for infertile couples needs to address the issue of guilt and responsibility. The men in the study felt personally responsible for the fact that their wives could not have children. If wives blame their husbands for their infertility, as some men perceived their partners to do in this study, men's feelings of alienation, isolation and betrayal may increase. Thus, responsibility for infertility needs to be removed from either partner and feelings of anger or injustice validated without blame attributed to one spouse.

Lastly, counsellors engaged in marital counselling for male factor infertile couples may need to evaluate the roles that the members of the couple play in regard to coping with infertility. There seemed to be a tendency for the men in this study to try and be the strong one in their relationships. They saw themselves as trying to help
their wives through the whole experience of infertility. This appeared to inhibit their own expression of feelings regarding infertility and to increase their sense of isolation within their marriages. Thus, a counsellor could investigate how the couples take care of each other; how men can be available to their spouses; and how men can express their feelings and experiences surrounding infertility to their spouses. Greater flexibility in roles may help a couple communicate and cope better with infertility.

Conclusion

Throughout history fertility has been admired and celebrated. The importance of the basic right of people to bear and raise children has been emphasized across most cultures, around the world and throughout history (Mullens, 1990). Of those attempting to become biological parents however, one out of six, approximately 17% of the population, experience problems with infertility (Leader, et al., 1984; Ulbrich et al., 1990). Although approximately 50% to 60% of couples do eventually conceive and deliver, still 40% to 50% remain infertile (Colins et al., 1984). Little is known about the phenomenon of men’s experience of infertility. This study provided an account of the lived experience of male factor infertile men and their personal meanings of their experience of infertility.

The men in the present study described their experience with insight, pain, courage and humour. The results indicate that these men experienced all of the following: a profound sense of loss and grief, a sense of powerlessness and loss of control, a personal sense of inadequacy, a deep sense of betrayal and isolation, a sense of threat or foreboding, a need to overcome and survive, and a need to positively
reconstruct their situation and their sense of self.

Research and counselling implications were discussed with a particular emphasis on the need for validation and normalization of the experiences of infertile men. Counsellors, in facilitating an exploration of the personal meaning of infertility for men can be helpful in the process of assisting men in dealing and coming to terms with their infertility.
References


APPENDICES
APPENDIX A - Advertisement for the study

A Study Exploring The Experience Of

Childless Infertile Men

I am a Graduate student in Counselling Psychology at the University of British Columbia interested in doing supervised research on the experience of male infertility. Many couples today (1 out of 5) are unable to have children. Although the origin of the infertility is divided equally between men and women, research has focused for the most part upon the woman’s experience. In an effort to understand the male experience of infertility and to aid professionals who work in the area of infertility a unique research study is taking place.

You can participate ...

...if you are a man without any previous biological children and have been diagnosed over 2 years ago with a male factor infertility problem.

Participating in this study...

...involves discussing with a male researcher your experience as a childless infertile man and the meaning making process involved in coming to terms with your infertility. The study is completely confidential and would require approximately two hours of your time on each of two separate occasions. The results of the study would be shared with you upon completion. If you or someone you know would like to participate in this study or would like further information regarding this research, please call me at the following number.

Contact: Russell Webb M.A.(Candidate) - XXX-XXXX
or
Judith Daniluk Ph.D. (Supervisor) - XXX-XXXX
APPENDIX B
Letter to Urologists

1234 Nosuch Street
Vancouver, B.C.
V1C 2N3

Dear _____________________,

I am a graduate student in Counselling Psychology at the University of British Columbia. I am presently doing research in the area of male infertility under the supervision of Judith Daniluk Ph.D. I am interested in studying the meaning of infertility for men who are members of a couple experiencing male factor infertility. The purpose of the research is to understand how infertile men make sense or meaning out of their experience of infertility. This will be helpful in understanding the male experience of infertility and will be helpful to both medical and mental health professionals.

The research would entail 2 confidential interviews with the participant. If you feel that you may know anyone who may be appropriate, please give this information to that individual. If he is interested in more information please encourage him to phone me at XXX-XXXX or Judith Daniluk (Research Supervisor) at XXX-XXXX. He is under no obligation to participate by calling.

Thank you for your consideration,

Russell E. Webb
APPENDIX C

A Sample of Screening Interview Questions:

1. What is your age?

2. Have you had an children?

3. Have you been diagnosed as infertile? Is your partner/spouse also infertile?

4. How long have you know that you were infertile? Has it been over 2 years since the initial diagnosis?

5. How significant or important is the ability to have your own biological children to you?

6. Do you feel that you have come to some sort of positive resolution with your experience of infertility? If so, what tells you that this is the case?

7. Have you every had the experience of discussing something this personal with someone other than your partner? If so, how did you feel about the experience? Did you find it relatively easy or difficult to express your thoughts and feelings - to find the words to say what you meant?

8. If you are looking for counselling to help you deal with your infertility, you realize that this research project is not designed to do that? If you are looking for counselling I can refer you if you would like.
APPENDIX D

Consent Form

A Masters Thesis research study on the

Experience and Meaning of Infertility for Childless Men

The investigator, Russ Webb, will meet with you on two separate occasions for up to a total of four hours, for the purpose of hearing and recording your thoughts, feelings and experience of infertility and the process you went through in making sense of this experience.

These initial meetings will be audio-taped and then transcribed. All identifying information will be deleted from the study and your name will be changed in the transcript to ensure absolute confidentiality. Upon completion of the transcription you will be contacted and asked to read the transcript. Upon reflection of what you read, you will be asked if it accurately depicts your perceptions of your experience. All audio tapes of the interviews will be completely erased upon completion of the transcripts. If any aspect of the procedure outlined remains unclear, please feel free to contact me at XXX-XXXX, or call my research supervisor, Dr. Judith Daniluk in the Dept. of Counselling Psychology at UBC at XXX-XXXX. If at anytime you wish to withdraw from the study for any reason, your right to do so will be respected. If the interviews raise personal concerns that you would like counselling for, a counselling referral will be made available to you at your request.

I, ___________________________ , agree to participate in the study described under the conditions outlined and acknowledge receipt of a copy of this consent form.

Pseudonym requested (optional): ___________________________

Date: ___________________________ Signature: ___________________________

Investigator:

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APPENDIX E

Questions to Participants

Orienting Statement:

The inability to have children has been scorned throughout history, while fertility has been admired and celebrated. Our culture tends to label infertility as being a woman’s problem; but, a breakdown of the causes of infertility identifies men as the origin of the problem in 40% of the cases, with women as the origin of infertility in 40% of the cases and the couple sharing the problem in the remaining 20% of the cases (Menning, 1977). However, the majority of research until now has focused on the woman’s experience of infertility and on how infertility has impacted the marital relationship. There is little research on the experience of infertility for men and nothing that investigates how men make sense or meaning out of their experience of infertility.

I am interested in the your experience and meaning of infertility as you lived it and attempt to make sense out of it. The experience of infertility is unique to every individual; however, it may be helpful to think of your experience and describe it to me as if it were a story with a beginning, a middle and an end.

Possible Follow-up Probes:

(To be used only if the topic is brought up by the participant and framed in the following manner: "You mentioned __________, would you tell me more about this?")

1. How did it happen that...?
2. How did you feel about yourself before/at the time of/after you found out about your diagnosis?

3. How do you feel about yourself now?

4. What was the process that you went through in not only understanding your circumstance but in deriving meaning out of your experience?

5. Did infertility change your identity in any way? And if so, how?

6. Did infertility change your outlook on life? And if so, how?

7. How did your diagnosis of infertility affect your partner and your relationship with her? How did she feel about it? How did you feel about your partner’s response to your infertility?

8. How have you/has your relationship with your partner changed since the diagnosis of your infertility?
APPENDIX F

Questions which may be used to guide the interviews:

1. When you were growing up what were your expectations for yourself regarding a family? How differently have things turned out then what you pictured?

2. How did you learn about your infertility and what did you experience when you found out about your diagnosis?

3. How did you come to terms with being infertile?

4. How did the experience of infertility relate to who you saw yourself?

5. What have been the biggest challenge regarding making sense of and/or living with your infertility? Why?