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Abstract

The purpose of this study was to examine infertile couples' subjective experience of permanent childlessness after they elected not to pursue other parenting options. This study involved the secondary analysis of data from a phenomenological study exploring the transition to biological childlessness for infertile couples (Daniluk et al., 1996). In that study, a qualitative phenomenological methodology was used to guide the data collection and analysis. Data were gathered through four unstructured, in-depth interviews over a period of three years with a volunteer sample of nine infertile couples from different regions in Canada. Participants were between the ages of 29 and 48 when the study began. All couples had ended infertility treatment and considered their childlessness to be permanent.

To explore the lived experience of permanent childlessness after failed infertility treatment, the data were analyzed according to Colaizzi’s (1978) method of phenomenological data analysis. Seven common themes emerged, which included the following experiences: (a) a need to protect themselves; (b) a sense of lessening emotional intensity; (c) a sense of regaining control; (d) a need to revision life and identity; (e) a sense of appreciation for the strength of their relationship; (f) a sense of recognition and reconciliation to their fate; (g) a need to make sense of their experience. These findings led to specific recommendations for future research, as well as implications for the counselling profession with respect to working with infertile couples.
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Lastly, I am grateful to the participants who so freely gave of themselves in this research. I regret not having had the opportunity to meet them personally. I hope that I have helped to give voice to their experience, and that this voice may be heard by those who would seek to give comfort and counsel to infertile couples.
Chapter One

Introduction

A number of gaps exist in our knowledge about the experience of infertility and its impact on couples' lives. One gap involves what couples go through when treatment fails and they elect not to pursue other parenting options. Although researchers have studied couples who have become parents as well as couples who never wanted children, few people have examined whether infertile couples go on to lead fulfilling lives as childfree couples after treatment fails, and how they reach that destiny (Matthews & Martin, 1986).

This is a question that may become more pressing with time. Infertility in North America currently affects 1 in 6 couples (e.g., Seibel, 1996). About 40% to 60% of infertile couples eventually become parents through medical means, adoption, or simply trying to conceive over a longer period of time (Sewall, 1998). The rate of conception has not increased drastically in the last few decades despite the advent of increasingly sophisticated reproductive technologies (May, 1995). Only about 25% of couples adopt and this figure is dropping (Carter & Carter, 1989), partly due to fewer numbers of available healthy infants (May). On the other hand, the rate of childlessness in North America seems to be on the rise. Sewall notes that in 1993 the statistic was 16% and some analysts have projected it could reach 20% by the year 2000. These figures don’t distinguish infertile women from those who are childless due to circumstances other than infertility, and it does appear these numbers are increasing (May; Sewall). Also, there is a strong recent trend to delay childbearing until later in life, and age is a factor in increasing fertility difficulties (Levitan, Belous, & Gallo, 1988; Seibel). May says that infertility-
related doctor visits rose from 600,000 in 1968 to 1.6 million in 1984. In the 1990s, new reproductive technologies have led to women in their 40s and older considering motherhood. In response to this changing cohort, some doctors have suggested an increase to an age cut-off of 50 for women seeking to have a baby by ovum donation (Sauer & Paulson, 1992). An older cohort trying to conceive, fewer adoptions, and consistently average success rates of fertility treatments may result in more couples finding themselves on the poorly charted path to childlessness.

Childlessness is not a destiny that typically offers couples a lot of support. Social norms strongly encourage parenthood and tend to denigrate childlessness, involuntary or otherwise (e.g., Ireland, 1993; Lisle, 1996). These norms shape personal identity and our conception of appropriate gender roles (e.g. Ireland; Matthews & Martin Matthews, 1986; Safer, 1996). Such a context appears to present a number of challenges to couples who attempt to live satisfying, childless lives after failed treatment, and to the clinicians who assist them with this challenging process. This process of adapting to permanent involuntary childlessness due to infertility is the focus of this study. To contextualize this process it is useful to discuss gender socialization around parenthood. This socialization appears to have a major impact on how men and women respond to infertility and by implication, how they may experience biological nonparenthood.

Socialization to Have Children

It has been argued that the powerful desire to parent is biological. However, it is certainly at least partly social. In fact, Lisle (1996) suggests that motherhood "...appears to be more a social than a biological construct, since it is desired only under certain conditions and usually disapproved of [during difficult times such as war and
depression)” (p. 101). As well, growing numbers of voluntarily childless couples are testing the assumption that the urge to procreate is on the same level as other biological drives such as sex (May, 1995).

However, Daniluk (1988) and May (1995) suggest that the dominant social assumption is still that normal adults will marry and have children. Parenthood in the 20th century is associated with powerful symbolic benefits that signify the culmination of adult development. It is seen as the primary adult pathway to personal fulfilment, social acceptance, religious membership, sexual identity, and psychological adjustment (Daniluk); marital success (Marsh & Ronner, 1996); emotional fulfilment and happiness (Ramu & Tavuchis, 1986); even the fulfilment of patriotic duty (May). Parenthood operates as the yardstick against which all other adult life options are measured.

The notion of parenthood also operates at the level of an unquestioned, largely unconscious social discourse. Whereas voluntarily childless couples typically consider their decision very carefully, most married couples view having at least one child as an inevitable consequence of marriage, and give the decision little thought (Clark, Henry, & Taylor, 1991; Mahlstedt, 1985; Edelmann, Humphrey, & Owens, 1994). They also see childlessness as undesirable for themselves and others (Greil, 1991). These views are reported even among couples who claim that children are not necessary for a happy marriage, and in spite of studies suggesting that modern childrearing is an economic burden, and that parents with dependent children experience less marital satisfaction and poorer health than childless couples (May, 1995). It seems likely that the social rewards attached to parenthood encourage couples to invest themselves in this role.
Gender role socialization also appears to contribute to the decision to parent, especially for women. Wirtberg (1992) defines gender identity as "the individual’s personal definition of self as a sexual being that is developed in interaction with the social network" (p. 62). She defines a gender role as an individual’s response to social rules and expectations around what constitutes acceptable masculine or feminine behaviour. As discussed, parenthood is a strongly expected gender role of adult men and women. However, socialization around this role appears to affect adult men’s and women’s gender identities very differently. A growing number of women have made explicit in their writings the patriarchal social norm that ties the appropriate expression and fulfillment of female gender identity to motherhood (Anton, 1992; Ireland, 1993; Morell, 1994; Safer, 1996; Sewall, 1998; Wirtberg, 1992). They assert that this idea continues persistently to shape many of our culture’s notions about women and female identity. Examples range from the psychoanalytic theory of women’s psychological development that caricatures non-mothers as emotionally frigid, selfish and deviant, to some branches of contemporary feminism. Such feminist writings suggest either that women alone possess the biological qualities of being relational and nurturing, or that they are uniquely equipped to learn these skills through mothering, and further, that motherhood is the highest expression of these skills. Through these ideas, the social norm continues to entrench motherhood as the cornerstone of feminine identity. Safer suggests that the role of mother confers a sense of identity to women because it is imbued with the notions of social status, self-esteem, structure, and meaningfulness. These are indeed powerful notions. The primacy that motherhood has thus acquired may help to explain why women who wish to have children
tend to report valuing all its aspects, including conceiving, pregnancy, childbirth, and childrearing (Kitzinger, 1992).

Morell (1994) says that gender socialization around the parenthood role ignores the reality of growing numbers of women who, by choice or by destiny, face the question of what constitutes a positive childless female identity. According to Ireland (1993), under current social conditions the identity of a woman who is childless for any reason is associated with ideas of emptiness and absence. She is likely to be defined by what she doesn't have and what she can't or won't do.

On the other hand, fatherhood, an important marker of adult status, responsibility, and respectability, is not the most important male gender role or source of male gender identity (Mahlstedt, 1985; May, 1995; Russo, 1976; Safer, 1996). The most exalted social role for men is that of worker and family provider (e.g. Leiblum & Greenfeld, 1997; May). According to Sewall (1998), men are usually driven to create their roles and identities according to social standards of material and economic success that confer prestige and status. The one facet of gender identity that appears intimately connected to parenthood for men is their ability or lack thereof to impregnate their wives. It appears that for many men virility is equated, and often confused with, masculinity (Mahlstedt, 1985). Morell (1994) suggests that gender socialization limits both sexes in terms of developing and integrating both agentic and nurturing qualities. The degree to which men and women are able to develop the flexibility in their gender roles that Morell advocates may influence how infertile couples experience involuntary childlessness.

The effects of gender socialization around parenthood help to form the backdrop against which my study of how infertile couples experience permanent involuntary
childlessness is situated. The effects of gender socialization suggest that childless couples “swim against the social current”, which has implications for how they come to terms emotionally with their childlessness, reconstruct a positive gender identity, and create a sense of meaning in their lives. As I discuss in Chapter Two, the literature on infertility also suggests that many women and men find infertility a difficult experience that causes pain and strain on physical, emotional, social, sexual, and financial levels. These phenomena suggest that the experience of permanent involuntary childlessness may be a challenging one for some or many couples. However, it is an experience about which we currently know little.

Purpose of the Study

Since little is known about permanent childlessness among infertile couples, exploring the subjective experience of such couples will help to increase our knowledge and understanding of this phenomenon. The purpose of this study was therefore to examine the lived experience of permanent childlessness and the meaning of this experience for couples who elect not to pursue other parenting options after failed infertility treatments. In order to examine the lived experience of permanent childlessness with rigour, a phenomenological research method was used (Colaizzi, 1978; Osborne, 1994).

Researching infertile couples’ experiences of permanent involuntary childlessness will add to the limited available literature on childlessness and may provide useful information to couples who are faced with this potentially profound and challenging life experience. This research may also help clinicians working with infertile couples to
understand more of the nature of this experience as it is lived by infertile couples, and to devise effective ways of assisting the process of adjustment to childlessness.
Chapter Two

Review of the Literature

Clark, Henry and Taylor (1991) suggest that an “ideal adjustment” (p. 158) to childlessness through infertility involves two distinct processes: accepting the loss of biological children through mourning, and then finding a way to redefine oneself and one’s life. For Clark et al., redefinition means understanding the goals and needs that would have been served by having children, regaining a sense of personal choice and agency, and re-prioritizing parenting goals based on what is achievable and meaningful. This perspective reflects the dominant themes in the extant literature that examines how childless women and couples make successful transitions to nonparenthood. In this review I discuss this literature, which is both anecdotal and research-based. I also reflect on what this literature might mean for my study. In order to set the stage for this discussion, it is useful to briefly discuss some of the main psychosocial effects of infertility. This will help the reader to contextualize some of the struggles that men and women may face in adjusting to permanent involuntary childlessness.

Psychosocial Effects of Infertility

According to Carcio (1998), medical science defines infertility as the failure to conceive after a year of unprotected intercourse if the woman is younger than 35, or after 6 months if she is older. After this period, medical investigation and treatment, an often-lengthy process, may begin. Female fertility problems are diagnosed in about 35% of these cases, male factors in about 35%, factors affecting both spouses in about 20%, and the factors in about 10% of cases are unexplained. The most common male factors involve defects in, or insufficient numbers of sperm. Female factors include the failure to
menstruate or ovulate normally, endometriosis, early ovarian failure, and poor egg quality. Couples increasingly delay parenthood until both partners have established careers. Age negatively impacts the quality both of ova and sperm, meaning that age is becoming a factor in fertility problems for both men and women (Carcio).

For about 10% of infertile couples no cause is ever found (Carcio, 1998), which may be especially upsetting as there is no “problem” on which to focus coping efforts (Daniluk, 1991; Leiblum & Greenfeld, 1997; Wiley, 1993). In general, as Daniluk (1997) notes, a substantial body of literature exists that consistently finds that infertile people display greater distress than fertile men and women. The distress reported on receiving an infertility diagnosis is like the response to an acute life crisis (Menning, 1982). This often includes initial reactions such as shock, denial, and disbelief (e.g., Leiblum & Greenfeld, 1997). Subsequent responses may include uncertainty and anxiety (e.g., Berg & Wilson, 1991); resentment and anger (Leiblum & Greenfeld; Ulbrich et al., 1990); and shame and guilt (Lalos, Lalos, Jacobsson, & Von Schoultz, 1986; Wirtberg, 1992). Questions may arise about the fairness and meaning of life (Daniluk, 1991; Greil, 1991).

A major theme in infertility is that of multiple losses. These can include the loss of the imagined child, the parent role, and the expression of feelings and values that having a child would facilitate. Grief and emptiness are common reactions (Daniluk, 1996; Lalos et al., 1986; Mahlstedt, 1985; Sewell, 1998; Wirtberg, 1992). Mahlstedt suggests these losses are experienced in relationships, health, prestige, self-esteem, self-confidence, security, fantasy, and meaning. Social isolation and loss of support may be felt because the losses are largely invisible to others and because the couple has lost expected membership in a dominant, mainstream peer group (Anton, 1992; Carter & Carter, 1989).
Loss of control is another pervasive theme. It may be particularly acute at the time the couple realizes their fertility is in question, and as treatments erode the spontaneity and privacy of various life areas, particularly sexual functioning and satisfaction (Daniluk, 1988; May, 1995). Couples often need to make decisions about treatments at these times, which may result in conflict and increased emotional distress (Daniluk; Boiven, Takefman, Tulandi, & Brender, 1995). However, Leiblum (1997) notes that in some studies infertile husbands and wives report improved communication and greater closeness rather than heightened conflict. It does appear that most couples experience some disruption of sexual satisfaction or functioning, although the findings are also mixed in this area. Leiblum suggests that the inconsistent findings in these areas may be due to differences in marital and sexual adjustment prior to infertility, or to problems with research methods and instruments.

Gender differences appear to affect the experience or expression of infertility-related effects. Daniluk (1997) says the available research finds that women consistently report more distress and feelings of personal responsibility for the infertility, even if their husbands are in fact infertile. They are also more likely to view infertility as “a direct assault on their self-image and self-esteem” (Daniluk, p. 105). Women commonly express feelings of being somehow defective, different from, and inferior to others (Daniluk; Lalos et al., 1986; Miall, 1985). These feelings may be related to the extent that women see having children as central to their sense of expressing and fulfilling their identities and gender roles (Daniluk, 1996; Ireland, 1993; Miall; Morell, 1996). Some infertility researchers report that both husbands and wives see having children as more important to women than to men, and that men may therefore feel less upset about infertility.
(Edelmann, Humphrey, & Owens, 1994; Wirtberg, 1992). Many traditional male work roles and leisure activities also offer a respite from infertility. Women’s work, leisure activities and social contacts, on the other hand, often focus on children or the practices of motherhood, which serves to remind them of their childlessness (e.g. Lalos et al., 1986; Wirtberg, 1992). However, Daniluk (1997) notes that some studies suggest that infertile men respond similarly to infertile women. She suggests that gender differences in communication as a result of socialization may account for some of the variation in men’s and women’s reported distress levels in the research, as could methodological problems. Daniluk has also summarized a group of studies that find that men are more isolated in the experience of infertility and are more likely to use avoidance or denial as a coping strategy than are their spouses. Most of the authors whose work I review in this chapter suggest that communication difficulties between spouses make the transition or adjustment to permanent involuntary childlessness more difficult (Carter & Carter, 1989; Ireland, 1993; Matthews & Martin Matthews, 1986; Wirtberg).

Gender differences may also influence the course of infertility treatment. Women tend to initiate the treatment process and report making most of the treatment-related decisions (Greil, Leitko, & Porter, 1988), although treatment is more painful, invasive and riskier for them than for their husbands (e.g. Cooper, 1997). Men may also be able to stop treatment more easily than their wives and experience less difficulty adjusting to permanent childlessness (Edelmann, Humphrey, & Owens, 1994). As I will discuss further, willingly ending treatment is seen as an important step in coming to terms with permanent childlessness.
Overall, the literature on infertility suggests that the experience potentially entails pain and pervasive feelings of loss and failure regarding at being unable to do something that is highly valued in our society yet also largely taken for granted. Diagnosing and treating infertility also often involves a lengthy, arduous and uncertain medical process that can drain an infertile couple financially and emotionally. Finally, husbands and wives may have quite different feelings and reactions to the experience of infertility. These points form the backdrop to the study of infertile couples’ lived experience of permanent childlessness after failed treatment, and suggest that it may be a significant and challenging experience.

Review of the Literature on Permanent Childlessness

In the literature about permanent involuntary childlessness, a variety of terms are used to refer to this experience, including terms such as “making the transition to nonparenthood” (Matthews & Martin Matthews, 1986), or “choosing childfree” (Carter & Carter, 1989). I will use these terms when discussing the works that they refer to, but in the rest of this thesis, I have endeavoured to use the term “experience of permanent childlessness”. This is done to remain true to the emotional tone of the descriptions by the infertile couples in this study, as well as to the intent of the research question.

Linda Hunt Anton’s (1992) book “Never to Be a Mother” is a self-help book for women who wanted but didn’t have children due to infertility, delayed childbirth, not having a suitable partner, and so on. Anton advertised in local and national publications and directly contacted friends and acquaintances to participate. She conducted telephone and face-to-face interviews using a self-developed questionnaire that explored early and current life experiences as well as personal and social aspects of involuntary childlessness.
that were currently affecting the participants' lives. Her participants were an unspecified number of women of diverse backgrounds, ranging from 24 to 78 years of age. Not all the women were childless due to infertility, but all considered themselves to be involuntarily childless. It is unknown how long any of the women had been childless. Anton derived the 10-step model of resolution she presents from her own as well as from these women's experiences.

Anton describes resolution as "...living the many days of your life as well as you can, as fully as you can; it means minimizing the losses of childlessness and maximizing the assets of your life" (p. 65). The process of resolution entails accepting and making sense of the losses of involuntary childlessness, then re-focussing one's perspective and energies in new directions that are personally fulfilling. While Anton presents a sequential step model, she emphasizes individual differences in how women experience involuntary childlessness and in how they may experience and work through the tasks she presents. The steps in her resolution model are: (a) acknowledging and experiencing the loss; (b) understanding the loss; (c) surviving the loss; (d) letting go of blame; (e) talking to significant others; (f) using available resources; (g) rechanneling mothering energy; (h) including children in your life; (i) maximizing the advantages of childfree living; and (j) embracing the quest for feminine wholeness.

The first few steps of the model discuss accepting the losses entailed by permanent involuntary childlessness by acknowledging, mourning, and making sense of them. Anton (1992) notes that not all women find involuntary childlessness devastating but suggests that many women may experience a variety of painful feelings because they grieve multiple losses of invisible yet important things. These losses often include the
imagined child and the part of oneself that would have been a mother. Women might also grieve losses relating to family continuity, friendship with one’s child, being part of a particular social network, the mother-child love bond, and the loss of experience and opportunities for personal development. Because these losses may feel overwhelming, Anton notes that some women may struggle with denying or minimizing their losses in order to cope. However, this initial grief process paves the way for the later tasks of resolution and cannot be glossed over.

To help make sense of the losses of permanent childlessness, Anton (1992) encourages women to gain awareness about their needs and reasons for wanting a child. These reasons might be psychological, social, or existential. They might be simple or complex, evident or hidden from awareness, and might require a process of self-inquiry or therapy to bring them forth. Anton also suggests that as they come to accept and understand the losses they have experienced, women can invite a change to occur in their views of themselves and their future. The shift in a woman’s view of herself from being a victim to a survivor determined to make a better life, is the beginning of redefining her life in terms other than the failure to have a child. A part of this shift is being able to acknowledge anything she did that contributed to her childlessness while being able to let go of blame toward herself, significant others, medical institutions and personnel, adoption agencies, or God.

The later steps in Anton’s (1992) model appear to focus on how permanently childless women create new and satisfying life goals and relationships. These steps involve opening new channels for nurturing or mothering energy, as well as developing new interests and ways of being that are not related to mothering. Anton suggests that
some childless women may need to connect with others who are supportive of their decision not to pursue motherhood further. This helps to counteract the isolation and vulnerability experienced by many women without children, as well as a reluctance to speak about childlessness for fear of hurting others’ feelings or incurring their censure or pity. Anton also suggests that resources such as books, therapy, or other childless women, can offer support and help to women who wanted but did not have children in finding fulfilling life goals that may or may not include being involved with children.

Anton (1992) suggests that childless women who consider themselves to have strong maternal energy, which Anton casts as a biopsychosocial construct, expand the concept of mothering to include other adults, causes, and creative pursuits. Examining why they wanted children may help these women find ways to satisfy child-related needs within this larger context. Anton notes that some women may need to work through gender socialization issues that limit mothering to taking care of people before they can perceive or accept alternative outlets for maternal energy. She also suggests that women can take on varied and important roles with other children such as the adult playmate or big sister. These roles can benefit their own development as well as that of the children they enjoy. Since contact with children can remind some women of the pain of childlessness, Anton suggests that focussing on the gift of the present moment increases aliveness and joy, and is the only place life can be lived.

Anton (1992) suggests that while involuntary childlessness may entail many losses, it can also become a satisfying lifestyle on its own merit. She uses the term “childfree living” (p. 157) to describe a lifestyle in which women without children are able to perceive, enjoy, and make use of the unique advantages it confers. Such
advantages include more disposable income, time, and energy; a focus on self-
development and significant relationships; and greater freedom and spontaneity. Finally,
childfree women don’t endure the heartaches of motherhood. Anton suggests that
comparing motherhood to childfree living to determine its benefits is not appropriate as
“...[it is] a question of the relative merits of two different things” (p. 157).

In the final step of her model, Anton (1992) addresses the issue of how women
who did not become mothers re-establish a whole, feminine identity in a patriarchal
culture that equates female identity with motherhood. Anton suggests that women
actively question this assumption in order to develop the sense that “...being a woman is
many different things; motherhood is just one possibility. When we accept that our value
as a human being is not tied to having children, we give ourselves permission to be
childless” (p. 169). Permission to be childless appears to result in permission to create a
satisfying, meaningful, childfree life, which for Anton and the women she interviewed,
represents the completion of the resolution process.

Anton’s (1992) book may be valuable to infertile women who elect to remain
permanently childless primarily because it is one of very few resources available to
involuntarily childless women. She also gives a clear sense of the work that childless
women might do to achieve a positive transition to nonparenthood without presenting her
model in a lockstep manner. Her interviews illustrate and lend weight to the steps in her
model and may reduce childless women’s feelings of isolation and increase hope. Finally,
she suggests techniques to help achieve the steps that may be useful both to women who
read the book and to clinicians assisting childless women.
However, Anton's (1992) model appears to lack empirical validity. She doesn't describe her interview methodology, so we don't know if it is rigorous. Because Anton doesn't present her sampling strategy, her sample could be a homogenous, self-selected group of women who had dealt successfully with involuntary childlessness. This would limit its applicability. Also, we don't know how long the women had been childless before being interviewed. There may be differences over time in how women experience or respond to involuntary childlessness. These validity issues mean that Anton's work may be limited in helping women to understand and cope with this experience.

Two other aspects of Anton's (1992) work may also limit its applicability to infertile women's experience of permanent childlessness. First, infertile women who undergo time-consuming, painful, invasive, risky, and expensive medical procedures in order to try to conceive usually greatly desire a child. This may make their experience of childlessness quite different than it might be for women who lack suitable partners or who delayed childbearing. Anton suggests that women who wanted but didn't have children respond differently in terms of the pain and loss they feel. If so, perhaps resolution as Anton describes it may not be part of the experience of permanent childlessness as described by some or all of the infertile women in my study. Second, infertility is usually regarded as a couple's problem (Daniluk, 1997). It has been mentioned that husbands' responses are believed to affect wives' adjustment to childlessness, and it may be that the reverse also occurs. I think it therefore makes sense to study how couples make the transition to permanent childless rather than to look only at women's adjustment. The following book does consider the transition to permanent childlessness as a process that infertile couples must undertake together.
"Sweet Grapes", a self-help book by Carter and Carter (1989), is similar in several ways to Anton’s (1992) book. I discuss these after summarizing the model that Carter and Carter call a model of adjustment to living “childfree” (p. 15). In this model, Carter and Carter (1989) emphasize decision-making because they assert that a couple must make a mutual life decision in order to leave infertility behind. They contend that permanently childless couples who avoid making deliberate, conscious decisions to end their treatment, to not adopt, and to choose a childfree life on its own merits ultimately end up as “drifters” (p. 58). Drifters continue indefinitely to endure the losses and lack of control inflicted by infertility. Carter and Carter suggest that most permanently childless couples who don’t adopt become drifters. In essence, to decide is to regain control. Carter and Carter also see the decisions that must be made as separate. Ending treatment doesn’t necessarily mean a couple will adopt. Childfree living is not what remains after deciding against adoption. Each option must be a deliberate choice that a couple has come to want for its own sake, instead of a poor consolation for the truly wanted thing that can never be had.

Carter and Carter (1989) regard these choices that permanently childless infertile couples must make in the context of Rubin’s (see Carter & Carter, p. 61) decision-making model. The tasks of the model are to overcome blocks to making a decision, to set priorities that guide the decision, and to commit to the decision by making it public and then acting on it. Some blocks to decision-making are emotional. Depression, denial, resignation, guilt, or blame can delay a couple’s mourning and acceptance of biological childlessness. Other blocks appear to involve limited perspectives. For example, one or both spouses may be unable to make a decision because they feel obsessed with making
the right decision, one they won’t regret in the future, or because they fear that choosing will be more painful than what they are already enduring. Some partners or couples can’t stop unsuccessful fertility treatments despite years of debt and failure to conceive, believing that a miracle will happen if they just keep trying. Carter and Carter say that being able to gain a fresh perspective is essential in order for the couple to see they do have options, one of which can be the ability to live a happy life without children, despite having wanted them very much.

Carter and Carter (1989) suggest that establishing mutual, clear values and priorities supports making these decisions and also helps couples to redefine themselves as whole. Priorities may include such things as money, health, social contribution, and so on. Carter and Carter suggest that couples whose top priority remains having a child need to come to understand whether the experience would have met needs such as creating change, stability, meaning, or the chance to nurture, and then seek other ways to fulfill these needs.

According to Carter and Carter (1989), the decision to live childfree usually comes as a dawning awareness after much thought and communication that the decision has been made and feels right for both spouses. The authors suggest the couple then “register the decision” (p. 61) by celebrating and making it public in some way, followed by “investing in the decision” (p. 61), where the couple takes action to make the potential gains of childfree life a reality. This step might begin with an act of closure to the couple’s infertility such as having a vasectomy. Carter and Carter suggest that at this point the couple finds that “all the energy that had been sucked away by being infertile is) released to be applied in other directions” (p. 70).
Carter and Carter (1989) note that making the choice to be childfree takes a lot of thought, communication, and time. Because the choice is so emotional, and because childless husbands and wives often react differently to the idea of being childfree, the authors provide guidelines for communicating effectively around this decision. The guidelines consist of accepting each other's feelings and ideas, using negotiation skills, and accepting that the decision-making process involves exploration and ambivalence. Patience is also important as the decision may take months or years to make. Carter and Carter say that men in particular, if they see infertility as a woman's problem, or because they are socialized not to share their feelings, may need to work to honestly find and share what the experience means for them instead of relinquishing the process to their wives. The authors also regard communication as essential because their anecdotal data indicate that husbands are more likely to get stuck in denial, unable to mourn the losses of permanent childlessness. Finally, Carter and Carter note that communicating and making the choice to be childfree will be more challenging, although still possible, when a spouse who wanted children badly from an early age is married to a more ambivalent partner.

Both Carter and Carter (1989) and Anton's (1992) works are based on the authors' own stories of adjustment to permanent childlessness, as well as the experiences of others. In Carter and Carter these experiences appear to have been derived from letters written to them by other permanently childless couples, but the authors are extremely vague in describing their sample and methodology. Carter and Carter and Anton also describe fairly similar outcomes in their models of childfree and resolution. Both models involve perceptual shifts to seeing life as complete and fulfilling despite having deeply wanted and yet not had children. Both emphasize regaining a sense of control, releasing blame,
recognizing and seizing the distinct advantages of childless living, and recreating meaningful identities that may involve children or other channels of nurturance, creativity, and growth. Carter and Carter’s process of becoming childfree is also similar to Anton’s steps of resolution. Both suggest that grief, which can initially involve attempts to minimize or deny the losses in order to cope with them, precedes the experiencing of shifts in perception about one’s infertility and childlessness. The next stage entails acting on the new ideas and feelings that develop from these shifts. Both models move from a more passive state of allowing grieving to a very agentic state of making a new and fulfilling life happen. Where Carter and Carter differ significantly from Anton is that they emphasize the communication and decision-making processes that they say couples need to employ to make a successful transition to childfree.

As with Anton (1992), Carter and Carter (1989) provide little information about how they obtained information from childfree couples, or any demographic data about these couples. This work may also have limited generalizability and validity. On the other hand, it may also suggest some salient aspects of the lived experience of permanent childlessness for the infertile couples in my study. It may be important to remain attentive to couples’ descriptions of communication styles and skills, decision-making, and roles and goals, in order to understand more about how these aspects inform their experience of childlessness.

Both Anton (1992) and Carter and Carter (1989) suggest that there is a lot of variation in the adaptation to permanent childlessness. That is, experiences ranging from an ongoing sense of loss, grief, and lack of control, to emotional healing, renewed control, and agency may be possible. However, we know little about what infertile couples do in
The potential variation in how people may experience permanent involuntary childlessness, and the fact that it has been given little study to date, suggests that it makes sense to more systematically examine this experience for those who view their childlessness as a choice, as well as for those who do not.

An article in the *Journal of Marriage and Family* departs from the works above in several ways. Matthews and Martin Matthews (1986) present a conceptual framework in which they describe three inter-related psychological tasks that infertile, permanently childless couples may need to complete in order to experience a successful, albeit unwilling, transition to nonparenthood. The authors draw upon social constructivist literature as well as a number of studies on the nature of the transition to parenthood and the psychosocial effects of infertility. The interconnected tasks that they describe are: (a) reality reconstruction; (b) identity transformation; and (c) role readjustment.

Matthews and Martin Matthews (1986) incorporate Berger and Kellner's work on social reality construction in their model. This work, which is not based on research with childless couples, suggests that most married couples define themselves as parents-to-be, that significant others usually expect and encourage this definition, and that by marrying couples aim to create a private world that is under their control. Matthews and Martin Matthews suggest that infertility strips couples of that control and forces a private and public redefinition of themselves as a married couple without children. The culmination of the task of reality reconstruction is the couple's acceptance of this redefinition. A couple’s ability to accept their new reality is affected by several factors. One is the extent to which they have developed “shared constructs” (p. 644) that they use to weather the
strains of infertility. As well, how quickly and completely they redefine themselves as childless is affected by their willingness to make it a public as well as a private reality. Finally, Matthews and Martin Matthews suggest that the support or censure of significant others around the couple’s infertility and childlessness greatly affects the extent to which they can redefine themselves.

To explain how infertility affects infertile couples’ identities, Matthews and Martin Matthews (1986) draw on symbolic interactionist theory. In doing so, they suggest that people experience a sense of self relative to each social role they occupy, so that each person ends up with multiple “role identities” (p. 645). The most important role identities are those that provide the greatest opportunities for status, gratification, support, and performance as defined by the person. Feeling highly committed to a particular role identity also increases its perceived importance, as does social support from significant others for that role. Couples whose identities and self-esteem are most at risk from involuntary childlessness are therefore those who have the greatest personal commitment to, and social support for, the role of parent. Such couples may feel compelled to offer excuses for their failure to perform in this key role.

As a result of this blow to identity, couples who make the transition to nonparenthood successfully will alter their role identifications. Matthews and Martin Matthews (1986) define a role as “the constructed behaviour of persons in social relationships, and the focus is on how actors ‘play’ roles in the context of the normative expectations held by others” (p. 646). Identifications involve aligning and connecting with people who are perceived to be like oneself. Being able to explore an alternative role may help an involuntarily childless couple see benefits to that role, which may then
encourage greater identification with and commitment to that new role. The hierarchy of role identities would thus be re-organized. As well, experiencing a certain amount of role strain at being childless helps motivate couples to make these changes, according to Matthews and Martin Matthews. However, if the strain is too great, it will likely impede the process. The concept of shifting role identifications may be similar to what Morell (1994) advocates that men and women do to stretch the narrow confines of gender socialization that limit men to being the aggressors and women the nurturers.

Matthews and Martin Matthews’ (1986) theoretical framework, if sound, suggests that it may be important to remain open to descriptions by the couples in my study of their sense of roles and goals including the parent role, as well as their perceptions of social support, control, and their sense of identity. These may be salient aspects of their experience of permanent childlessness. Because the study that forms this thesis extended over a 3 year period, it may be that couples’ descriptions of their experience may also change over time, as Anton (1992), Carter and Carter (1989), and Matthews and Martin Matthews suggest.

Matthews and Martin Matthews (1986) acknowledge that the concepts they present have not been empirically tested and that their framework should be viewed as a basis for research on the transition to biological nonparenthood. As such, the framework is a potentially valuable contribution. Several limitations with this framework do, however, exist. First, the authors treat the couple as a homogenous unit. Given the differences in how men and women experience infertility and the socialization to parent in terms of identity and primary roles, significant gender differences may also exist in couples’ experiences of making the transition to nonparenthood. Second, this article and
the literature that informs it are at least 15 years old, and various aspects of the infertility experience have likely changed during this time. Third, the authors consider the possible social consequences of infertility but do not speculate about the emotional impact of infertility on completing any of the tasks they describe.

Ireland (1993) conducted a study of women’s adjustment to permanent childlessness and its impact on female identity development and female gender roles. One hundred American women ranging from 38 to 50 years of age were selected from a group that responded to TV news segments and a newspaper article about the study. Ireland used the Bem Sex Role Inventory and the focused in-depth interview method. She found that the 31 women who were childless due to poor health or infertility were different in several respects from the voluntarily childless women or those who were childless due to delay. I examine her findings on the adjustment to childlessness for this group of 31 women, whom Ireland labelled “traditional.”

Ireland (1993) suggests that because motherhood is the female cultural norm, women orient their sense of self either toward or away from it. However, women also have differing degrees of maternal feelings and “allegiance to cultural norms about what feminine attitudes and behaviors should be” (p. 116). So, while the Bem Sex Role Inventory results indicated that the 31 traditional women in the study supported a stereotypical female gender role, Ireland also found variations in individual adjustments to childlessness in this sub-sample. However, on the whole this group did report more reactions of feeling damaged and a failure as a result of being unable to bear a child. Ireland associates this finding with the strong connection these women have made between motherhood and their fulfillment as adult women. Based on her findings, she
suggests that childlessness may cause infertile women more pain than that experienced by other women who are involuntarily childless. This pain may be exacerbated by the often-traumatic medical process of infertility treatment and the sense of failure that infertile women commonly report.

Adapting to permanent childlessness for the women in this study involved shifting creative and nurturing energies from motherhood into alternative roles. Ireland (1993) sees the goal of these shifts as developing a “satisfying, nonmaternal sense of self” (p. 22). Work became a focus for most of the traditional women’s energies. Some women shifted from taking jobs that they could leave once they had children to investing themselves in finding personally meaningful careers. Some of these women seemed to have come to view work as central to their sense of identity, while others did appear to see work as second-best to motherhood. More traditional women reported having mentors at work than did the other women who did not have children. Ireland speculates that this may be due to the fact that many of the traditional women did not have an intrinsic motivation to have a career prior to their childlessness and so looked for outside guidance when they began to invest themselves in work.

Many of the 31 infertile women in Ireland’s (1993) traditional group also reported shifts in their relationships. Some took on non-parenting relationships with children such as fostering or befriending other women’s children. Many of the women also developed friendships with nonmothers. Ireland suggests that these shifts help a woman develop identifications with things that are not traditionally feminine, and this facilitates the experience of positive internal shifts in her identity. These findings lend weight to Matthews and Martin Matthews’ (1986) role readjustment and identity transformation
constructs as well as Anton's (1992) and Carter and Carter's (1989) suggestion of developing alternative goals in which to invest the energy that would have gone into parenting.

Ireland (1993) also found that the traditional women whose marriages survived the transition not only perceived themselves as having forged some new roles but also saw their husbands as having shifted in their own roles in order to support the women's new directions. Priorities may influence this: one woman specifically attributed her and her husband's successful adjustment to their shared priorities and values. This finding echoes Carter and Carter (1989), in which the decision to be childfree is founded on mutual priorities and values. Also, one woman in Ireland's study whose marriage did not survive the transition noted that she and her husband never resolved their opposing views about adoption. Carter and Carter have also suggested that making a mutual decision about adoption must occur before an infertile couple can choose to be childfree. Ireland also found that the infertile women who more easily developed a positive alternative sense of self had friends and family, and especially husbands, who affirmed that they were whole despite not having children. As mentioned, Matthews and Martin Matthews (1986) also emphasize the importance of social and family support to couples' attempts to reconstruct reality, realign roles, and transform their identities. It appears the women in Ireland's study who reported noticing their husbands making role shifts experienced this as a supportive response to their own changes. Ireland includes in her book two detailed case studies of women who mourned their infertility and then re-created a new positive female sense of self. She doesn't explicitly describe whether there were any women in her sample who did not make this adjustment, but implies it by suggesting that women who are
unable to make the shift continue to feel damaged and less than whole. This has also been suggested by Anton (1992), Carter and Carter, and Matthews and Martin Matthews.

Given Ireland’s (1993) findings, variations may exist in the experience and meaning of childlessness among infertile women, based on the extent to which they have been able to find goals that they consider worthy alternatives to motherhood. Such alternatives might include a newly important career or new relationships. Their experience may also be influenced by their marital satisfaction. However, in my study it is possible that there may be women in my study who don’t fall into the “traditional” category, that is, infertile women for whom motherhood would have played an important but less than central role in their conception of themselves as women. Their experience of the impact of their childlessness on their work and relationships could be quite different than it was for Ireland’s sample.

Ireland’s (1993) study is valuable because it represents a fairly systematic, methodologically sound exploration of women’s transition to biological nonparenthood. However, Ireland’s findings are limited for the same reasons as Anton’s (1992). If the support of husbands is so important to wives’ adjustment to childlessness, then it makes sense to study both partners in relation to each other. Also, presumably husbands have their own adjustments to make, and this may well form a reciprocal process with their wives’ transitions. The best starting place to understand how each sex adapts to nonparenthood is in studying the spouses in relation to each other.

One exception to this gender-exclusive focus is a study by Wirtberg (1992), which contains some data on a small number of infertile couples who elected to remain childless after treatment failed. Wirtberg (1992) explored and described the impact of childlessness
on 29 rural, married Swedish couples who had been involved in infertility treatments between 1 and 5 years. Each spouse completed a questionnaire and a semi-structured individual interview at the outset of the study and a semi-structured interview at a follow-up 2 years later. Spouses were interviewed consecutively on the same day. A small subset of this sample, 6 couples, had stopped treatment and decided to remain childless by the second interview. Wirtberg describes their experience and compares it to a group of couples still in treatment at that time.

These 6 couples, as well as the others in the study, supported traditional male and female gender roles in terms of domestic duties, interests, and attitudes toward childrearing. They had strongly wanted and expected to have children as a part of marriage. Wirtberg (1992) notes that at the second interview these couples generally appeared to be adapting to nonparenthood, albeit with sadness and resignation. Interestingly, these couples tended to report less sexual satisfaction than couples still in treatment. However, they also reported greater ease in communicating about their childlessness than did the couples in treatment. One woman out of 6 reported that she felt she would never adapt to childlessness. However, 5 out of 6 wives appeared not only to be reaching acceptance of their childlessness, but were doing so earlier than their husbands. These wives said they “compensated for not having children rather well” (p. 155) by developing new interests and exploring their lives. Wirtberg found that they felt relieved to have ended treatment and were less distressed by proximity to children than were 8 women who were still in treatment. Only one of the 6 husbands, by contrast, reported satisfactory adjustment, with a new job and a new hobby. The other 5 husbands reported that they were more concerned with their childlessness than they had been at the
first interview. They reported confusion about how the decision to end treatment had been made, and a sense of unfairness about being childless. The situation seemed unreal to several. Some voiced concerns about loneliness and meaninglessness in old age, as well as whether they could have taken a more active part in helping to overcome the couple’s infertility. They noticed their wives’ new developments and appeared to feel left out. They reported trying to cope through problem-solving or hiding their own feelings so as not to cause further upset. The shift toward acceptance by these men’s wives confused them and they began to focus more on their own reactions to their childlessness. On examining the reactions of husbands whose wives were still in treatment at the second interview, Wirtberg found that they were focused on their wives’ feelings and seemed fairly uncommunicative about their own reactions. This finding suggests that gender differences do appear to exist in the process of coping with, and responding to, infertility and permanent childlessness.

Wirtberg (1992) also examined the family sociology concept of “joint projects” (p. 156) in her study. According to this literature, joint projects facilitate common goals and increase a couple’s cohesiveness. Wirtberg found that 4 of the 6 couples who decided to remain childless regarded their dogs as joint projects. Wirtberg suggests that these joint projects provided the couples with outlets for their nurturing energies. I would also suggest that engaging in joint projects involves the mutual priorities and values that help couples make a successful transition to nonparenthood, according to Carter and Carter (1989) and to one of Ireland’s (1994) participants. Joint projects may also give couples opportunities to explore and solidify new role-identities, one of the tasks proposed by Matthews and Martin Matthews (1986).
Finally, Wirtberg (1992) explored whether significant events had changed the perceptions of the 14 couples in the study who were childless at the second interview. Nine couples (31%) indicated that they had had experiences that had helped them decide to end treatment or initiate adoption proceedings while still in treatment. These experiences were usually unexpected, spontaneous, and out of the couple’s control. They were also diverse, including things such as accidents, dreams, medical prognoses, treatment waitlists, pain, and the study interviews. Carter and Carter (1989) and Anton (1992) have suggested that changes in perception are an essential step in resolving permanent childlessness, and Wirtberg seems to be trying to extend this by exploring what might trigger such shifts.

The works critiqued in this literature review suggest that infertile couples may have quite different experiences of permanent childlessness, that men and women may experience childlessness differently, and that the experience may change over time. Salient aspects of the lived experience of permanent childlessness might include experiences of loss and grief, the value placed on parenthood, goal reformation, role flexibility, perceptions of support, communication and decision-making processes, unexpected life events, and marital satisfaction and mutuality.

Wirtberg’s (1992) findings suggest that it will be important to be alert to the possibility that a significant number of husbands in my study may describe a more challenging experience of permanent childlessness than their wives. Unfortunately, we don’t know from Wirtberg’s study whether the experience changed over time for the 5 husbands who appeared to be having difficulty in the follow-up interview. This finding is also interesting in light of the mixed research findings on adjustment to infertility, much
of which suggests that men have less investment in parenting and adapt more easily to infertility than do their wives. Carter and Carter (1989) suggest that some husbands are more likely to become stuck in the grieving process. This could presumably lengthen their transition period if not derail it altogether. However, another possibility given Wirtberg's findings is that if a husband initially copes by supporting his wife, then this may affect the timing of his own experience of their childlessness. He may only appear to be stuck when his adjustment is compared with hers at a certain point. A husband’s primary concern for and focus on his wife’s adjustment may also be related to what some of Ireland’s (1994) participants perceived as their husbands shifting roles in order to support them. Finally, gender socialization may influence a husband to focus on his wife’s adjustment in order to avoid his own emotions. Clearly, more needs to be known in this area.

Sorting out these complexities in my proposed study could be challenging as Carter and Carter (1989) and Wirtberg (1992) suggest that men may be reticent about their own emotional process. This may be either because they are unsure what their feelings are, or because, through gender socialization, they are hesitant to express them. In this study, which is based on in-depth interviews with infertile couples, it may be that the men in the sample will be less able or inclined than their wives to verbalize their own experience of lived childlessness.

Wirtberg’s (1992) study contributes to what is known about the topic of accepting and adjusting to permanent childlessness by providing data on gender differences with respect to timing. Her comparisons between the 6 couples in the sub-sample and the couples still in treatment at the follow-up support the contention that ending treatment is an important facet of acceptance. They also suggest that acceptance goes hand in hand
with redirecting nurturing energies into other life areas and projects. This in turn lends support to the other models described in this review.

In terms of limitations, Wirtberg’s (1992) sample is very small and homogenous and the findings thus can’t be generalized. The female interviewer may have had a gender-bias effect in that the women may have been more inclined than the men to reveal themselves during the interviews. Despite this possibility, we don’t know whether the women experienced any felt changes to their feminine identity. As well, while some couples in the study suggested that certain events influenced their perceptions and decision-making, we don’t know whether the process they went through resembles what Anton (1992) or Carter and Carter (1989) have proposed. It seems reasonable to assume that the women who ended treatment had a more positive sense of themselves and their lives given that they were interested in exploring new things. However, we don’t know if this is so, or how it fits with the sadness and resignation they expressed to Wirtberg.

Statement of the Problem

Interest appears to be increasing as to the nature of the experience infertile couples undergo when they elect to remain childless or choose not to pursue other parenting options after failed infertility treatments. However, the number of existing studies or articles that explore this experience and what it means to infertile couples is very small (Anton, 1992; Carter & Carter, 1989; Ireland, 1993; Matthews & Martin Matthews, 1986; Wirtberg, 1992). There are also several problems with the available literature. First, most of it lacks rigour, so we can conclude little about the validity or generalizability of the findings. It is important for clinicians to base their interventions with infertile couples on theoretical models that are backed up by sound research. Second, we still know little
about the experience of deciding to remain permanently childless and what it means to infertile married men and women because the studies tend either to examine only women or to treat the couple as an undifferentiated unit. Only one study (Wirtberg, 1992) explored with some empirical rigour the experiences of and differences between infertile husbands and wives in their adjustment to childlessness. However, the number of couples was quite small and not necessarily representative of infertile Canadians. Overall, we still know little about the nature and meaning of the experience of husbands’ and wives’ adjustment to permanent childlessness once they choose not to pursue other parenting options, or how that experience may change over time.

It is reasonable to study this experience for married infertile couples in greater depth for two reasons. First, most people who experience permanent childlessness after failed infertility treatments at this time are married heterosexuals. Second, there are still very few studies that explore the differences between husbands’ and wives’ experiences of permanent childlessness after infertility, and how they influence each other in living out and deriving meaning from that experience. Gender socialization around parenthood, for example, may mean that men tend to find the experience of permanent childlessness to be less difficult than their partners. Studying how infertile couples decide to remain childless after failed infertility treatments and how they experience this path in life may help us to understand more about their counselling needs.
Chapter Three

Methodology

Method Selection

The purpose of this study was to examine the lived experience of permanent involuntary childlessness and the meaning of this experience for couples who have chosen not to pursue other parenting options after failed infertility treatments. A qualitative phenomenological method was considered appropriate for this type of investigation - one that seeks to elicit the meaning of a human experience as given to it by the person or persons who have experienced it. Qualitative phenomenological methods generally help researchers to illuminate phenomena and to bring forth thematic meanings of a human experience (Osborne, 1994). These methods do this through focussing intensively on an individual’s subjective experience, feelings, personal views of the world and self, and private concepts (Colaizzi, 1978).

Because little is known about the nature of the lived experience of permanent childlessness and how infertile couples make this transition, this study was exploratory and descriptive. According to Colaizzi (1978), the necessary first step in identifying and understanding any phenomenon is to describe it in detail as people have experienced it. Phenomenological methods facilitate the understanding of a lived experience by allowing for meaningful contact with people who have experienced a phenomenon through eliciting their feelings, descriptions, and attitudes regarding the phenomenon. Also, these methods entail observing and describing as closely and carefully as possible those elicited feelings, descriptions, and attitudes toward the phenomenon, in this case permanent
childlessness after infertility, which help the researcher render a faithful account of the participants' lived experience (Colaizzi, 1978; van Manen, 1984).

**Personal Assumptions and Bracketing**

Colaizzi (1978) defines objectivity in qualitative research as close attention to the phenomenon itself, through the feelings, descriptions, and attitudes of people who have experienced it. Nevertheless, he acknowledges that researchers are unable to be purely objective. Personal interests and views inevitably colour and may distort research activities and interpretations. Through a process of “rigorous self-reflection” (Osborne, 1990, p. 81) known as bracketing, it is important for the researcher to make clear her interests and assumptions in order to be aware of possible biases in interpreting the findings, and so that readers can take her perspective into account in evaluating whether the study has been faithful to the participants' lived experiences.

In terms of bracketing my own assumptions, I became interested in the experience of permanent childlessness around the time I became a mother. Personally, I was ambivalent about trying to have a child, and experienced feelings of pressure to do so. I also witnessed friends and family, some of whom struggled with heartbreaking experiences of infertility, others who seemed to accept their inability to have biological children with relative equanimity, and still others, presumably fertile, who clearly expressed satisfaction in not having children. Through witnessing this and experiencing my own joy when I did decide - and was able - to become a mother, I became sensitized to, and curious about, the emotional intensity surrounding the “to parent or not to parent” decision. My ambivalence toward motherhood prior to my daughter’s birth, and the importance I have always placed on other life roles such as work and personal growth,
suggested to me that my own gender identity has been shaped in some ways that are not considered traditionally female in my culture. I tend to value equally a diverse array of meaningful outlets, including mothering, for my energies. I believe that, had I not had a child, I could have been content as a childless woman. I also highly value change and have experienced my own life transitions as periods of great growth, particularly those that were often the most painful. Finally, my orientation as a counsellor is narrative and feminist. I emphasize creating space in which to gain a view of how one is affected by oppressive social practices and then to seek ways to stand up to those practices and create more satisfying realities.

These beliefs and experiences may have influenced me to make assumptions or judgements about what the adjustment to permanent biological childlessness ought to look like. Additionally, they may have combined with my reading of the literature on infertility and involuntary childlessness to influence what I expected to find in this study. My most pronounced expectation was that there would be wide diversity in couples’ reported adjustment to the decision to remain permanently childless. I expected that the greatest ease in making the transition would be reported by couples where both partners had a goal that was equally or more important than a child, such as work or their relationship, while any couples who seemed to make little or no progress during the study would have struggled to find any meaningful alternative to parenthood. I also expected that the couples in my study who took responsibility for their lives by demanding appropriate treatment and respect from medical professionals, and who sought information and knowledge about their situation would report an easier adjustment to permanent childlessness.
In terms of differences between husbands and wives, I expected to see conflict or less closeness between couples whose priorities didn’t mesh, such as couples where one spouse highly valued parenthood and the other did not want to adopt. Generally, I expected that the husbands would report an easier transition to nonparenthood than their wives and that they would be less forthcoming about their own emotional experience, although my personal assumption is that this would have more to do with gender socialization than lack of emotional investment in fatherhood. On the whole, however, I assumed that most if not all couples would resolve at least some of the problematic aspects of their experience of childlessness over the length of the study. One potential bias stemming from my beliefs and assumptions is that in analyzing and reporting the data, I may have under-emphasized the difficulty inherent in living the experience of permanent childlessness. However, my orientation as a counsellor may also have helped me to be more alert to the social context that shaped the experience of permanent childlessness for the couples in this study and informed some of its themes.

Participants

The participants in this study were a subset of a larger group who participated in a longitudinal qualitative and quantitative study exploring infertile couples’ adaptation to permanent biological childlessness once they had decided to end medical fertility treatments (Daniluk, Taylor, & Pattinson, 1996). The participants in Daniluk et al.’s study were recruited from several major Canadian cities. Recruiting was done via newspaper stories, radio interviews with the principal investigator, and notices placed at infertility clinics. Of the 38 couples in Daniluk et al.’s study, a subgroup of 9 couples had chosen
not to pursue other parenting options such as adoption, in contrast to the rest of the couples. These couples were the focus of this study.

The 9 couples met the inclusion criteria for Daniluk et al.'s (1996) study, which included: (a) being a member of an infertile couple with no biological children; (b) having terminated all medical infertility treatments; (c) having no history of psychiatric problems; (d) not requesting the reversal of a voluntary sterilization procedure.

The participants ranged in age from 29 to 48 at the time the study began. The lower range of combined annual household income was $15,000 - $25,000 and the upper range was over $50,000. At the beginning of the study, 6 of the 9 couples considered their childless status to be permanent, while two saw it as uncertain. In the final couple, the husband viewed it as uncertain, while the wife saw it as permanent. All the couples intended not to pursue any other parenting options. Three-quarters of the participants, who were all of European descent, stated that having children was an important value in their families of origin.

In phenomenological research the focus is not on the quantity of information but in richness, or description of sufficient depth to capture a lived sense of the experience for the participants (Colaizzi, 1978; McLeod, 1994). Given that in many cases 5 participants constitute an adequate sample size in which to observe data clustering around central themes, with no new themes emerging in subsequent interviews (Osborne, 1994), it was expected that 4 interviews with each of the 9 couples would amply illuminate the phenomenon of lived permanent childlessness after infertility.

Procedure
This study involved the secondary analysis of data that were gathered through a phenomenological study that explored the meaning and lived experience of the transition to biological childlessness for infertile couples (Daniluk et al., 1996). All the participants in that 3 year, longitudinal study completed a questionnaire package as well as in-depth, unstructured, tape-recorded interviews at four different intervals: within the first 2 months after they ended medical fertility treatment; and again at 11 months, 21 months, and 31 months after the termination of treatment. Each interview was conducted by a female interviewer who was a counsellor trained in phenomenological data collection. On every occasion, each couple was interviewed together in their own home after completing the questionnaire package, and each interview lasted approximately 1.5 to 2 hours. The focus of the interviews was on “learning more about how couples live with and integrate the experience of infertility and biological childlessness into their lives and begin to construct a future life without biological children” (Daniluk et al., p. 6). The procedure used in Daniluk et al.’s study is consistent with the research question in this study that explores how the couples who elected not to pursue other parenting options lived with the experience of permanent childlessness and how they too began to reconstruct their future lives.

Data Analysis

Because of the nature of this study, only the qualitative interview data were considered. Each of the interviews in this study was transcribed verbatim and analyzed using Colaizzi’s (1978) method of phenomenological thematic data analysis. For each transcript, or protocol, the following process was used. First, the entire transcript was read in order to gain a sense of the whole. Second, significant phrases or words were gleaned,
and statements or headings were then created to capture the meaning of each phrase. Similar statements of meaning were clustered into themes. This part of the process constituted a within-persons analysis (Osborne, 1994). After each protocol had been analyzed, the researcher then conducted an across-person analysis (Osborne), in which common themes were identified across the 9 couples’ experience at each of the 4 stages of the study.

The next stage in the data analysis involved enriching and validating the identified themes. This was done through a process of repeated discussions and dialogue about the identified themes between this researcher and the primary researcher of the Daniluk et al. (1996), combined with repeated returning to the protocols to ensure that the developing analysis remained true to the participants’ experience. As well, this researcher also read the thematic analyses of up to four co-researchers in the original study to check that the emerging themes were consistent. This process was conducted in order to deepen the analysis, bringing forth both the overt and implied meanings of the lived experience of permanent childlessness for each couple at the four stages of the study. Consulting with the primary researcher and co-researchers’ work, and paying very close attention to the protocols themselves was important in order to ensure that the thematic analysis truly represented the lived experience of the participants. This was important given that validation interviews with the participants were not possible due to the amount of time that had elapsed between the original study and this one. However, it should be noted that in the original study, a validation process did occur in which a number of couples from across Canada were consulted and validated the themes of the original study. The themes that emerged in this study describe the participants’ lived experience of permanent
childlessness in greater detail and depth than did the original study, and are also consistent with the themes that emerged in that analysis.

Finally, as rich an account as possible was distilled from the results of this thematic analysis in order to develop an “exhaustive description of the investigated topic” (Colaizzi, 1978, p. 61) to illuminate the lived experience of permanent childlessness by infertile couples who had decided not to pursue other parenting options. This account was validated by the primary researcher in the study by Daniluk et al. (1996).

Limitations

Some of the limitations of this study were similar to those in Daniluk et al.’s (1996) study. One such limitation was the fact that there was relatively little demographic variation among the study participants. The majority of participants in this study were white, well-educated, middle and upper-class Canadians of European descent. The lived experience of permanent childlessness may be quite different for couples who, for example, are from other cultures or who lack the financial resources to pursue medical treatments for infertility in the first place. The experience may also be different for lesbian couples or couples whose relationships don’t survive the stresses of infertility.

Daniluk et al. (1996) noted that the number of couples whose cause of infertility was unexplained was disproportionately high in their study (54% versus 10% in the general population of infertile people), and that their results may not be generalizable to other couples who are involuntarily childless. The same limitation exists for the sample used in this study, as 8 of the 9 couples had received a diagnosis of unexplained infertility. The results may therefore not be generalizable to infertile couples who have received a definitive diagnosis and who elect not to pursue other parenting options.
Another possible influence on the data in this study may result from the interview procedure. The fact that couples in this study were interviewed together may have skewed the data if one spouse did not wish to reveal information in front of the other that they would have revealed to the interviewer alone.

Because little is known about the phenomenon of permanent childlessness after failed infertility treatments, this study is exploratory in nature. According to Colaizzi (1978), the results of a single phenomenological study can be neither conclusive nor generalizable. However, Colaizzi also suggests it is through an accumulation of such exploratory studies that theory and future research around any given phenomenon are shaped. The fact that this particular study involves 9 couples from whom data were gathered over a 3-year period helps to make it more robust than many phenomenological studies which involve fewer participants at a single cross-section of their experience. The fact that it was not possible to directly validate with the participants the themes that emerged in this study, may constitute a limitation to its validity, although significant measures were undertaken to minimize the effects of this limitation.
Chapter Four

Findings

Introduction

In this chapter, I explicate the significant themes that emerged from analyzing the interviews with the couples in this study. All or almost all of the couples made comments that related to each of the identified themes. These themes are therefore considered to be relevant to all or almost all of the couples in this study. However, significant differences were found between some spouses, as well as across couples, in terms of how these themes operated in their lives with respect to their adjustment to permanent childlessness. These differences will also be brought forth. Generally, the themes that will be discussed are: (a) the need to protect themselves; (b) a sense of lessening emotional intensity; (c) a sense of regaining control; (d) a need to revision life and identity; (e) a sense of appreciation for the strength of their relationship; (f) a sense of recognition and reconciliation to their fate; (g) a need to make sense of their experience.

Couple Biographies

Couple One – Roberto and Carol. Roberto and Carol had been seeking medical assistance to have a biological child for 20 years, substantially longer than any other couple in the study. Carol is Canadian and Roberto is Swiss. They have a combined family income of $15,000 - $25,000 per year, and live in an urban area in Alberta. Carol was not working at the time of the study. Both indicated that having children was an important value in their families of origin. They were 42 and 43 years old respectively at the time the study began. Carol and Roberto had received a diagnosis of unexplained infertility. They referred to infertility treatment as having been a nightmare for them,
with Carol experiencing rare drug reactions and devaluation by her doctors. They had attempted drug therapy using an experimental fertility drug, and after Carol’s negative physical reactions, had tried drug-free IVF.

This couple appear to have traditional gender identities and roles. Roberto clearly values having a biological child in order to continue his family’s bloodline as well as to experience fatherhood. He could not accept adoption as a valid parenting alternative, saying he was afraid he could not bond with a child that was not his own. He appeared to have closed the door on the couple’s infertility by the study’s end and, while he continued to feel the loss, refocussed his energies on the couple’s cats and his hobby of repairing clocks. Carol, on the other hand, grappled throughout the study with a deep sense of meaninglessness and pain, seeing childlessness as her failure to fulfill her purpose as a woman. For her, adoption was a valid alternative to biological motherhood. She stated in the final interview that, for her, acceptance of the couple’s infertility could only come through a biological or adopted child. The couple appeared to experience increasing tension over time regarding their divergent desires around adoption, as well as Roberto’s sense of helplessness in the face of Carol’s additional traumas.

There was a sense that these traumas continued the assault on Carol’s self-esteem and self-image that began with infertility. A debilitating illness that eluded diagnosis for a long time, quashed her plans to return to school and forced her to leave work. These losses were coupled with her sense of rapidly fading youth. She did appear to make some gains in terms of her self-esteem, as she took responsibility for managing her illness and found satisfying alternative treatments from respectful practitioners. She also sang and found it to be a very therapeutic hobby that she said helped to ease the dark times. By the
end of the study, Carol appeared to have found her grief over the couple’s childlessness to be somewhat less intense.

Both spouses appeared to focus a lot of energy on coping with Carol’s difficulties and losses. Roberto urged her to accept their childlessness, and sought ways to give her practical help with her other difficulties. When he perceived that his efforts were having no effect, he experienced great frustration and anger later in the study. His feelings, plus Carol’s lingering sense of desperation for a child, led to their decision to get counselling. They described this time as a crisis in their marriage. Through counselling, she began to experienced some relief from her despair, while he realized his need to claim and express his own feelings.

As well, Carol and Roberto appeared to experience their lack of social contact as yet another loss. They described having some social contact but also expressed a clear sense of not fitting in with people, and of working very hard to maintain the connections they did have. They were hampered in their efforts to make new contacts by her illness, their need to protect themselves from too much contact with children, and a move to a new city.

Overall, although there was a sense that this couple was beginning to heal in some areas of their lives, and that they appreciated the strength of their marriage, their experience of biological childlessness and the other setbacks in their lives continued to challenge their relationship and their individual self-images.

Couple Two – Chas and Jill. Chas and Jill sought medical assistance to try to conceive for 5 years before ending treatment, and indicated that having children was an important value in their families of origin. They had been given a diagnosis of
unexplained infertility. They ended treatment after drug therapy, surgery, and two IVF trials in which fertilization had not occurred. Chas was 42 years old and Jill was 41 when the study began. Canadian-born urban-based professionals who live in B.C., they have a combined income of over $50,000 per year. They were relieved to end treatment but both felt it was hard to close the door on having children. Jill experienced several bouts of depression early in the study, and both spouses reported feeling a loss of energy or interest for things that once gave them pleasure.

Over the course of the study, Jill and Chas did appear to accept their childlessness and to begin to rebuild their lives and sense of self. For Chas, this process was complicated by the death of his mother, which seemed to further enervate him during a time when Jill was regaining her energy and optimism and enjoying her work with renewed vigour. However, by the final interview he too described feeling renewed through work and his hobby of photography. Both partners believed that consciously choosing to move on with their lives in spite of their childlessness was an important factor in their adjustment. For Jill, giving herself permission to take care of herself, to enjoy creative pursuits, and to balance work and other aspects of her life also appeared to be important in her healing. She found that she no longer distanced herself emotionally from the mothers and children in her chiropractic practice, as she had needed to do earlier in her adjustment. Both spouses, by the study’s end, appeared to be shifting from feeling defensive and passive to feeling assertive and active. They were very conscious of seizing the opportunities they perceived in a childless life. There was a sense that the loss of not having children would never be gone entirely, but that it had become more peripheral. Throughout the study, Chas and Jill enjoyed and highly valued their relationships with
their relatives’ children. Although through most of the study they had felt a lack of social connection and community, by the final interview they appeared to be reaching out more and to be less vulnerable to negative social judgements around their childlessness.

The greatest struggle for this couple in their experience of adjusting to involuntary childlessness appeared to be around their divergent desires regarding adoption. Jill wanted to explore the option in order to maintain her sense of control and choice, while Chas appeared first to want to avoid it, and then to actively resist it, leading to a sense of strain in the relationship. By the end of the study, Jill had chosen not to let this difference hold her back from getting on with her life, and appeared emotionally to be fairly peaceful with the decision, although she said she had not fully let it go.

Couple Three - Claude and Cindy. Claude was 34 and Cindy was 29 when the study began. They had received a diagnosis of unexplained infertility, and had ended treatment after 5 years. They had had drug therapy and surgery, ending treatment due to the prohibitive cost of IVF. The couple have a combined income of over $50,000 per year and live in an urban area. Cindy said that having children was not an important value in her family of origin, while Claude said that it was. Both spouses have a high school education.

A notable aspect about the interviews with Cindy and Claude was the clear sense they had of themselves as a family. They described having parent-type relationships with their nieces and nephews. Claude and Cindy saw themselves as making important contributions to the children’s happiness and well-being, and this, as well as caring for their pets, appeared to absorb much of their nurturing energy and cushion the blows of
infertility and childlessness. This couple also appeared to experience strong social and family support around their infertility and childlessness, with few exceptions.

Nevertheless, Cindy still grieved the loss of a biological child, and said that she thought their childlessness was her problem, despite their unexplained infertility diagnosis. There was a sense that Claude’s steady support and refusal to blame her for their infertility was a source of comfort and pride for her. For his part, Claude appeared to reconcile himself to the couple’s childlessness with greater ease. He said their marriage had always been more important to him than parenthood, and that he had known when they married that Cindy believed she was unable to have children. Both appeared willing to adopt if a child were offered to them, but were not prepared to register for adoption, saying they did not want to put their lives on hold as they had during treatment. As they came to accept their childlessness, Cindy and Claude talked less about parenting a child of their own, and more about the possibility of foster parenting or assuming guardianship of one of their nieces and nephews. Claude also stated that he now preferred to think of them as a career couple.

Cindy seemed to struggle for a time with recreating her sense of identity as a childless person. During this time, she also described feeling that her self-esteem had been assaulted through the social insensitivity of an acquaintance regarding their childlessness, and conflicts at her job. She quit work and moved to a ski hill where Claude worked in the winter. Here, she struggled to carve out a meaningful role for herself. However, during this difficult time, she also appeared to be optimistic and to have found a very fulfilling pursuit in song writing. By the end of the study her plan to go to University had become a very important goal for her.
Couple Four – Archie and Denise. Archie was 39 and Denise was 38 years old at the beginning of the study. They had received a diagnosis of unexplained infertility and had ended treatment after 11/2 years of infertility workups and tests, due to the emotional strain of the process and the disruption of their sex life. They had been trying to have a child for about 6 years altogether. Both spouses are University graduates from Britain, with a combined income of more than $50,000 per year. They live in an urban centre in B.C. Denise said that having children was an important value in her family of origin, while Archie said it was not.

The most salient struggle for this couple focussed on their frustration and anxiety around revisioning their future lives and identities after a series of traumatic critical events. While they stated fairly early in the study that they were moving toward a couple-only family and had put their infertility behind them, they also appeared to feel paralyzed by the sense of having too many options now that their expectations of their future lives had been shattered. Further, Denise began receiving medical and psychiatric treatment for mysterious health problems that were ultimately diagnosed as depression, while Archie was fired from his job. They were also affected by the deaths of several friends. By the end of the study, this couple appeared to be coping with these multiple critical events by normalizing their day to day lives, putting their energies into self care and weekends away with each other. They were also reinvesting some energy into activities such as skiing, and Archie appeared to be exploring how to develop self-esteem and a sense of identity from roles other than work. Emotionally, Denise and Archie appeared to have moved from a state of anxiety to feeling calmer about living with an ambiguous future. They had a sense that their future held very big changes, possibly in terms of leaving the city and
taking up a new line of work together. They stated that infertility was a closed issue that no longer affected their lives. This couple also appeared to enjoy a keen sense of solidarity and mutual support in their relationship, despite the stresses they were under.

**Couple Five – Peter and Alice.** This couple, Peter and Alice, had ended their attempts to have a child after 4 years of infertility treatment, including drug therapy, surgery, and artificial insemination. They had received a diagnosis of unexplained infertility. Peter said that having children was an important value in his family of origin, while Alice said it was not. British-born university graduates who became Canadian citizens during the study, they live in an urban centre and have a combined income of over $50,000 per year. They were both 35 years old when the study began.

Alice and Peter had been given an infant to adopt, but the birth mother had taken the baby back after only 4 days. Where they previously felt they had been moving toward accepting their childlessness, the grief and love they experienced for this baby re-ignited their longing for a biological child, and they put their names on an IVF waitlist. This decision resulted in a sense of renewed energy and hope in their second interview, as well as some distance from the trauma of the failed adoption. They experienced their social network as supportive, but occasionally felt burdened by the expectations they perceived that others had for them to obtain a child.

When Peter and Alice experienced a 6 month separation for Peter’s work, they appeared to pull back from their struggle for a child and gain a perspective that resulted in the decisions to end treatment and not seek adoption. They said that they based these decisions on the low likelihood of getting a child, and their need to begin putting themselves first in their lives. This need was sharpened by the perception that they were
nearing an age where parenthood no longer fit their image of themselves. As a result of the separation and of deciding to move on with their lives, Peter and particularly Alice developed significant new interests, writing a book and running marathons, respectively. They also described a sense of great personal growth. By the end of the study, they appeared to have be living a satisfying, couple-oriented lifestyle. They had also reassessed their social relationships, leaving behind several who were unsupportive of their new focus, and making new friendships and connections.

During this process, Peter and Alice were not always in sync. By the third interview, Peter was in transition with respect to reinvesting his energies, while Alice described herself as thoroughly energized and fulfilled by running marathons, as well as by her discovery that she was a capable individual with leadership qualities. By the end of the study, both partners did appear to be in the same place in their lives, having both resolved to create fulfilling futures without children. They had purchased a new home and vehicle, as well as two dogs. At no time in the study did their different rates of growth and adjustment appear to be a problem for them.

**Couple Six – David and Tracey.** David was 41 and Tracey was 32 when the study began. They have a college and a University education respectively, and a combined income of $25,000 - $50,000 per year. David farmed and Tracey worked as a nurse in the small town in Winnipeg where they lived for most of the duration of the study. David said that having children was not an important value in his family of origin, while Tracey said that it was. They had been given a diagnosis of unexplained infertility and had sought medical treatment for 4 years. Their treatments had included drug therapy and surgery.
Tracey and David appeared to move toward acceptance of a child-free life after a painful adjustment in which David, who did not particularly want children, resisted adoption, while Tracey found not parenting to be a bigger loss than not bearing a child. After David agreed to adopt for Tracey’s sake, she realized she did not want to go through with it without his full commitment. Tracey saw resolution as choosing her husband over a potential child. David appeared to accept their childlessness easily, describing himself as being more aware of the responsibilities than the joys of parenthood.

As this couple began to consider how to create a satisfying lifestyle without children, they talked more about the advantages of not having children, as well as the struggles of parents they knew. By the final interview, they had sold their farm and were contemplating a retirement-type lifestyle. This appeared to be somewhat disconcerting for Tracey, who was 9 years younger than David. The motivation to sell the farm appeared to stem from David’s revisioning around what to do for work without an heir to inherit the farm, as well as some economic difficulties that appeared to negatively impact his self image and self esteem. Tracey was concerned about David and, near the end of the study, described his happiness as a major goal for her.

The other salient struggle for this couple lay in their sense of social isolation and rejection. The circumstances of their work, rural living, and two deaths in the family, contributed to their feelings of being very much alone. Isolation and feelings of rejection were particularly hard for Tracey to incorporate into her self-image as a popular and friendly person. She struggled with this throughout the study, although some healing was apparent when she began to perceive other possible reasons for people’s behaviour toward
her. David found their isolation less troubling than Tracey, but did appear to value and enjoy social contact when the opportunity arose.

Couple Seven – Ira and Sarah. Sarah was in her early 40s whereas Ira was 48 when the study began. They had received a diagnosis of unexplained infertility and their medical treatment had been terminated after 7 years, when Sarah turned 40. During treatment, Sarah had had drug therapy and extensive surgery, due to the same investigations being repeated at different clinics. Sarah was not employed at the time of the study, while Ira earned $25,000 - $50,000 per year. Both are Canadian and they live in a city in central Canada. Having children was described as an important value in both families of origin.

Through the first half of the study in particular, Ira and Sarah grappled with anger and emotional pain around the loss of a biological child and what they perceived as medical mismanagement of their infertility treatment. That their treatment had been terminated by the clinic when the Sarah turned 40, rather than being their choice, had been especially painful. Sarah recalled being briefly hospitalized around that time because she had felt suicidal. Ira and Sarah sought a support group and, finding none in their area, formed their own. The group was a success, and the support they were able to give as well as receive appeared to be extremely gratifying.

One of the most notable things about this couple was the effect of Sarah’s decision to have a hysterectomy. She had experienced a number of setbacks during the study including depression and an injury from a car accident. As well, she had been diagnosed with osteoporosis and learned that she would continue to have periods under hormone replacement therapy. She convinced her doctors to do a hysterectomy. Finally being able
to have some control over the medical process, and to be freed from her body’s reminders of childlessness, allowed her to put some closure to their infertility. Ira had also had a vasectomy which he called a gesture of resolution. He appeared to mourn the loss of a biological child, but believed that his grief was milder than Sarah’s - more resolved - and he felt he had begun the process of resolution earlier than she had. He also stated that he had not married until 40, so that for him, resolving childlessness meant going back to his previous lack of expectation regarding parenthood.

After Sarah’s hysterectomy, the couple continued to express anger about the way their treatment was handled, but were beginning to move on with their lives. Their childlessness was also a less central issue for them. They talked about seeking meaningful work goals for Sarah, as well as how to define themselves in more positive terms than they felt they could during the infertility process. However, Sarah also stated that childlessness would never be a fully resolved issue for her, and disagreed with the notion of choosing to be childfree, saying that it denied the seven years they struggled to have a child.

Ira and Sarah appeared to have very little support from anyone outside of their infertility support group, and said that they had experienced much social insensitivity and job discrimination because they had no children. Sarah’s family appeared to be oblivious to their losses, which had included three miscarriages. Not surprisingly, a substantial part of each interview was given to her anger and frustration at trying to get her family to acknowledge and validate their struggle. They found Ira’s family marginally more supportive, but by the end of the study had distanced themselves from both families out of
frustration. There was a sense that this perceived lack of respect and support made their healing more challenging.

**Couple Eight – Randy and Tina.** Randy was 37 and Tina was 36 when the study began. They have university and college degrees respectively, and a combined income of over $50,000 per year. Having children was an important value in both of their families of origin. They had received a diagnosis of male factor infertility, which treatment apparently resolved. They had also had other surgeries, drug therapy, and intrauterine insemination. They then achieved two pregnancies over the course of nine IVF cycles, but both ended in miscarriage. Tina and Randy ended their treatments after 8 years. At the first interview, they described themselves as having chosen childfree living.

Tina and Randy expressed some feelings of depletion and disequilibrium early in the study, especially in terms of being unsure about how they wanted to revision their future. However, they generally appeared over the course of the study to have adjusted very well to a childless life. They seemed to perceive numerous advantages of childfree living and to have similar coping styles and values. For example, both Randy and Tina said that although parenthood had been an important goal, their relationship with each other was the main reason they were together. Both also said that they did not view their identity in terms of parenthood. Further, when they realized they would not have children of their own, both partners continued to enjoy relationships with their relatives’ children. Essentially, Tina and Randy appeared, throughout the study, to be focussed on living in the moment and to be tentatively exploring their options for the future with a sense of optimism.
Their family and social network had been consistently stable and supportive, and Randy and Tina had had relatively positive experiences during their infertility treatment. The only significant difference this couple expressed was early in the study when Tina wanted to disclose their infertility to people in order to educate them, to Randy’s discomfort. They appeared to communicate effectively around this difference and later in the study it became less of an issue as Randy expressed diminishing concern with others’ judgements about their infertility. In the last interview, they described their infertility as being a past issue and, because of this, were eager to end their participation in the study.

Couple Nine – Chuck and Margaret. Margaret and Chuck were both 29 years of age at the beginning of the study and have college and University degrees, respectively. Margaret earns less than $15,000 per year and Chuck earns over $50,000 per year. They live in a small town in northern Ontario. The couple ended their infertility treatment after 5 years. They had attempted intrauterine insemination four times, as well as having drug therapy. Having children was an important value in both of their families of origin.

In the first interview, both Margaret and Chuck appeared to be grieving the loss of a biological child. Margaret in particular experienced strong emotional reactions that left her shaken, including a total aversion to children and people with children. She described this as being very difficult for her as all of her nursing coworkers have children. She expressed great relief at realizing, through reading and the limited counselling she could get in the small town where she lives, that her reactions were normal. By far the most significant event over the course of the study for this couple was Chuck’s bout with cancer between the first and second interviews. This critical event shifted their perspective on their childlessness, facilitating a greatly heightened awareness of and
appreciation for their present lives. It also improved their perception of the medical
establishment. For Margaret, Chuck’s cancer not only helped her to let go of the hope for
a child and choose to move on with her life, but appeared to facilitate her focus on what
she wanted to do in terms of work. Initially, she felt that work had become more
important to her because she needed the security it would provide if Chuck died, but by
the final interview she was focussed on finding a more fulfilling career.

Another significant challenge that Chuck and Margaret faced during the study was
social isolation. Surrounded by couples with children in an isolated small town, the
absence of a stable support system, not surprisingly, appeared to challenge them in their
adjustment to infertility and childlessness. Interestingly, they found that this situation
improved significantly when Chuck had cancer because their struggle in this case was
visible and relevant to more people. By the end of the study, Margaret and Chuck had
begun to enjoy new friendships with older couples whose children had grown, but were
also contemplating moving to another province to seek a more stable economic as well as
social situation.

Identified Themes

The themes that are discussed below reflect the themes that are common to the
couples in this study. Direct quotes from the couples’ interviews are used wherever
possible to support and enrich the themes. It should be noted that the order in which the
themes are presented is not intended to represent a particular sequence in terms of
couples’ adjustment to permanent childlessness. The identified themes are: (a) a need to
protect themselves; (b) a sense of lessening emotional intensity; (c) a sense of regaining
control; (d) a need to revision life and identity; (e) a sense of appreciation for their
relationships; (f) a sense of recognition and reconciliation to their fate; (g) a need to make sense of their experience.

**A Need to Protect Themselves.** This theme seemed most salient in the initial interviews with these couples, and the frequency and intensity with which couples described this need diminished in later interviews. The theme appeared to encompass both the couples’ desire to limit their exposure to the full extent of their emotional pain, and to impose some degree of control over the unpredictability of the back-and-forth adaptation process. Many of the couples reported strong feelings of grief that were often described as close to the surface, and easily and unpredictably triggered. They also talked about dealing with these feelings of loss in a landscape crowded with friends and family members with children. They often reported experiencing insensitivity or intrusion with respect to their childlessness. Distracting themselves by keeping busy, distancing themselves physically from child-oriented conversations and events, and avoiding discussions about their situation with others appeared to be the main ways these couples sought to protect themselves. As will be discussed, in the earlier interviews most couples described finding this hard to do. However, there were also variations noted in the intensity of this need. These variations appeared to be related to factors such as gender, the degree of perceived social support, and the degree of importance placed on parenthood by each participant and their respective partner.

In the first interview or two, many of the couples in the study described keeping busy or avoiding reminders of children or childlessness in order to protect themselves from being confronted with the full emotional intensity of their loss. One woman, clearly grieving, said:
“I guess it’s still hard to accept. I think what we both have been trying to do is just be busy bees, trying to fill our lives with everything that comes along. Just so we don’t have to think about it anymore.”

Another woman, who had previously enjoyed contact with children, appeared confused by the strong need she now felt to avoid them:

“Now it’s like I don’t want to have anything to do with kids. They’re not part of my life and - and like there’s girls who are getting pregnant at work and it’s like, yeah that’s fine. And I don’t want to have anything to do with them anymore. It’s - I find I’ve gone completely the opposite. I don’t know, maybe one day I’ll mellow out again.”

Another woman spoke of learning to distance herself emotionally from the children and mothers she worked with, since she could not physically avoid them:

“People would come in with their babies and you’d have to feel like you’ve had to almost put this mask over your face, put on the health practitioner’s face, rather than the person’s face.”

Many of the couples in the study also felt vulnerable to insensitive comments or negative judgements and attitudes of friends and family about their childlessness. They appeared to seek ways to protect themselves by limiting their exposure to others. These couples generally perceived insensitivity as stemming from other people’s discomfort, from malignant social assumptions about childless couples, or from the fact that infertility is an invisible loss that others simply don’t comprehend. For example, one man clearly valued having children and spoke of feeling a great loss of vitality and self-esteem at being childless. He struggled with the assumptions made by others about his personhood and values, based on his childless status. He said:

“The assumption is that you’re selfish, that you’re somehow hoarding a massive amount of money and then enjoying it in all sorts of devious ways while they’re having to take the kids to soccer. That’s the implication that’s made, often.”
Such encounters with others’ insensitivity appeared to feed the participants’ feelings of anger, pain, and loneliness, as well as their sense of failure. Their desire to avoid this kind of pain fueled their need to protect themselves. For example, a number of couples reported avoiding special occasions or family gatherings where they knew they would be likely to face insensitivity.

However, avoiding everyday occurrences of insensitive treatment appeared quite difficult to do. Most of the couples talked about trying to deal with painful comments and questions at work, in job interviews, in ordinary family encounters, and other places that were difficult, if not impossible, to avoid. Moreover, these couples appeared to feel more emotionally vulnerable to others’ lack of sensitivity at this time than they did in later interviews. Many reported struggling, sometimes unsuccessfully, to find responses that would allow them to validate themselves and their experiences. For example, one woman spoke of her difficulty responding to unspoken messages that she was somehow deviant for being childless:

“It’s weird because you don’t know what to say when someone says, oh how many kids have you got? And you say, oh I don’t have any. And they kind of look at you cause they know I’m at that age like I should have a child or I’ve made a decision never to have any, so therefore I’m a weirdo.”

One woman had three painful miscarriages during six years of attempting to have biological children. She talked about how her parents and siblings with children seemed oblivious to the reality of these losses no matter how she tried to explain her pain to them; “I mean basically what we have to do is pretend that nothing happened because that’s how they see it. Whereas to us it was a big something.” While most couples in the study said that over time they were able to formulate more satisfying responses to others as their
emotional pain diminished, this woman continued to feel wounded by her family’s invalidation and, in the last interview, was contemplating breaking off contact altogether in order to protect herself.

Some participants were more concerned with protecting their partners than themselves from social insensitivity. One man, who described himself as not particularly invested in parenting, said:

“I don’t believe it’s an issue for men like it is for women. I know that if we go to (her) homecoming class, the women are going to say how many children and here’s little Johnny and it would be ... very devastating.... Society still judges your success by the number of children you have.”

As a result of these kinds of encounters, most of the couples were extremely careful about letting down their guard. Many entrusted a carefully chosen few, protecting themselves as necessary from others:

“Not every friend is the same but sometimes I just have to keep my distance away from her because that’s the way she is sometimes, you know.... she’s another one that thinks we’ve got money coming out of our ears.”

Pity was another reaction that participants sought to avoid, as it did little to help them feel understood or supported:

“You don’t want to just blurt out to everybody because people are like, oh, I’m sorry. It’s like a loss kind of thing, because they go oh god you’re going to be childless. You’re going to be so lonely when you’re old.”

Most of these couples also appeared to feel the need to protect themselves from an uncertain future full of the potential for further loss and lack of control. This need appeared especially pronounced with respect to their decision-making around adoption. Virtually all participants expressed at least some degree of resistance to embarking on another “rollercoaster” process after having so recently ended infertility treatment. For all
of these couples, treatment had been associated with arduous and, often, very negative experiences. These included dramatic mood swings between hope and despair, a sense of life being both on hold and out of control, and ultimately, failure and grief despite their very best efforts. Most of the participants also spoke of experiences of feeling devalued or disrespected by the medical professionals whom they assumed were acting in their best interests. So powerful were these experiences that several participants talked of being afraid for their own, or their partner’s mental health, by the end of treatment. These couples viewed adoption as a system akin to the medical establishment, and feared the same process and outcome. As a result, most of the participants appeared to want to protect themselves emotionally by avoiding the process, if not the actual act of adopting a child. For example, one woman considered herself open to parenting an adopted child, but couldn’t bring herself to put her name on the waitlist:

“It took me a lot to get off the plan, to carry on and just be [us]. I never took the initiative to sign up for it because then it’s the waiting game again... if somebody phoned up and said here, we’ve got a baby, I’d take it, there’s no anticipation, no anxiety...”

Some participants appeared to resist adoption to protect themselves from further failure. The husband in a couple who had been through 2 unsuccessful IVF treatments, said, “I don’t want to go through a convoluted process after having been through one and seeing it come to nothing.”

Many of the couples also appeared to resist adoption to protect themselves from the possible losses or regrets that might accompany raising an adopted child. For instance, one man, who appeared generally to be anxious about what the future held for himself and his wife, said:
“There’s a certain amount of fear around adoption. There’s the unknown, you know not to say that having your own child is a known entity, but I think there’s something different about it and I think part of it was gee, I don’t know.”

A common sentiment among these couples was the fear of regret once an adopted child became a teenager. For instance, one woman said:

“...If your own child is a rotten teenager you can sort of handle it but if an adopted child is a rotten teenager are you gonna feel like, God I wish I’d never done this as some of our friends had said.”

Another very common fear was losing an adopted child to its birth mother after bonding with it. In the words of one man, who articulated a number of concerns about adoption.

“It’s like you go to these adoption agencies and you’re matched with a child, you live with this child for X number of years, and then all of a sudden the birth mother decides they want them back and the courts uphold that.”

A few couples also appeared to avoid discussing adoption with each other to protect themselves from the pain of loss, or conflict, around that issue. In the words of one woman who had actually adopted an infant, only to see her returned to the birth mother 4 days later:

“I think there probably is (something there) that we haven’t really discussed. Maybe it’s a bit of we’re scared that we might get burned again. You know? And we haven’t really brought it to the surface yet.”

Another couple said they had implicitly decided not to adopt by avoiding the discussion;

“And I think there’s all those sorts of fears that we didn’t want to look at and so just ignored it basically. We just didn’t - didn’t even think about it.”

There appeared to be some gender differences among the participants with regard to the theme of self-protection. Generally, the wives were more likely to indicate a need to protect themselves than their husbands were, and more often reported emotional distress at being in situations where they were unable to do so. Two factors appeared to account
for this difference. First, the majority of the men, while grappling with sadness, confusion and upheaval in the early stages of adjusting to permanent childlessness, tended to report less intense emotional distress overall than did their wives. Several said that having children had always been less important to them than their relationship with their spouse, which might account for the lessened intensity of their responses. Second, the women tended to report more frequent, painful exposure to child-oriented occasions such as baby showers, and to intrusive questions from friends and family about having children. Work also often tended to expose them to painful reminders of childlessness. Most of the men worked in areas that were not child-focussed, and indeed, several called work a respite from childlessness. However, most of the women who were working during the study had jobs where they came into frequent contact with mothers or children. One was a family chiropractor, and two were registered nurses in rural communities who sometimes had to work in labour and postpartum wards, and whose coworkers were all mothers.

Some gender differences also emerged with respect to the couples’ need to protect themselves around the issue of adoption. As mentioned, almost all participants in the study expressed a desire to protect themselves against further loss or regret by avoiding the process or the relationship with an adopted child. However, most of the husbands voiced such concerns more often and more strongly than did their wives. Several couples also found themselves at odds, with the husbands resisting adoption and the wives wanting to explore it as an option. The men’s resistance or avoidance in some cases seemed to have been due to their need for self-protection. For example, one couple had polarized desires regarding adoption. The wife described herself as periodically desperate for a child, biological or adopted. The husband talked about feeling great sadness at
knowing that he was the end of his family line. He was at least somewhat open to the idea of parenting a genetically unrelated child, however, he was clearly unwilling to adopt because the rules of the process might result in their losing the child:

“I have a hard time when something’s taken away from me. I guess it’s because a few people have been taken away from me, passing away and whatever else. And I guess I’m kind of trying to hold on now to the few things we have. Maybe it’s a fear.”

There was also some variation among the couples regarding the need to protect themselves from social insensitivity. While most couples said they talked to few or no people about their infertility in order to avoid being stigmatized about their childlessness, three reported sharing more openly with others. These couples also tended to express more satisfaction with the quality of the social support and, in some cases, the medical support they had received. They also appeared to find others’ comments, questions, and attitudes less intrusive or hurtful than did those who reported poor social support. For example, one couple had close and important “parental” relationships with their nieces and nephews. The husband also had a close male friend with whom he talked about the couple’s infertility, something no other husband in this study mentioned. His wife appeared to view others’ questions about their attempts to have children as positive, saying:

“There was never any lack of support. Everybody was always, you know, when are you guys going to you know - when’s your turn? Are - aren’t you going to have any? And whatever. Now I just tell people it’s up to the scientists.”

The perceived need to protect themselves from feelings of intense grief, social censure and insensitivity, and the potential losses and regrets of adoption diminished in intensity in most couples’ later interviews, usually to quite a noticeable degree. However,
for two couples, social isolation appeared to negatively influence their experience of childlessness. In earlier interviews, they reported having distanced themselves from a number of friends and social groups they felt were unsupportive. By the end of the study they still appeared to have fairly minimal social support. Both couples expressed a desire for renewal in this area, but issues such as ill health and rural living made this more challenging.

In summary, the couples in this study tended to protect themselves by avoiding people, places, and events that reminded them of the pain of childlessness, or by distracting themselves from their intense feelings through activity. The women appeared more likely to encounter these situations socially and at work than did the men, and more often reported a sense of needing to protect themselves. Some of the men said or did things that indicated they may also have had a desire to protect themselves. Other men were clearly concerned with protecting their spouse from further pain through social insensitivity. The couples who viewed themselves as having strong support from friends or family appeared to experience the need to protect themselves to a lesser degree.

A Sense of Lessening Emotional Intensity. In later interviews, these couples reported a sense of lessening emotional intensity in their experiences of infertility and childlessness. This was described particularly with respect to diminishing feelings of sadness and grief. As couples experienced a reduction in their pain and feelings of vulnerability, a significant number reported a shift from passivity and defensiveness to increasingly assertive behaviour, especially with people and situations that related to their infertility and childlessness. There was also a sense that as their pain lessened, these couples experienced more space in their lives for new concerns - that infertility and
childlessness were still salient but less central parts of their lives. Most couples began noticing some or all of these changes by the second or third interview, and elaborated on these developments in subsequent meetings. They also tended to express their belief that these changes were indications of healing.

A sense of gradually lessening emotional pain and reduced vulnerability to that pain were central to this theme. The couples described sadness that was milder than it had been earlier in their adaptation to childlessness. However, this sadness also continued to resurface unexpectedly. For example, one woman, who viewed herself as adjusting to childlessness fairly well by the second interview, summed up many of the women’s descriptions when she said:

“It just comes up at the most unexpected moments. And then it goes. It’s a momentary thing where you feel a pang and then it just kind of floats away into nothingness and then comes back sometimes and floats away again.”

The couples reported a sense of satisfaction and relief at the reduced intensity of their grief. For example, one woman related a story of a friend whom she described as obsessed with having a biological child, noting, “I know what it felt like a few years ago and I feel relieved that I no longer feel that way.”

Some participants also described how their grief gradually shifted to milder feelings, such as jealousy, that they found easier to bear. For example, one woman described her reactions when a woman older than she became pregnant easily, saying, “I was just plain jealous. But it’s not the same as hurting at all.” Many participants also appeared to begin to experience ambivalence about their childlessness as their grief ebbed. One woman whose coworkers were all mothers, said:
“I’m not angry that I’m infertile. What I do feel angry about sometimes is not belonging to a group of girls who are mothers, or sometimes I guess I envy them a little bit, and other times I’m really happy I’m not a mom.”

Many participants, particularly the women, talked about feeling released from the obsessive hope to become pregnant. One woman who described herself as adjusting quite well to childlessness said, “If we were ever to get pregnant by some miracle, which I don’t think will happen, I think we would adjust to it, but it’s not something I crave or anything like that.” Some of the couples who had not put closure to their infertility via a vasectomy or hysterectomy described harbouring a faint hope for a pregnancy. However, unlike their experiences during the process of infertility treatment, they appeared to see this hope as a small aspect of their lives that did not interfere with their day-to-day functioning. As well, ambivalence appeared to have taken precedence over hope for most of these couples. As one woman who had very much wanted to parent at an earlier time said, “I think, well what if I did get pregnant at 43, I’d be absolutely anxiety ridden.”

Another important aspect of the theme of lessening emotional intensity was the sense that the losses around infertility and childlessness were slowly becoming a less central part of these couples’ lives. Some couples reported having experienced other stressful events, such as illness, that had become the central focus in their lives, while others did not describe similar experiences. Nevertheless, almost all noted that their childlessness was slowly becoming more peripheral. For example, a husband who had survived cancer during the study, and who had expressed a strong desire and expectation to have kids, said in the fourth interview; “I look at other dads with little kids and there’s still a longing there but it’s not something I dwell on.” The husband of the couple whose adopted child had been taken back by the birth mother said, “You still think of it, but the
times that you think about it, the gaps get longer. And the actual time that you think about it gets shorter and shorter.”

Most of the study participants, particularly the women, also talked about how, as the emotional intensity of their loss subsided, they became less aware of reminders of childlessness, or didn’t react as strongly to them as they once had. For example, one woman, who had been treated for suicidal feelings at the end of infertility treatment, echoed the words of many of the wives in the study when she said:

“It’s not that I don’t think about it maybe once or twice a day, you know, you hear a cute kid commercial on the radio and you get a little pang. But it is not the total focus it was.”

Another woman, who had felt a strong need to avoid children and mothers earlier in her adjustment, was surprised to find herself delighted by the birth of her sister’s child:

“I’ve been looking at myself and thinking I should be teary or upset or this should be doing something to me and I was nothing but absolutely overjoyed. I’m so happy for her that I’m not unhappy for me and I thought I would be. I can’t believe it!”

Many of the women who had expressed a need to avoid anything child-oriented in order to protect themselves, now began to describe a renewed ability to include these situations in their work and social lives. For example, one woman, a nurse who had tried to avoid working in the maternity ward earlier in her adjustment to childlessness, said with satisfaction, “I can look after those little babies in the nursery and squeeze them and love them and kiss their faces and not cry. So I have come a long way.” Another woman described how the emotional aftermath of a get-together with pregnant friends had become less intense; “Before, I would have, you know, come home and done myself some major horrible things, but not now.”
Some participants also described feeling less vulnerable, as their grieving eased, to the social insensitivity they continued to encounter. For example, one man described the shift as follows: “The sadness comes up less often. And even people, you get a bit more ready for people.” A woman who described her family as providing no emotional support, talked about her gradually decreasing vulnerability to their insensitive comments; “My father made some crack about Easter being about fertility and I just gave him a dirty look and ignored it. Whereas at one point I probably would have been in tears.” Some participants appeared to experience their decreased vulnerability through an emerging ability to stand back from insensitive comments and perceive the positive intentions behind them. For example, one woman, who seemed frustrated but not distressed by the ongoing advice she received on how to get pregnant, spoke about how she had come to reframe it:

“My first instinct was to be insulted and then I thought, no, take it in the way it’s meant. It was given in fun but, you know, but they were being kind, they were thinking about it.”

As their intense feelings eased, most of the couples also described a shift from feeling defensive and passive, to feeling and acting more assertively, particularly when confronted by social situations they had previously been upset by or avoided. This shift appeared to go hand in hand with their reports of feeling more at ease with, or distant from, their emotional pain. Some participants also appeared to perceive less negative judgement from others about their childlessness. For example, one man talked with satisfaction about feeling more at ease with intrusive questions from strangers:

“We were asked, are your children with you or do you have children or who’s taking care of the children. We were able to handle that question a lot more comfortably this time around. And people were accepting.”
Some participants reported greater ease in educating or disclosing to others about their childlessness. One man, who had been loathe to let people know about the couple’s infertility, said, “I didn’t want them to change the way they treated me because of some perception they had. I’ve gotten to the point where I don’t care what they think.”

Almost all of the participants who continued to report social insensitivity or lack of support spoke of being able to respond more assertively to it. For example, the woman who had felt silenced by her family’s lack of validation for the losses she suffered through multiple miscarriages, said, “It is getting that emotional distance I think that, then you can finally say, wait a minute, that was a really dumb thing to say and this is why.” A few women who continued to feel the need to protect themselves around child-oriented occasions, also reported feeling more assertive and entitled to set limits around these events. As one woman said, “They’re always saying oh come on over and see the baby. And the biggest thing that’s helped me now is that I’ve said, no I don’t have to do that.”

The passing of time was also mentioned by many couples as being healing. Time appeared to heal by making them feel less vulnerable to reminders of childlessness. For example, when describing how she was now able to work with women in labour at the hospital without getting distressed, one woman said, “I thought, I’m getting more comfortable with this, time is really helping to heal this feeling.” Another man described how, as time passed and life went on, more recent events gained precedence over the couple’s infertility history:

“The most recent negative thing isn’t some horrible doctor or some treatment or something that didn’t work or some test that didn’t turn out, those are all at least two years ago, so you start thinking of stuff other than that.”
Other couples cited a combination of the passing of time and effort on their part as helping to put some closure on their infertility and childlessness. For example, one woman who had started a support group with her husband, said of her increasing ability to create a satisfying life; “I guess it’s partly just time but partly real effort that is making these changes and it feels good that they’re finally happening.”

As well, a few couples said that, as they grew older, they experienced less exposure to certain reminders of childlessness including social insensitivity stemming from others’ expectations around parenthood. One man summed it up this way; “I think we are seen as a couple without children. I don’t think there is the pressure from society that there was 3 years ago.”

In terms of gender differences with respect to the theme of lessening emotional intensity, this theme again seemed somewhat more relevant for the women, partially due to the fact that, for the men in the study, their emotions around infertility and childlessness were less pronounced to begin with. The words of this man appeared to reflect these sentiments:

“It was never an all consuming desire for me to be a father. I would be a proud father if I was a father, but I don’t think I’m any less of a human being for not having a child.”

Several husbands talked about being positively impacted by their wives’ less intense feelings related to the couple’s infertility and childlessness. For example, one husband described the emotional benefits for him of his wife’s hysterectomy, which had been very helpful to her adjustment to their childlessness; “It changed for me largely because it changed so much for her. I mean, she’s happier, much more content, less, well, ah, angry.”
For one couple, however, the husband described less intense feelings in later interviews, while his wife appeared to continue to talk about her pain and loss in strong terms. This woman had other losses during the study, including illness, lack of social support, and the loss of future goals and her sense of youth. These losses appeared to have exacerbated her grief around her childlessness. She did report diminished hope for a child but related this to her illness and did not appear to see it as healing. She also described an increased ability to deal assertively with the doctors treating her illness, although it is difficult to know if this assertiveness was linked to lessening emotional intensity or experience with the medical system.

Regarding other differences between the couples, one couple appeared to experience mild feelings around their infertility and childlessness throughout the study. In the first interview, this couple described themselves as “choosing childfree” after ending 8 years of infertility treatment. They described having had difficulty coping with social insensitivity at one time, but were dealing assertively with it by the time the study began. This couple expressed a comfortable conviction that a pregnancy would not occur, and described a secure and stable social network. Both partners said they married mainly for the relationship, although parenthood had been an important goal. The wife also reported that her identity was not related to motherhood. Despite their 8 year effort to attain parenthood, she said of the couple’s attitude; “Our whole life was not focussed on having a family. It wasn’t a be all and end all.”

In summary, for the majority of the participants, the sense of lessened emotional intensity was a common and consistent finding. Important aspects of this theme were gradually ebbing feelings of grief and sadness which could still be unexpectedly
triggered. Couples also commonly reported feeling less vulnerable over time, both to their own feelings and to social insensitivity around their childlessness and in response to reminders of their loss. Some couples also began to describe people’s comments and questions related to children as being less negative and insensitive than they did in earlier interviews. Reports of less intense feelings and reduced vulnerability appeared to go hand in hand with accounts of increased assertiveness in dealing with social relationships, social insensitivity, and reminders of the couples’ childlessness. Grief and sadness also began to take up less space in these couples’ lives. This was seen in these couples’ descriptions of how they began to focus less often and less intensely on their childlessness. As well, many couples appeared to feel new and often mixed feelings about their childlessness as their most intense feelings of loss diminished. The men appeared to be less likely to report diminished intensity of their feelings, perhaps because their emotions around their infertility and childlessness appeared to be milder than their partners’ to begin with. They also tended to make comments that suggested they did not strongly connect their masculinity with fertility. Not surprisingly, couples who had experienced multiple stressors in addition to infertility and childlessness were less likely to report a sense of lessening emotional intensity.

A Sense of Regaining Control. Once the intensity of their emotions had subsided, most of the couples in the study reported regaining a sense of control in their lives. They did this through acknowledging that they would always be childless and making a decision to move on with their lives in spite of this fact. For these couples, regaining control appeared to be associated both with accepting that having children was out of their control, and with believing that they could control other parts of their lives. Most couples
made comments suggesting that the decision to move on involved shifting their focus to these other, more controllable parts of their lives. Once the decision to move on was made, a sense of relief was described. This relief tended to accompany a time-out period in which the couples expressed pleasure at being able to restore normalcy to their day-to-day lives without being committed to any long-term plans.

For some of the couples, the process of regaining control of their lives through deciding to move on with their lives was catalyzed by a critical event. A critical event, such as the death of a sibling, appeared to lead some of the couples to a shift in perception in which an increased appreciation of what they did have reduced their focus on their inability to have a child. Some participants did not report a critical event, but did articulate a defining moment, often painful, in which they made the conscious choice to accept their fate and move on. Others appeared to be aware of having let go and moved on with their lives “after the fact.” Factors that appeared to account for some of the differences in the participants’ process of regaining control in their lives were gender and the amount of extra stress experienced by the couples related to issues other than their infertility. Regardless of the process, all the participants who described deciding to move on with their lives reported a renewed sense of control. A few couples appeared to reinforce the decision to move on with acts of closure, such as sterilization. With respect to adoption, several of the wives in the study wanted to adopt but their husbands did not. Some of these women reported consciously choosing to move on without adopted as well as biological children, rather than remain in conflict or proceed with adoption without their husbands’ commitment. For these women, letting go of the hope to adopt appeared
to be a separate decision that related to the fact that adoption, unlike biological motherhood, was an outcome over which they could potentially exert some control.

Many of the couples in the study experienced significant, stressful events during the study that they linked to a change of perspective around their childlessness. These critical events included illness, job loss, injury, and the deaths of friends or family members. The couples who faced such events gained a renewed appreciation of the fragility of life, acknowledged the limits of their control, and experienced more gratitude for their relationships. Two of these couples stated that these changes helped them begin to accept their infertility and childlessness. For example, the wife of the man who had cancer during the study had at one time found any contact with children or mothers too painful to endure. She spoke of how her husband’s illness began to allow her to move beyond her loss; “It’s made a big impact. I think it makes you realize, look, you’ve got this now, you’ve got your husband now. I think it’s made me more accepting of not being a mom.” For another couple, two recent deaths in the family helped to shift their focus toward the future. The husband, who had not deeply desired children, had been very concerned about his wife’s emotional health after they ended infertility treatment. He said, “I think these losses have taken our focus off how to cope with the childfree environment. We’re looking at what we want to do and you know, life is uncertain.”

Not all of these critical events were so drastic, however. One couple experienced a 6 month, work-related separation that allowed them to step back from their infertility and realize that they could have a fulfilling life without children. They described how, during this time apart they came to appreciate their own individual potential as well as the
precious nature of their time together. This awareness helped them to let go of their hope for a child and focus on their own growth and potential. As the wife put it:

"We realized that what we were doing was not the only thing in the world. Like there's other facets to life that we didn't know existed. Cause we really got obsessed. I know we did, well I did. With the baby thing."

Some participants who did not report critical events that catalyzed a shift in perspective, nevertheless described a clear, sudden moment of awareness, often during a time of emotional stress, when they realized that they could choose to get on with their lives or not. One woman recalled it with great clarity and energy:

"I was crying all the time, I didn't want to go out with people. We sat on the deck one day and - you were really worried about me. And it was at that point I realized I've got to stop ruining my days that I have with bad thoughts and negative feelings, and that if it's not going to be, it's not going to be, so let's get on with it. And for me that was the hump."

Similarly, one man who appeared to experience a lot of sadness over both his childlessness and his mother's death, said: "I think you do move on but you choose to do that. Not everyone chooses to do that." Another woman who described herself as choosing to be childfree in the first interview, said that she realized she could move forward with her life on her own terms when her husband encouraged her to quit a job she hated:

"The realization finally came that I don't have to get pregnant to quit this job, I can quit now and I promptly did. That was a big turning point for me and probably at the same time I realized, if I don't get pregnant, life isn't going to end."

Other participants did not describe a definitive moment of realization, but on reflection were aware of having chosen to get on with their lives. One of these women had, on several occasions, said that she needed to explore the possibility of adoption to maintain her sense of control and self-esteem. She ultimately described choosing to move
on with her life, accepting both her husband’s resistance to adoption, as well as the loss of biological children. She said:

I have no idea when it happened but somewhere along the line there was this almost unconscious decision about will that fit and let’s get on with life and living. And part of that I think was with the adoption issue as well.”

Another woman, still clearly working through the pain of this choice, said:

“Did I want a child badly enough to possibly lose the man I love? Obviously not. It’s not necessarily fair to be in that position but you have to think of where you are and what you have to do to survive. And you can choose to be happy or unhappy about it and as I cry (giggle), I choose to be happy about this.”

Generally, once the couples had regained a sense of control over their lives through deciding to move on with their lives, they described a deep sense of relief. This sense had also been expressed by many couples when they decided to end treatment. For example, the husband in the couple who had lost their adopted baby after only 4 days, said of their subsequent decisions to not pursue IVF and to “live for themselves”; “It’s like, phewwww. Thank God we’re going down the down side of everything instead of up.”

For most of the couples in the study, the choice to get on with a life without children appeared to be coupled with a determination to orient themselves toward the future and the advantages that a life without children might offer. For example, the woman who felt that she needed to explore adoption to maintain her self-efficacy, spoke about her realization that:

“You can still make the most of what you do have and the opportunities that are open to you now that wouldn’t have been open if you had children. Rather than just be consumed by the fact that you haven’t had children and let that destroy you.”
Despite these couples' future orientation, they did not want to make long-term plans immediately after having regained a sense of control in their lives. There was a clear sense that a time-out, a period of rest and respite, was needed now that they were beginning to put the infertility process behind them. For example, one man said, "Thinking in terms of medical concerns was a very big part of our lives and so it's a nice luxury to just contemplate the future, even if it takes us a while to figure it out."

Similarly, one woman reveled in her ability to exercise control over her life by simply living in the moment, in contrast to the arduous and dictated process of trying to have a child. She said, "I couldn't think past the next two months because of this baby thing and now I'm not even thinking about the next two months."

These couples did not overtly link their disinclination to make long term plans to adoption, however this appeared to have been a factor in most couples' resistance to getting involved with another long-term and uncontrollable process. For example, a woman who described how she and her husband decided not to adopt by avoiding discussions about it, echoed the sentiments of some other couples when she said, "I don't want to make any decisions right now about anything. I just want to concentrate on very basic things."

Many couples described focusing on regrouping their energies and restoring balance and normalcy in their day-to-day lives. For example, a woman who had been ill described returning to weekend getaways with her husband; "We rented a video, had a nice hot shower, had something to eat and put on a good movie and that's comfortable. I like that." Another woman described how she was restoring balance in her life after deciding to let go of the hope for a child and move on with her life:
“Trying to do a bit more creative things, a bit more reading, going for walks, trying to do some physical things. Just pushing myself to do that and I think it’s helped a lot.”

As well, shorter term plans that focussed on changes to the couples’ immediate lifestyle and capitalized on their renewed sense of spontaneity, were often mentioned. For example, one woman who had recovered a sense of energy and was enjoying a variety of satisfying interests said, “Just get the house and go, I think. I haven’t really thought. We don’t have to be planning.”

Some participants reinforced their decisions to acknowledge their childless fate and to regain control by getting on with their lives with acts of closure. Generally, these acts appeared to help test or reinforce these decisions and to emphasize their sense of control. For example, one woman arranged to see the child she had adopted but whom the birth mother had taken back. For this woman, who then went on to sell the baby furniture she had bought, confronting her loss appeared to help her move on. She said:

“I wanted to scoop her up and run away but part of me knew that’s not the same baby we had. So that’s how I separated it. It was like, that’s not my baby, that’s their child.”

Another couple chose to put closure to their infertility through a vasectomy and a hysterectomy. The wife found her hysterectomy, as well as her power to convince the doctors to perform the surgery, to be a powerful symbol of her regained control over her life and her body that was very healing emotionally:

“It’s a matter of taking back my life. It’s no longer in the hands of the doctors, it’s no longer in the hands of my unpredictable organs. And my emotions are not affected in the same way they were, to a great extent.”

Another aspect of this theme appeared to be the way some of these couples reinforced their decision to move on with a childless life by comparing their decision to
stories of other people's experience. These stories focused on people who were unable to
end infertility treatment, or who had had negative experiences with adoption. For
example, one woman saw her decision to abandon treatment as very healthy, although
friends encouraged her to continue due to her relatively young age. She said of an infertile
acquaintance who continued to try to produce a child; "I'm sorry for her because I
remember what it felt like a few years ago and I'm relieved that I don't feel that way."
One of the husbands reflected on an experience at a seminar when he realized that
parenthood also could be associated with significant pain and loss:

"They were telling some horrific stories about how the infant had been a gasp
away from death and saying, you should be thankful you didn’t have to go through
that, and I am."

With respect to gender differences regarding this theme, some of the men in the
study described being at least somewhat fatalistic about parenthood. For these men it
appeared to be less a matter of conscious choice than of an awareness that at some point
they had let go of the hope for a child and moved on. Some of these men also made
comments indicating that their main focus was their wives' emotional well-being. For
example, one man said that he hadn't expected to be a father by the time he married at 40,
and that resolving childlessness for him more or less meant going back to his previous
lack of expectation, although he did mourn the loss of a child for a time. Comparing his
process to his wife's, he said:

"Mine was much more gradual, and started much earlier. We'd both love children
but that's not going to happen so at some point I was sort of hoping for it for her
sake, and when the end came, it was a relief for me."

A few men described urging their wives to seek counselling to try to facilitate acceptance
of their situation. One husband explained it this way; "I was fairly certain of where I was
with regards to parenthood. And it wasn’t the same direction she was going in. And I was concerned about her mental health, in honesty.”

With respect to the differences between the couples, two couples appeared to be affected differently by critical events than were the others who faced them. In one case, the wife was ill, while the husband was suing his previous employer for wrongful dismissal. This couple, who described feelings of lethargy, ennui, and anxiety, which they deemed worse than the effects of infertility and childlessness, stated that, in light of these events, they felt their infertility was behind them. However, the other couples found critical events to facilitate a positive shift that brought relief, while for this couple emotional distress and a sense of exhaustion were the result. The husband said, “This past year has been so difficult. You just don’t have any interest in, I mean there’s just no enjoyment in life, in general, really. You just sort of lose it.” For the other couple, the husband stated he had accepted their childlessness and wanted to move on with their lives. However, his wife viewed motherhood as the crux of her sense of self and saw herself as being on a “perpetual grieving program” in which her identity had been assaulted through infertility, illness, and other losses. For both of these couples, there was a sense of being stuck. It appeared that an overload of stressful events were delaying or preventing them from moving on with their lives. As well, none of the couples who experienced critical events in their lives reported a sense of relief and respite. Emotionally, they appeared to move directly from coping with their infertility and childlessness to coping with their new challenges.

In summary, most of the couples regained a sense of control in their lives from giving up the struggle to have children and making a decision to move on. For many
participants, this decision entailed a conscious turning point that, for some, was catalyzed by a critical event. For some others, particularly the men in the study, the process was more subtle. Once they had decided to move on, the couples described feelings of relief and pleasure in being spontaneous and living in the moment. Many couples also began to consider what the advantages might be of a childless lifestyle. Some couples reinforced their decision to move on with their lives with acts of closure as well as by comparing their decision to stories of other people’s negative experiences with continued fertility treatment or adoption. In terms of differences with respect to this theme, the men not only described a milder experience in terms of regaining control, but some also talked more about their wives’ ability to move on with a childless life than their own. For some of the women who wanted to adopt when their husbands did not, choosing to move on with their lives meant deciding to leave not only biological motherhood but also adoptive motherhood - over which they had more potential control than biological motherhood - behind. Couples who had personally experienced multiple critical events including job loss, illness, and injury, were less likely to talk about moving on with their lives than were couples who experienced a single event or who were less directly affected, such as couples who had lost a friend or family member. All of the couples who experienced critical events were less likely to report a sense of relief or a time of respite, apparently due to the continued stress in their lives.

A Need To Revision Life and Identity. During the 3 year course of the study, all of the couples expressed a need to revision their lives and aspects of their identity. This theme appeared to become salient once these couples began to put their infertility behind them and move on with their lives. Generally, it encompassed the couples’ need to
reconstruct a life vision that was satisfying and meaningful now that they were beginning to accept that they would not be parents. Part of this was the process many couples described of reassessing their current goals and priorities in light of their decision to move ahead with a childless life. Couples also talked about developing alternative meaningful goals. Also, most of the participants appeared to revision who they were as a couple and many appeared to reassess who they were as individuals.

For many, but not all of the couples, the urge to revision their lives appeared to include an optimistic future orientation, coupled with renewed energy and a sense of agency. For a few couples, disequilibrium and anxiety appeared to be connected with the need to revision. Feelings of loss continued to resurface but did not block this process. The couples generally expressed the need to revision their lives and their sense of themselves in terms of reinvesting their energies into satisfying creative labours, revisioning their future in terms of lifestyle and long-term goals, and reconceptualizing the meaning of family and parenting. This last aspect appeared to result in many of the participants entering into other kinds of nurturing relationships.

As mentioned, the urge to revision their lives and identities appeared to be connected for many couples with renewed energy, optimism, and agency. Many couples also appeared energized by the plethora of options they perceived were now before them. For some, these feelings emerged after a period of transition where they talked about drifting or feeling anxiety about the uncertainty that a wide open future entailed. For example, one couple said they had accepted their childlessness and were determined to get on with their lives. In the third interview, however, both spouses also appeared to be unsure about what the future would hold. The husband appeared to be more relaxed about
this, however the wife described struggling with not knowing what might fulfill her, now
that she had given up hope for a child and had quit a job she disliked. She said, “The more
balanced my life is, the less things are going to affect me negatively, so it’s a working
process for me to find more things to put my energies in now.” By the last interview, this
woman had taken a job that she viewed as a stepping stone to something better. She
described herself as still uncertain about her future but now appeared to enjoy exploring
her many options; “You have all this opportunity and potential and it’s just there whether
you go looking for something or something just presents itself to you. That’s kind of
exciting.”

In another couple’s third interview, the husband also seemed to be in a transition
regarding the future, while his wife had taken up running marathons and was finding it to
be a source of great satisfaction and achievement. However, he appeared to feel confident
that he would find his own avenues of fulfillment; “I’m seeking some other path. But I’m
looking at it as a bright future.” In the last interview, this man went described how
contemplation turned to action as he became engaged in writing a book:

“You hit a point where you say, OK, I’m going to make some goals. A bit like New Year’s resolution. And I don’t know whether this is all in your mind or not but if you put your mind to something you can really do it.”

For many couples, some of the options they perceived before them were the
advantages specifically afforded by a childless lifestyle. For example, one woman who
had begun to enjoy her work and hobbies with renewed zest, echoed the sentiments of
many participants when she described the advantages of childlessness as she saw them:

“Lots of freedom. Being able to just go somewhere if I want. Being able to work if I want for as long as I want or as short as I want. Probably the emotional freedom of not having to look after teenagers.”
Another woman described it this way:

   “There’s a certain pleasure in thinking, well OK I’m not going to have kids, but there’s a lot of things I can do with my life. A lot of people are probably sitting there wishing they could do those things while looking after children.”

Discovering and investing themselves in creative labours such as hobbies, appeared to help many participants recover a sense of competence and self-esteem that had been damaged by the infertility process. As well, they described hobbies and leisure activities as ways of increasing the satisfaction and fulfillment in their lives. Participants engaged in these types of pursuits tended to talk less about feelings of stress and disequilibrium around who they were. Some directly related taking on new interests or hobbies to developing a positive sense of self now that they would not be having children. For example, one woman reflected on her motivation for expanding her interests; “If I’d had more before, maybe my whole self worth wouldn’t have been tied up with being a mother.”

Another example of this reinvestment was apparent for the couple who experienced a work-related separation. After they made the decision to remain childless, the wife began to run marathons, while the husband started writing a book. Both partners expressed a clearer and more positive sense of themselves as individuals by the end of the study. The wife said:

   “We’ve become our own people. Before we weren’t, we were just a couple. You know, what he did I did, and what I did, he did. But now I run, I go off to the gym and you do your own thing and when we’re together, we’re together.”
Another woman, who appeared to question her competence in some areas of her life, had begun to study music and had written a song that did very well in a contest. She called music her “baby”, saying:

“I have this life I’m living, so I was trying to make the most of it and I do a job I don’t particularly like so I have to find something else. I used to feel jealous of anyone who could make music. That’s why making that song was really important.”

Some participants not only talked about seeking new creative labours, but also about going back to pursuits that they had put on hold or lost pleasure in during their infertility. For example, one woman explained how she had now given herself permission to do pleasurable things she had denied herself during treatment, such as playing her harp:

“It was like, I won’t get into this because I’ll have a child to look after. But the reality is it’s not going to happen. So now I’m looking to enjoy my life in different ways so I’m trying to get into playing some music and doing some crafts.”

All the couples in the study also appeared to feel the need to create a new vision of a life without children that would be meaningful as well as satisfying. Most of them appeared to reassess their current lifestyles and life goals and begin to explore what might be suitable changes to these goals. This also inevitably resulted in changes to their identities. For example, a couple who had recently gone through the husband’s bout with cancer said of their urban lifestyle; “We’re working but there doesn’t seem to be any meaning to it. Maybe if we had a farm or something like that there might be a bit more meaning to it.” Another husband described the couple’s explorations around changing their wills in order to leave a meaningful legacy; “We’ve thought, maybe we could set up a research grant for infertility.”
The process of reassessing their current lifestyle and goals in terms of creating a meaningful life without children appeared to involve a time of introspection and tentative exploration of ideas. A few couples appeared to follow up on this with more active planning and the implementation of new goals, and the sense of a shift in identity. However, most of the couples remained tentative in exploring their future life goals during the course of the study. This was probably in part because these goals were seen as being long-term. As well, this revisioning appeared to be anticipated as a profound change by some couples, and they appeared, understandably, hesitant to rush the process. For others, revisioning also meant dealing with major life issues in addition to childlessness. For example, the husband in one couple was at midlife and beginning to consider retirement. He was also grieving his father’s recent death. He described as follows his motivation to sell their farm that had been passed down to him by his father:

“I’m in my mid-40s and that’s where the childless part comes in - when you’re this age and you don’t have a son or daughter to take on the family farm. You sit back and you say well, what are we doing this for and for who?”

Some couples considered or made changes that would result in a more pleasurable lifestyle that would allow them take advantage of the freedom and spontaneity afforded by their childlessness. For example, one couple sold their townhouse and bought an island cottage, spending many hours together fixing it up. The husband said, “It was something that we enjoyed instead of some money making thing. It was more of a lifestyle choice than a think kind of choice. It was nice.”

An important area of revisioning life and identity for many of the participants was their focus on who they would be if they were not to be parents. Most of the couples described re-conceptualizing family and parenthood, as well as reassessing their needs to
nurture. They also appeared to find other ways to nurture if these needs were seen as important. A significant related shift that some couples described involved the sense that part of revisioning themselves as non-parents meant ceasing to define themselves by their infertility. For example, one couple talked about how infertility was an important part of their lives that was shrinking, allowing space for a broader self-definition; “We don’t have children, and we would like to have children, but that’s not the full definition of us. We’re also people with a leak in the basement…” As their definition of themselves expanded, some of these couples also appeared to begin to define themselves more positively as a couple-only family instead of a family that had failed to materialize. There was a clear sense that they were beginning to give themselves permission to be childless and to refocus on their lives as they were, or as they could shape them. For example, one man said:

“We’re really starting to think of our future as “us” and not as our future as “us but wouldn’t it have been great if we’d had”, although we’ll always feel that, but not so much confining ourselves by the negative.”

This revisioning of themselves as a couple-only family appeared to have occurred through the shift many couples described, of making investments in their needs and happiness. For example, one husband in a couple who had bought a house, acquired pets, and taken up new hobbies said, “We’re going to live for us now.” One woman who had experienced much frustration trying to establish social contacts in a small town where most people were very busy with their children, described beginning to focus on creating her own contentment:

“Let’s do the things that make us happy. Let’s plan to get away every second weekend, then we’ll still have these social interludes to look forward to whether it’s with other people or with ourselves.”
As well, many couples described putting their needs and priorities as a couple ahead of accommodating the lifestyles of people with children. Some talked about this reprioritizing with respect to their families of origin. For example, one woman said:

“We really used to make an effort to be around for the kids’ birthdays. We were so busy that it ended up that the only weekend we could get away was to other kids’ birthdays and I thought, well you know, really we have to do stuff for ourselves and if this is the only weekend we’re free to go away ourselves, we’re going to go.”

Other couples also talked about making their needs a priority with friends and acquaintances; “We’re not bothered anymore, we’re not going to try anymore, this is the way we are, and you find you’ve actually grown away from them. But we’ve moved on and met other people.”

One couple appeared to anchor this shift through creating new, couple-oriented holiday traditions. The woman who felt invalidated by her family’s exclusive focus on grandchildren at every family occasion, talked about how she and her husband were beginning to make holidays more meaningful and enjoyable for themselves; “We’re taking back Christmas because it’s always been a difficult time when you’re so conscious of it being for children. We’re making it our own again, which is a good step.”

As well, almost all of the couples in the study appeared to find a way to re-conceptualize parenthood. There was a sense for many couples that the appropriate time to parent was ending or had passed due to their increasing age. This shift in perspective appeared to help them accept their childlessness and revision other ways of meeting the needs that would have been met by parenting. There was a sense that the idea of parenting after the age of about 40 no longer fit with their vision of themselves and their lives that
they had had while trying to conceive, or with the newly forming vision of their future.

For example, one man, who with his wife seemed to have become quite comfortable with childlessness, said, “I just didn’t see myself in 10 years time, being in my 50s and worrying about a 9 year-old child. I don’t think it’s fair to me and it certainly wouldn’t be fair to that child.” Another man who also appeared to be moving on with his life, mentioned the impact on the couple’s relationship of parenting in later years; “You know, then you start to think, well, OK if I have a child at 40, when that child’s 20, you’re 60. And, you know, what about us?” The women who were in their late 30’s or early 40s during the study also talked about being disinclined to go through the risks of pregnancy and childbirth at a later age and appeared to focus on the risks rather than the benefits of a possible pregnancy. One woman described the shift in her feelings from hope to anxiety as follows; “My period was about a week late and I kept thinking, no. Oh no, it couldn’t be, could it? And then it came (giggle).”

Almost all of the couples appeared to revision parenting in terms of seeking new avenues that could fulfill their needs to nurture outside of parenting a biological or adopted child. Some appeared to find mentoring a way of meeting these needs. A few appeared to reconsider the depth of their urge to nurture and turned their energies toward other satisfying pursuits. However, most couples focussed on relationships with relatives’ or friends’ children, or with children in organizations such as Big Brothers. As one husband, who very much enjoyed the time he and his wife spent with their niece and nephew, said, “We decided we should invest more time with kids we knew rather than worrying about the kids that we didn’t know.” The men and women who chose to, and were able to develop bonds with other people’s children, appeared to find these
relationships fulfilling and rewarding. There was also a sense that these relationships were seen as important in their own right, not as a compensation for the couple’s childlessness. For example, when talking about spending time with his sister’s children, one man said, “It wasn’t the second best option, it was something that was quite positive and which we wanted to do. I enjoyed it.”

Some of these couples also talked about valuing the contributions they could make to children’s lives that were distinct from parenting, such as being a sounding board or role model. For example, one woman hoped to be a confidante to her niece:

“When she’s older she’s not going to want to tell her parents everything and if there’s someone like me around that she might feel free enough to tell, especially if it’s something that might be a danger to her, then it’s really good to have me as that second person.”

Another man described his satisfaction in being able to have a positive influence in the lives of his niece and nephew; “We’d get the boy making bread rolls and stuff. Doing our own little breaking down of gender stereotyping.”

The couples who talked about developing alternative relationships with children appeared to no longer need to protect themselves from reminders of their own childlessness. However, some described anxiety around these relationships, based on the tenuous nature of a connection to someone else’s children. For example, one woman who talked of her surprise and pleasure when her niece sought contact with her, said, “One thing I’ve had a little difficulty in is wondering where the boundaries are. It could so easily be taken away.” Other couples, however, did not appear to be as concerned about the possible risk of losing a relationship with a child. One wife said of time spent with
nieces and nephews; “It’s fun. Just because we don’t have any doesn’t mean we can’t enjoy them.”

A few of the participants in the study appeared to be finding alternative paths for nurturing when they talked about taking on opportunities to teach or mentor adults or children. One woman clearly hoped to mentor a younger coworker; “I’m thinking gee I have so much I can teach this kid, and I really want to bring her along and give her opportunity.” Another man, whose hobby was skiing and who enjoyed computers, appeared to value teaching in these areas, especially after he lost his job. He said, “I sort of showed people how to ski, and I played a bit with the computer, showing some people how to do some things with computer systems and I really enjoyed that.”

Some participants appeared to shift their nurturing energies to pets. For the most part, these participants appeared to see having pets as an opportunity to nurture that was not a substitute for children. One woman said to her husband; “You would get pleasure from a dog. You would enjoy teaching it to do things. It would fill something inside you.” One man joked about pets as a substitute for children: “Instead of adopting children, we adopt pets.”

As a result of forming relationships with children, or of hearing of problems parents had with their children, many of the couples in the study appeared to re-conceptualize parenthood in terms of becoming more realistic about the strains and heartaches of raising children. This appeared to facilitate acceptance of their childlessness for some couples. For example, one woman, who spoke in glowing terms about her relationship with her niece, said, “I see the other side too, that you can’t expect that if we’d had children it would have been perfect. There could have been a lot of heartache
and who knows what.” Further, this realization seemed to help some couples revision parenthood by making them aware of the benefits of other kinds of nurturing relationships. For example, one man, who enjoyed being a Big Brother, said, “The interesting thing about being in the Big Brother program is you have all the fun of kids and none of the responsibility.”

In terms of gender differences with respect to the theme of revisioning, more of the women in the study, particularly those who did not have satisfying jobs, expressed a need to revision their lives in terms of work and educational goals than did the men. Most of the women who said they did not have satisfying jobs also said that they had expected to give up work once they had children. For these women, there was also a sense that work or educational goals had become important in their own right. They appeared to relate these goals to developing a new sense of meaning and identity in light of a childless future, and did not view them only as compensations for their childlessness. For example, a nurse who was not particularly satisfied with her work, talked about such a shift in her view of her job:

“I think my job has become more important now. Before I was going to have children and stay home. And even now by some miracle if we did have kids I would probably stay home but go back to work sooner.”

Similarly, another woman who appeared to regret not having gone to university, said of her plans to do so; “Even if we did have kids between now and my degree, I’d do correspondence or whatever it took to get it. That’s my goal now.”

The several men who spoke of revisioning their lives in terms of work also had other factors affecting their work, such as job loss or economic uncertainty. For these men, childlessness appeared to factor into their revisioning of work goals from the
perspective that they saw themselves as having fewer responsibilities to provide financial care or a legacy, and therefore perceived that they had more options to choose from. However, many of the men in the study appeared to have stable or fulfilling jobs which would have continued if they had become parents. Therefore, they did not need to revision their lives in terms of work. One man, a writer, described the difference with respect to work between himself and his wife in this way:

“I have a fulfilling job and I’ve been able to retreat into that all these years, whereas her career has been focussed on this childbearing thing. So now if she can get a similar kind of fulfilling artistic kind of career going, that would be great.”

The men in the study also did not appear to see their investment in work as having changed with the decision to move on with a childless life. For example, one man said, “I don’t think my investment in work has changed from what it has been. I kind of assume if I had children I’d probably invest less.” Interestingly, most of the men did not appear to need to revision their lives in terms of work, but some described how they had regained a sense of competence and self-esteem through work, creative labours, or nurturing relationships, that had been lost during the infertility process. For example, one man said, “My sense with the infertility process is you feel incompetent. But getting a chance to get competent in other ways was important really.”

Another gender difference was apparent with respect to revisioning parenting. Specifically, just over half the women in this study did not describe developing alternative nurturing or mentoring relationships, while most of the men did. Some but not all of these women appeared to still want to limit their contact with children. One woman, who had not talked about needing to protecting herself around children, and who appeared to find great satisfaction in running marathons, said, “The needs to nurture are still there
but I keep busy all the time. I work and I go to the gym and I'm running. I have about one day off a week.”

It is also important to note that some of the spouses were not always in sync during the revisioning process. Where most of the men appeared to emotionally accept the couple’s infertility and childlessness sooner and more easily than did most of the women, in two cases the wives appeared to be revisioning their lives in terms of finding new and satisfying creative labours during a time when their husbands seemed to still be in transition with respect to finding fulfilling interests. In one case, this difference appeared to be related to the man’s grief over his mother’s death.

In terms of differences between the couples with respect to revisioning parenthood, the need to nurture children or other people was deemed relatively minor by a few participants. Interestingly, these participants did tend to be involved in mentoring or other potentially nurturing relationships. One man said:

“I’m in a job where I get to pass on what I’ve picked up in the past and introduce people to new contacts, but the real need to have something to nurture doesn’t really enter into my thoughts.”

Another difference was apparent for the couple who described themselves as a family and who had “parental” relationships with their nieces and nephews. This couple often took these children into their home and cared for them for extended periods of time. The closeness of their bonds with these children and their sense of making a significant contribution to their lives, appeared to be very stable parts of this couple’s identity and life vision, and no significant revisioning was apparent in this area. The husband said several times during the study; “I think of myself as a parent cause I’ve got all these nephews and especially my niece - she’s such a big part of my life.”
In terms of differences among these couples with respect to this theme, by the end of the study, most of the couples were still tentatively but optimistically exploring their options. Only one couple appeared to have reached the point of having not only revisioned their future goals but also were actively engaged in making the new vision a very satisfying reality. This was the couple who had bought a new house, vehicle, and dogs, and who were pursuing several very fulfilling new interests. This couple considered the changes they had made to their lives to be total and profound. As the husband said:

"I imagined that when we stopped trying for kids, that we would be just exactly the same as we were. And we’re not, at all. We’re totally different. I thought we’d do the same things, have the same friends, and life would be the same. But we’ve gone down a totally different avenue."

The couples who had experienced multiple critical events appeared to be feeling the need to revision their lives, but also were still feeling anxious and emotionally drained. There was a sense that for these couples the process of exploring new goals was still very tentative as they coped with the other challenges in their lives. One of these couples in particular also described a strong need to be able to control things, and a fear of making “wrong” decisions. The husband described their sense of revisioning their lives as follows:

"Now it’s time to think of something else and now you haven’t quite decided because you always thought your life would turn out a certain way. Well now that’s no longer there so where are you going now? How are you going to live the next 45 years of your life? That’s a big chunk of life ahead, you know."

For one of these couples, rural living was another factor that challenged their revisioning process. They lived in a small town where they lacked fulfilling work and close social connections. The wife said:
“Well I think the thing is now I know I’m not going to be a mom. I have to do something with my life. It gives me opportunities. But I just don’t see much opportunity here to do anything.”

In terms of differences among the couples with respect to revisioning their sense of identity, a few participants said that they did not see their identities as having been significantly impacted by infertility and childlessness, and made few specific comments about revisioning identity. However, they did describe revisioning their lifestyles, life goals, and how to meet their needs to nurture, which suggests they may have experienced an identity shift on some level through their involvement in new roles and activities. For example, one woman who was actively exploring her options with respect to finding more meaningful work said, “My whole life is not focussed around becoming a mother. I’d like to think there’s more to me. I’m an individual without having children.” Conversely, another woman who clearly linked her sense of identity with motherhood, spoke of having great difficulty revisioning who she was or what she might do. She said, “I couldn’t have kids and now I can’t go to school and I had to quit my job and I mean, what’s my purpose here? I’m just a person on this earth existing.”

In summary, the theme of revisioning life and identity was salient for all of the couples. There was wide variation in terms of where couples were with respect to creating and implementing a new life vision during the course of the study. Most couples described optimistically exploring their longer-term goals and lifestyle in order to create greater meaning in their lives, while increasing their pleasure and satisfaction by investing energy in new creative labours and interests. Some participants found that existing goals and activities such as work or hobbies that had been put aside during infertility had regained their importance or taken on new meaning. Many couples talked about
beginning to revision themselves as a couple-only unit, which entailed making their own needs, schedules, and traditions a priority. Most also reconceptualized parenthood as a result of accepting their childlessness and having the sense that the “right” time to parent had passed. The revised and met their needs to nurture by forming or maintaining relationships with other people’s children, mentoring, or acquiring pets. Fewer women in the study described forming these alternative nurturing relationships than men. The women in the study were also much more likely to describe revisioning their lives through forming new work or educational goals than were the men. However, a number of men did describe regaining their self-esteem and competence through their existing work or leisure interests once they began to put infertility behind them. For couples who experienced multiple critical life events, the need to revision their lives was marked by anxiety and disequilibrium, and their exploration of new goals and interests appeared to be delayed.

A Sense of Appreciation for the Strength of Their Relationship. Throughout this study, all of the participants expressed a sense of appreciation for the strength of their relationship with their spouse. The main aspects of this theme included the sense the couples had that they had weathered a tough process, that they had emerged intact, and that they now felt more committed to the relationship than ever before. Some couples also talked about how their relationship had improved in terms of strength and intimacy from having survived infertility and childlessness. As well, many couples talked about how communicating effectively with each other was crucial in order to come to terms with their infertility and childlessness, and to be able to move forward with their lives. The
ability to communicate well appeared for these couples to be a hard-earned source of pride.

An aspect of this theme that all the couples described was the sense of having survived a very tough process that had tested their marriage. The emotional residue of this process was evident in many of the comments these couples made. For example, one woman who had weathered multiple losses in addition to infertility and childlessness, said, “We still love one another and the love is strong, if not stronger than it was when we first got married, I think. But it got lost there a little bit.” Most couples appeared to be of the opinion that coming to terms with their infertility and childlessness was the most difficult thing they had faced as a couple. One man, who appeared to have a style of coping and communicating that was similar to his wife’s, said, “When people ask us about emigrating to Canada, I say ‘Try it, but it will test your marriage.’ But that’s nothing compared to infertility.”

Some couples had faced the additional test of having experienced conflict around adoption. For example, one man was 9 years older than his wife and beginning to contemplate retirement. She was attempting to move on with her life despite having deeply wanted to adopt. He described how, while they considered themselves to be closer than ever, the process continued to be challenging:

“She’s in her mid 30s and she’s seeing a door closing that she doesn’t really want to have closed on her. So I’m seeing a door opening and she’s seeing a door closing on each of our individual desires.”

Some of the women in the study appeared to find their appreciation for the quality of their marriage helpful in reconciling themselves to not adopting. One of these woman said,
"We have a good marriage, a strong marriage and I think that in itself is almost more than you could really ask for."

Some couples appeared to have undergone an unnerving process of re-evaluating their marriages in light of their childless future. The husband in one couple who described themselves as thoroughly committed to each other, said, "What happens when you get married, you have children, right. If you're not going to have children, you have to really take a look at why did you get married."

Most of the couples described experiencing a strong sense of solidarity and confidence in their relationship as a result of having survived the strains of infertility and childlessness. A sense of pride and gratitude radiated from many of their comments. For example, the wife in a couple who had experienced multiple critical events said, "I don't think we would have gotten through this without each other."

Many couples talked about how overcoming their struggles during infertility had actually improved their relationships. One man described how, after a number of difficult hurdles in their infertility process such as the lack of support from their families and having had no choice in ending their treatment, he and his partner were closer than ever:

"One of the things that has helped or resulted from all of this is the feeling that we've been through the wars together and we survived that and so let's head down the highway together and that's gonna be it."

The husband in another couple who had experienced multiple traumas in addition to infertility said that, as a result of talking everything through; "It's made us even more open. It's forced us to become much more open about how we feel and to talk about it."

Another couple who had appeared to feel quite wounded by the process of coming to
terms with their childlessness and had experienced conflict around adoption. The husband said in the final interview:

“We’re better now because we see potentials for us to do. Also we are three years further down the road in our marriage and still enjoying each other’s company and so I think we’re relying on each other more.”

The husband in a couple who appeared to be revisioning their lives with confidence, summed up the changes in their relationship with these words: “Oh, closer, stronger, happier.”

Most of these couples also appeared to appreciate how their experiences with infertility and childlessness had allowed for personal growth within the relationship. For example, the woman in the couple who were becoming involved in a variety of new life goals and interests after having had a 6 month work-related separation said, “I learned that I was a person.” Another participant described her appreciation for her own changes as she learned to communicate with her husband about their childlessness; “I’ve had to learn to listen to voices other than my own and that’s been a growing up process.”

Another aspect of the theme of appreciating their relationship was the sense of mutual support and respect these couples described. For several couples this focussed on their respective lack of blame for their infertility. For example, one man said, “When you get married you are expected to reproduce and when you can’t, is that where the blaming comes in, ‘it must be her fault or his fault’. But we’ve never blamed.” Another woman, who appeared to hold herself responsible for the couple’s infertility, spoke in glowing terms about her husband’s lack of blame and constant support; “I found out what true love is. Because a lot of people I don’t think would have put up with it.”
Couples also talked about their mutual support in terms of allowing for different ways of coping with the infertility process, or being in different places with respect to accepting childlessness and moving on. For example, one man who saw his role in the relationship as being a support to his wife while she continued to grapple with childlessness and other losses, although he himself felt he had moved on, said, “This is the reason we’re together. She’d do the same for me.”

The final aspect of the theme of appreciating the strength of their relationships was expressed by some of these couples with respect to the importance of good communication in coming to terms with infertility and childlessness. There was also a sense that communicating around these issues had been, and at times continued to be, challenging as well as necessary and rewarding. For example, one woman described a turning point in the couple’s communication after they had a blowup about trying to conceive immediately after a miscarriage; “We talked about everything after that. If it stays under there and everybody’s simmering away and harboring resentment, it’s not very good.”

Another man who appeared to have a very intellectual coping style whereas his wife was very emotional, said:

“I think we get frustrated if the other doesn’t understand our viewpoint but we’re probably trying to rationalize, now you understand why I’m saying this. It might not change things but at least we share our viewpoints.”

Another woman who very much wanted to parent while her husband was more reluctant, said:

“We had to really talk to each other. And because one of us, being me, was so passionate about it, it took all of my power not to just get angry. I think we communicate much better now because of it.”
Some of the couples also talked about learning to compromise or accept differences in how often they needed to talk things through. For example, one woman said:

“He knows me well enough to know I needed to talk a lot about it and I know him well enough to know he wasn’t not going to verbalize a lot of it, so he’d listen when I needed to be listened to, and I’d shut up when he needed me to shut up.”

Another difference in communication that the couples described working through, involved the husbands’ hesitation to discuss topics that caused the wives pain. For example, one woman described her appreciation for her husband’s willingness to participate in these talks even though she believed he would prefer to avoid them:

“I always felt I was more willing to talk about it. And that a lot of times you would rather have me not talk about it because you knew it was hard for me. And yet you would participate willingly when we got into the discussion.”

The man who described his role in the couple’s relationship as supporting his wife, spoke of his difficulty in claiming and articulating his own feelings, particularly his anger and frustration about her struggle to leave their infertility behind. He said:

“I’m still working on it. Relationships are ongoing things and I forget that sometimes, I feel you sign the paper and that’s it for life and of course it doesn’t work like that. Human beings need to be conversed with.”

Other than the fact that several couples noted that the husbands tended to be less likely to initiate conversations about infertility and childlessness, or wanted to talk about it less often than the women, there were no gender differences noted in any other aspect of the theme of appreciating the relationship. In addition, all of the couples in the study expressed at least some degree of appreciation for the strength of their relationship. Even two couples who had struggled with other significant issues were determinedly trying to get their relationships back on an even keel. For example, one of the wives said of the
couple's conflict around adoption and her illness; "We've gone through a relationship crisis and we're sort of stepping out of it. We have some setbacks and we have to crawl back up again and work on it."

In summary, the couples in this study appeared to see the strength and resilience of their relationships as a factor that helped them cope and come to terms with their experiences of infertility and childlessness. As well, many described improvements in the quality of their relationship with each other as a result of having survived their infertility intact and having learned to communicate more effectively and to deal with differences in communication needs. This learning appeared, for many of the couples, to be a crucial aspect of getting through infertility and childlessness, and was considered an accomplishment. These couples also talked about appreciating the support given and received by their partners, and their experiences of individual growth within the relationship. Even the couples whose relationships continued to be tested by other traumatic experiences appeared to be working hard to get their relationships back on an even keel, while appreciating their ability to weather the process thus far.

A Sense of Recognition and Reconciliation to Their Fate. A theme that emerged in this study was the sense that these couples recognized and were reconciled to their childless fate. This theme therefore encompasses the development of a broader perspective on, and acceptance of, their childlessness that most couples began to express. They tended to describe his sense around the second or third interview and continued to elaborate on this theme in subsequent sessions. Aspects of this theme included the recognition that, while the losses around infertility and childlessness would never be totally resolved, healing had taken place that allowed the couples to accept what they
perceived as an unjust and uncontrollable fate. Some talked about developing a perspective in which they situated their particular fate in the context of a universal human condition in which everyone has burdens to bear. Many of the couples also articulated their determination to make the most of childless living, even though it was not what they would have chosen. Finally, several of these couples talked about the difficulty that a diagnosis of unexplained infertility presented in terms of reconciling themselves to their childlessness.

Part of the theme of reconciling to their fate was the belief and acceptance on the part of the participants that, while the pain and loss of their infertility and childlessness would continue to recede, it would never completely vanish from their lives. For example, one woman who saw herself as looking forward to the future with anticipation, spoke for most of the other participants when she said of her sense of loss; “Oh yeah, it crops up every now and then. I expect it will always crop up every now and then.” Another woman who saw herself as seizing the advantages of childless living by the end of the study, described how her yearning for a child had become something she could live with emotionally; “It’s not a regret, no it’s just, oh I wish, I wish that it could have been me.”

Many participants predicted that feelings of loss would resurface during normative life transitions and special occasions in the future. For example, one woman said:

“I don’t really think I’ll ever be able to experience a Christmas without some pangs of, you know, and I’ll watch my sisters get into grandchildren and things like that, it’s never going to go away completely.”

The participants also voiced concerns about loneliness and isolation in old age. In the words of one woman, who came to see herself as generally having a bright future; “If I
have to go in a home, who will be there to visit me and take me outside. Nobody, cause I
don’t have kids. That was one thing....”

Another aspect of the theme of accepting their childless fate was the sense most of
the couples described of coming to terms with the limits of their control over an unjust
fate. For example, one wife who had come to terms with the fact that her husband did not
want to adopt as well as with their biological childlessness, said, “You’re not always
going to get what you want, life isn’t always going to be fair. We’ve learned that you can
try and try and try and eventually you have to let go.” Another woman who described
herself as having been very distressed at having to listen to her coworkers’ conversations
about their children, said, “I’ve made up my mind I have to get used to people talking
about their kids because it’s not gonna change. It’ll always be that way.”

There was also a sense that acknowledging their lack of control over the outcome
of the infertility process also freed participants from feeling that infertility was somehow
their fault. For example, one woman said:

“You can take an active part in treatment. But so much of it is things that are not
within your control and you have absolutely nothing to do with what was going to
happen. It just happened.”

There was a sense that this acceptance was a deep change, affecting the self-image
of some of the participants. For example, one man spoke about how his accepting the
limits of his control had changed his sense of himself; “I’ve never been one of these
where, okay, que sera and whatever will be and it’s not meant to be. I’ve not really been
like that and yet I’m finding myself in that position.” Another woman described the
change in terms of her self-image; “I’m coming to terms with the fact that I will always
be just a little bit different than friends or family.”
About half of the couples in the study also made comments about recognizing that everyone has burdens to bear in life. There was a sense around these comments of a broad perspective that depersonalized the issue of infertility somewhat by putting it in the context of a universal human fate. For example, one wife was talking about being shaken out of her focus on infertility by meeting a woman who was finding her fertility a burden. Her husband reflected that: “Maybe whatever we’ve got individually is our burden and whatever somebody else has got is what we want.” This perspective appeared to help couples feel less victimized or singled out by their infertility and childlessness. For example, one woman said, when talking about how many people had revealed their own infertility struggle to her; “Everybody has their crosses to bear. I don’t look at it like it’s why me, you know.”

Couples talked about how, as they came to reconcile themselves to their childlessness, they became more empathic about the suffering of others and shifted their focus to helping others in the same state. For example, one man described how he could tell that his wife, who had started and run a support group with him, had come to some acceptance of their childlessness; “It was when she stopped looking at every scrap of newspaper related to infertility and saying that sounds like me. And started saying, the group would be interested in this.”

Some couples also talked about a shift to a broader and more positive interpretation of the world around them as a result of healing and reconciling themselves to their fate. For example, one woman who had struggled with feeling unsupported and socially rejected, described how she had become more inclined to see people as having positive intentions but simply being too busy to initiate social contact. She said:
"I think while you’re really into your infertility you’re thinking of yourself only and maybe as you come out of it, you look around and that’s why I’m seeing more positives around me. I think I’ve opened my heart."

A further aspect of reconciling to the fate of childlessness appeared to be the determination that was voiced by several couples to seize the advantages of childless living, even if such a life would not have been their choice. The wife in the couple who by the end of the study had bought a house and found meaningful creative pursuits said, “It wouldn’t bother me if I couldn’t have a brand new car or a holiday here or this or that. But if that’s all I’ve got to choose from, then I’ll go for it. And enjoy it.” One man described the couple’s determination to focus on what did and could work in their lives with a metaphor:

“It’s like you wallpaper a room and it looks fine, but you know there’s one seam in the corner that isn’t right and that’s what you zero in on and the whole room isn’t right because of it. But in fact, one seam isn’t right, and the rest of it is acceptable.”

Another woman, who said later in the study that she had chosen to move on with her life, summed up most aspects of the theme of reconciling to a childless fate when she said, “There will always be a bit of a hole there, but there are good things out there. In time you will come to know them and that’s all. There’s no magic, it’s just the way it is.”

Four of the couples in the study also described how the diagnosis of unexplained infertility had hampered their efforts to come to terms with their childlessness. The sense of pain and difficulty putting the issue to rest because of unanswered questions was most evident in this comment by one of the wives, who saw her whole identity as a woman thrown into question by the couple’s childlessness:

“I guess acceptance will never come until I’m 99 or when I know pregnancy is absolutely impossible. I never knew the reason for our infertility, and if I had
something that I knew was wrong, then I think we could place it in its proper area and deal with it.”

Three of these four couples, including the one above, also made fewer comments that suggested reconciliation to their childlessness. However, these couples also reported facing multiple critical events. In fact, one couple said that facing several stressful events at the same time was significantly more painful and distressing than coping with infertility. Another couple did appear to be moving forward with their lives once the wife had a hysterectomy. However, they continued to feel tormented at times, not only about their lack of a definitive diagnosis, but also about the lack of closure stemming from their perception that they might in fact have conceived if their infertility treatment had been handled differently. The wife said, “Not knowing goes on forever. It’s hard. It’s like being fired but not being told the cause.”

Another couple, on the other hand, appeared to have accepted their childlessness and to be moving on with their lives fairly smoothly, despite their unexplained infertility. This couple said that having a child was a important mutual goal but their relationship was the primary reason for the marriage. The wife described their perspective on their life without children as follows:

“I would say to him, what’s our life going to be like without children and he said well what are you worried about because our life is without children now so it’ll be the same but different. The big change would have been if we’d had children.”

In summary, the theme of recognizing and reconciling to their childless fate appeared for the couples in the study to encompass the development of a broader perspective on their childlessness that helped facilitate acceptance. This perspective allowed couples to accept that the loss of children would be a permanent part of their lives
and to see it as one of the burdens that are part of the human condition. Couples also acknowledged that they had never had control over their destiny to be childless, and therefore did not have to continue to struggle with it. A number of couples also spoke about making the most of what fate had handed them by seizing the advantages of a childless life. For some, their diagnosis of unexplained infertility appeared to have been challenging in their experience of reconciling themselves with their fate to be childless.

A Need to Make Sense of Their Experience

Another theme that emerged during the study was the need on the part of some couples to make sense of their experiences of infertility and childlessness. Generally, these couples appeared to do this by articulating explanations for or a sense of purpose around their experiences. One area in which they sought to make sense of their experiences involved the question of why they, in particular, were destined to be infertile. The other area involved making sense of the trials they had endured through infertility and childlessness. Some couples appeared to do this by articulating what they had gained in terms of wisdom and growth as a result of these experiences.

Some couples appeared to make sense of their experiences of infertility and childlessness by reaching the conclusion that their fate was part of a grand life design created by a higher power. One woman echoed the sentiments of several others in the study when she said: “Nature just intended for me to be that way.” Similarly, in attempting to make sense of their childlessness, one of the husbands, who enjoyed close relationships with nieces and nephews, said: “Maybe that’s why we weren’t meant to have kids, we have so many kids around us that need us.”
A number of participants also talked about the personal gains they had experienced as a result of weathering their infertility and childlessness. Some described a sense of personal growth. For example, the woman in the couple who appeared to be engaged in a new life vision and to have experienced great personal growth by the final interview said, “Infertility was a price worth paying cause I don’t think I would have ever reached this. I would have been a parent and what would that have made me...” Another woman who described infertility as having become a coping tool, talked about having gained more confidence that she could deal with other big losses in life; “I know when one of my parents dies it’ll probably be two years out of my life that’ll be a black blur, but I’ll get over it.” Several participants also described gains in terms of having clarified their priorities and values. Most of these participants described how they no longer “sweated the small stuff.” One woman summed it up as follows:

“You value the things that are important and you don’t worry about the rest. We spend time with our nieces and nephews and don’t worry about whether we get the right colour of drapes for the living room.”

A few participants also talked about having gained meaning through educating people about infertility, or helping other infertile couples through the process. For example, one woman said of the infertility support group that she and her husband had started:

“There are probably a couple dozen people that really changed the way they looked at the whole process because of it. I’m sorry we had to go through infertility to do that, but at least we can put the experience to some sort of positive thing.”

Others talked about making gains in terms of having a broader and more relaxed perspective on other issues, as a result of having survived infertility and childlessness. For
example, one woman described infertility as having helped others to view her as an accessible person:

“A lot of people are starting to know about our infertility. And now I think they’re seeing me as human. They’re seeing us as, well, they don’t have everything they want, they do have their pains in life, they are like the rest of us.”

This same woman also appeared to find meaning in the idea that she could be a role model for a positive childless life to the next generation:

“Maybe they’ll be able to say we remember them and they didn’t have kids and they were happy. You know, by being happy and having a positive outlook on life, getting involved with things, they can identify with someone who didn’t have children.”

In terms of differences among the couples with regard to this theme, for one couple the husband appeared to have accepted their childlessness and was wanting to move on with life, while the wife continued to struggle. This was the couple where the wife described her self as being lost due to her inability to bear children as well as other traumatic losses. She appeared to be unable either to accept or make sense of their infertility and childlessness. The husband appeared to try to make sense of the resulting limbo in which they found themselves:

“I always felt the man is an outsider, he’s on standby like on a flight, going somewhere, maybe I can get on, maybe another two hours, maybe another day. You stand around and you wait and see what’s going on but you really can’t do much. I’m still on standby and I will be until we’re done.”

The other couple who had experienced multiple critical events made few comments that suggested they were beginning to make sense of their situation. When the interviewer queried them about the meaning they gave to their experience, the wife said: “There’s not any sense to be made of it. It’s just a situation and you just have to live with it.”
In summary, the couples who appeared to have experienced some emotional healing around their infertility and childlessness, and who had not only decided to move on with their lives but had begun to actively revision their lives by reinvesting their energies in creative pursuits and exploring new life goals, appeared also to want to make sense of the experiences they had gone through in their quest for a biological child. Some couples had found satisfactory answers for themselves as to why they were singled out for infertility, while others made sense of their experience by focussing on the personal growth and confidence they had gained for dealing with the rest of their lives.
Chapter Five
Discussion

Introduction

The problem that this research study attempts to address is the nature of the lived experience of permanent childlessness and the meaning of that experience for infertile couples who elect not to pursue other parenting options when infertility treatment fails. In the first section of this chapter, I highlight the significant findings from this study and compare them to the literature on this topic that was reviewed in Chapter Two. In the second section of this chapter, I examine the implications of these findings for clinical practice with infertile couples considering, or in the process of, adjusting to permanent childlessness, as well as addressing the considerations for future research.

The first significant finding is that, over time, most of the couples in this study appeared to accept their childlessness and moved toward developing fulfilling lives without children. This finding appears to support what Ireland (1993) found with respect to infertile women’s adjustment to permanent childlessness. It also supports Wirtberg’s (1992) finding with respect to women’s adjustment over a two-year period, but contradicts her findings with respect to men’s adjustment. This is discussed in more detail below.

In terms of the finding that most couples appear to accept their childlessness and begin to move on with their lives, the experiences described by most of the couples in this study appear to lend support to the processes and tasks described with respect to women’s adjustment to childlessness by Anton (1992), Carter and Carter (1989), Ireland (1993), and with respect to couple adjustment as suggested by Matthews and Martin Matthews
As well, while it was not the specific intention of this researcher to explore the lived experience of permanent childlessness as a process that unfolds over time, because there were 4 interviews conducted over a 3 year period, a temporal sense does emerge in the themes. This sense in turn appears similar to what is suggested in the literature described in Chapter Two. For example, the finding that couples' descriptions tended to emphasize grieving, followed by reaching emotional acceptance, regaining a sense of agency and control, and making external changes in their lives, tends to support the models by Anton and Carter and Carter, as well as the findings by Ireland and Wirtberg (1992) with respect to women's adjustment. These works all suggest that grieving precedes the acceptance of childlessness, and that acceptance is necessary before revisioning of life goals and roles can occur. As well, the issues that appeared to make the lived experience of permanent childlessness more or less difficult for the couples in this study also lend support to the existing literature on this topic. For example, the perceived presence of social contact and support appeared to be important to these couples in terms of their ability to cope with their childlessness and begin to rebuild their lives. This is also suggested by Anton, Matthews and Martin Matthews, and Ireland. The sense of having actual or potential meaningful goals that were not parenting-related was another facet of experience that appeared to influence how challenging couples perceived their experience to be. This lends support to the concept of reorganizing priorities which Carter and Carter emphasized. It also appears to support the linked concepts of role readjustment and identity transformation, in which couples explore and identify with new roles and goals (Matthews & Martin Matthews). However, one wife who reported coming to terms quite well with their childlessness, also described regaining pleasure in a fulfilling job she
already had. This extends Matthews and Martin Matthews’ model by suggesting that new goals are not always developed, and that a person’s role hierarchy may be simply re-organized around existing goals, provided they are meaningful.

The finding that most couples describe moving on with their lives also extends what is known from the available literature in that the husbands appeared to have many of the same experiences in adjustment as did their wives. For example, both sexes tended to describe needing to emotionally accept their childlessness before they felt the urge to revision their lives. The men also described similar needs to their wives in terms of revisioning their futures and the role of parent. These common experiences appear to lend support to Carter and Carter’s (1989) model as well as to Matthews and Martin Matthews’s (1986) theoretical assumptions that relate to how couples adjust to nonparenthood. However, in this study, significant gender differences were also found in men’s and women’s lived experience of permanent childlessness. These findings significantly extend our knowledge of the adjustment process and are discussed below.

The finding that most participants, particularly the women, continued to feel periodic, recurring feelings of sadness and loss over the 3 year course of the study supports the other literature on the adjustment process. The finding supports the models by Anton, (1992), Carter and Carter (1989), and the findings by Ireland (1993) and Wirtberg (1992), in suggesting that moments of emotional loss continue to be felt in the lived experience of involuntary childlessness due to infertility, even among couples who come to see their lives as being very fulfilling without children. It also extends the model by Matthews and Martin Matthews because it strongly suggests that the emotional
sequelae of infertility are significant and need to be considered in the process of making the transition to nonparenthood.

A further aspect of the finding that most couples adjust to permanent childlessness over time, which extends what we know from the available literature on this topic, is the variation in how couples described their experience of childlessness over time. Wirtberg (1992) explored the differences in couples’ experiences over time by conducting initial and 2 year follow-up interviews with her participants. The findings in both studies suggest that many infertile couples come to accept their childlessness, and may begin to reinvest in new goals and revisioning their sense of identity, between 1 and 2 years after ending infertility treatment. However, in the present study, one couple reported having reached emotional acceptance of their childlessness in the first interview, while one other couple was clearly still struggling in the final interview. As well, some couples appeared to reach acceptance but become stuck when they began to feel the need to revision their lives. This suggests that there may be greater variability in terms of some couples’ experiences of and adjustment to permanent involuntary childlessness than was previously thought. This variability appears to support the contention by Anton (1992) and Carter and Carter (1989) that couples may become stuck at the early stage of grieving, and extends it by suggesting that some couples may become stalled at any point in their experience of living with childlessness, particularly if other life stresses are present. As well, greater emotional difficulty was reported by couples who lacked social support and, in one case, where the wife was unable to shift her identification away from the parent role. Consistent with Matthews and Martin Matthews (1986), it appears that placing high value on the parent role, having low role flexibility, and experiencing social
pressure to have children may well make the lived experience of permanent childlessness very challenging.

The impact of critical events is another finding in this study that appeared to account for some of the variation in couples' descriptions of their experience of their childlessness. A critical event appeared to be one that was stressful and out of the couple's control. A significant number of couples reported a shift in perception around their childlessness that was catalyzed by one or more critical events. In some cases, these events facilitated couples' emotional acceptance of their childlessness by increasing their appreciation for their present lives. However, other couples who personally experienced multiple critical events with a prolonged negative impact, such as chronic illness, reported great difficulty in moving on with their lives. These couples appeared to have experienced a very high degree of stress that negatively impacted their overall functioning and, as a result, their ability to accept or move on from their childlessness. The possibility that critical events might impact couples' experience negatively as well as positively extends Wirtberg's (1992) work on significant events. It also adds another dimension to the models of adjustment proposed by others (Anton, 1992; Carter and Carter, 1989; Ireland, 1993; Matthews and Martin Matthews, 1986), by suggesting that the experience of permanent childlessness takes place within a broader context that needs to be considered. This may be especially relevant for couples who face permanent childlessness in their 30s and 40s, since as they age they become more likely to encounter critical events such as illness.

Another significant finding in this study is that gender differences appear to exist in the lived experience of permanent childlessness. Both the men and women in this study
tended to report similar experiences in terms of accepting their childlessness and moving on to positively revision their lives, but several important differences were consistently noted. Methodological issues that could have been a factor in these differences are discussed in the next section of this chapter. The most significant gender difference is that all of the husbands appeared to reach emotional acceptance of their childlessness sooner and more easily than did their wives. This contradicts Wirtberg’s (1992) finding that the men in her study were more upset by their childlessness at follow-up than were their wives. Far fewer husbands than wives in this study described their decision to move on with their lives as a conscious choice made after a struggle. As well, more of the men reported developing alternative nurturing relationships during the course of the study than did the wives, a difference that may mean that the process of revisioning the parenting role and redirecting nurturing energies is more difficult or lengthy for the women in these infertile couples. Some of the women in this study indicated that they harboured a residual hope for a pregnancy, while a few still appeared by the final interview to find contact with children to be a reminder of their loss. Finally, these women had received a diagnosis of unexplained infertility, which may make it more difficult to put closure to the issue of whether biological children may be possible. These factors may have impacted their ability or desire to form other nurturing relationships.

Another gender difference was found in the way that many of the husbands appeared to focus their emotional energy on their wives’ adjustment. This was particularly noticeable among the husbands who suggested that they had reached acceptance prior to their wives. Wirtberg (1992) also found that during the interviews for her study, most of the men focused on their wives’ adjustment. However, the finding in
this study that most husbands described having accepted their childlessness, suggests a
different interpretation than Wirtberg’s. That is, the husbands in this study may have
focussed on their wives’ ability to move on with their lives because they had already
reached acceptance and not because they needed to avoid their own emotions.

Both the men and women in this study appeared to revision the role of parent,
developing other kinds of nurturing relationships, however the men were less likely than
the women to describe revisioning their lives in terms of work. The husbands in this study
who did describe revisioning their work goals were facing not only their childlessness, but
also other factors such as job loss or being at mid-life. Also, one or two husbands
described gaining a new sense of themselves, primarily through leisure goals, but most
described regaining a sense of confidence or competence that they had previously
enjoyed.

Most of the women in the study enjoyed creative labours but lacked satisfying
work and stated that work or education had become important goals in their own right.
Through comments they made regarding wanting to contribute to society or gain self
esteem, it appeared that these women attached a lot of meaning to work or education as a
way of redefining themselves. The woman in the study who reported the greatest
difficulty adjusting to childlessness saw herself as a failure for being childless. She had
been forced to abandon her alternative goals of work and school. This connection between
work and identity appears to support Ireland’s (1993) findings about how the women in
her sample who supported a traditional gender identity tended to recreate their sense of
self through work, although it is likely that at least some women in this study, given their
comments, would have been inclined toward a less traditional gender identity. This
finding also suggests that revisioning identity may be less salient in men’s experience of permanent childlessness, unless other issues are also present. This is because, through gender socialization, men may be more likely to perceive their identities in terms of work, and the men in this study did not revision their work as a direct result of infertility and childlessness. Further, this may mean that, for the wives in infertile couples, reality reconstruction, identity transformation, and role readjustment (Matthews & Martin Matthews, 1986) are equally meaningful and important parts of their experience. For husbands, reality reconstruction and role readjustment with respect to parenting may be more salient than identity transformation.

Some gender differences with respect to communication were also found in this study. Most of the couples described the willingness and ability to communicate effectively with each other as crucial to getting through the adaptation process intact. Many also talked about having worked through differences in their communication styles. Some of these differences included women’s reports of their husbands being less likely to initiate a discussion about their childlessness or not wanting to talk about it as often as they did. This finding supports Carter and Carter’s (1989) ideas with respect to mutual communication. However, many of the men in this study were strongly opposed to adoption and this apparently influenced some couples’ decision-making, extending what we know from Carter and Carter. That is, while the majority of the couples in this study did appear to mutually decide not to adopt, for four couples this was not the case. Two of the women chose to accept their husbands’ resistance to adoption. They were able to formulate alternative goals and both couples appeared to be moving on with their lives despite the lack of mutuality in this area. The two other couples described continuing
emotional turmoil, but these were also the couples who had experienced multiple critical events. In fact, one of these couples decided against adoption by mutually avoiding the topic. In any case, this finding may raise some questions about the necessity of mutual decision-making (Carter & Carter), particularly when both spouses perceive that satisfying alternative goals exist. It may be that what couples find important is not so much experiencing a mutual process but rather, feeling the benefit of mutual support and effective communication during experiences that may be different for each gender. In any case, the gender differences found in this study suggest that the models proposed by Carter and Carter (1989) or Matthews and Martin Matthews (1986) may need to specifically address these differences in order to more accurately capture the experience of permanent involuntary childlessness for infertile men and women.

The final significant finding in this study is the way that couples who were able to emotionally accept their childlessness and had begun to revision their goals and identities, also began to describe meaning-making around their experiences of infertility and childlessness later in their adjustment. This finding has not been raised in the available literature on involuntary childlessness, although it is related to the shifts of perspective suggested by Anton (1992), Carter and Carter (1989), and Ireland (1993). This finding extends what is known from the existing literature by suggesting that meaning-making may be another aspect of the lived experience of permanent involuntary childlessness. It also provides some information about the forms that such meaning-making may take. These include couples’ making sense of why they were singled out to be infertile, or articulating what has been gained as a result of surviving and adjusting to infertility and childlessness. This finding suggests that the sense of having moved on with their lives
may be anchored by a couple’s constructing a narrative of their experiences that satisfies their needs for meaning and control. Because meaning-making was described by a few couples late in the study, this experience needs further exploration over the long term.

**Implications for Practice and Research**

In this section, the implications for clinical work with infertile couples adjusting to permanent involuntary childlessness are examined with respect to each significant finding in the study, along with implications for future research. In considering the implications of these findings, it is also important to consider the limitations of this study. For example, the participants in this study were all middle and upper-middle class, white European-Canadians within a relatively narrow age range. All of them had received a diagnosis of unexplained infertility. These findings may not be generalizable to participants with different demographics, or whose infertility has been definitively diagnosed. This sample was also self-selected, and the experiences of these couples may not represent the experiences of other infertile couples. Further, as the methodology of this study is phenomenological and exploratory, the results should not be considered to be conclusive. Replication of these results, preferably with larger samples with more demographic variation, will help to determine if these findings are transferable to other infertile couples. Continued research will also help to validate and refine the themes identified in this study. Finally, the interviewing procedure may have influenced some of the findings in this study. Recognizing that an interview is a co-construction between researcher and participants which is inescapably influenced by the personalities and gender of all the participants, it is also possible that there were gender effects on the data as a result of interviewing the spouses together instead of separately.
Relative to the finding that most infertile couples do appear to accept their childlessness and move on with their lives, counsellors working with infertile couples who are considering or adjusting to permanent childlessness are in a position both to offer hope and to provide information to their clients. This information should include an explanation of what the couple might be likely to confront, such as grieving, coming to accept their biological childlessness and regaining control of their lives, and revisioning their future goals and nurturing needs should they decide not to adopt. Counsellors might also talk to their clients about the possibility that integrating their experience of childlessness and moving on could take several years or more, depending on the presence of other life stressors and the importance placed on parenthood. It will also be important for clinicians to elicit clients' expectations of resolution, and to share with them the likelihood that they will continue to experience recurring, albeit lessened, feelings of sadness and loss. Given that many of the couples in this study described experiences that appear to support the information in the available self-help books written about this topic (e.g. Anton, 1993; Carter and Carter, 1989; Ireland, 1993), clinicians may also be able to be more confident in recommending these books to infertile couples as a source of useful information. However, it will also be important for counsellors to assess the factors that may make a couple’s experience of their childlessness more challenging, and not to make assumptions about that experience based on how much time has passed since they ended treatment.

Further research is needed to determine if the finding that most couples do accept permanent childlessness and move on can be replicated, and whether it may also apply to infertile couples with different demographic profiles. For example, two factors that
strongly influenced the degree to which these couples, the women especially, found the experience of childlessness to be difficult, included making shifts to take on non-parenting related goals and activities, and having social support for that reinvestment. Infertile couples from cultures where having children is more central to identity and adult social status than it is in Canada, for example, may find the experience more difficult, or the nature of the experience may be quite different. As well, the couples in this sample were self-selected, and so may not reflect the experience of most infertile couples. Further, many of the participants were in their 30s or 40s when the study began, and their sense that the appropriate time to be a parent was ending appeared to help them to accept their childlessness. Younger couples may be less inclined to shift their perspective of parenthood in this way and so their experience may be different. Finally, all but one of the couples in this sample had chosen to end their infertility treatment, and all regarded ending treatment as an important element of regaining choice and control. The experience of childlessness may therefore be different for couples whose treatment has been terminated against their will or who have not had the financial resources to pursue treatment. Further research is therefore needed with these different groups in order to determine whether the finding that most couples in this study accepted their infertility and childlessness and moved on with their lives is transferable to other infertile couples.

Another finding was that critical events may impact couples' experience of infertility and permanent childlessness positively or negatively. Given this finding, it will be important for clinicians to assess the incidence of critical events in their clients' lives, as well as the emotional and psychological impact of these events on the couple's overall functioning. If critical events appear to impede the couple's ability to accept their
childlessness, or to revision new goals and roles, normalizing these events and explaining their effect on the process of adjusting to infertility may be helpful, as will counselling for these issues themselves.

Further research is needed to replicate these findings and to get a better sense of what constitutes a critical event. Research will also help us understand more about the experiences that infertile couples with different demographic profiles might have in response to similar kinds of events. It is also not clear in this study whether critical events that make the experience of childlessness more difficult do so by impacting a couple’s healing around their childlessness specifically, or by impeding their overall functioning. Further, all of the couples in this study who described being negatively affected by critical events also described other things that made their childlessness a challenge, such as a perceived lack of social support, so the relationship between critical events and other life experiences is far from clear.

With respect to clinical practice and the findings around gender differences in the experience of permanent involuntary childlessness, the primary implication is that clinicians must be prepared to encounter and work with these differences among their clients. In practice, this would mean normalizing the fact that spouses may have different experiences of childlessness, and working with the meaning of those differences to the clients. For example, a counsellor might explain to a couple that if the husband has accepted the couple’s childlessness relatively easily, this may indicate the effects of socialization around male gender identity, rather than a lack of caring. Clinicians should also focus on helping clients to communicate in a way that meets their needs to connect and work things through, but also allows for differences in communication styles, such as
an agreement to have periodic breaks from talking about childlessness, for example. It may also be beneficial for clinicians to talk about the fact that one or both spouses may become stuck in terms of moving on with their lives, as well as possible reasons that this might happen, such as gender identity issues around parenthood. Finally, it may be helpful for counsellors to raise the issue of adoption with their clients who do not do so, and the findings in this study suggest that some clients are likely to avoid the topic. It will be important to assess and work through conflict around this issue, as it may cause considerable strain in the relationship.

It is possible that a methodological difference between this study and Wirtberg’s (1992) may have resulted in the contradictory finding with respect to men’s experience of their childlessness. That is, if the husbands in this study were disinclined to reveal their true feelings, either out of concern for their wives’ emotional well-being, or because of gender socialization, the finding that they had reached emotional acceptance of their childlessness before their wives may be skewed by the fact that the spouses were interviewed together. The couples in Wirtberg’s study were interviewed separately. However, a number of the men in this study did express and describe feelings of frustration, anger, and anxiety in front of their wives. This suggests that they allowed at least some degree of emotional expression. On the other hand, some men did say they tended to not share their feelings when they judged that this would not help resolve a situation. Further research where the spouses are interviewed consecutively, may help us gain a different perspective on men’s and women’s relative experiences of childlessness.

Another possible reason for this contradictory finding may involve timing. Wirtberg’s first interview was conducted while the couples were still in treatment.
Because the first interview in this study was conducted post-treatment, the discrepant findings may simply be a reflection of how the experience of childlessness may change over time. Further research, over an extended period with larger sample sizes, will help to provide more information about the relative timing of couples’ adjustment. As well, the self-selected sample in this study may represent more positive experiences of permanent childlessness than other infertile couples would report. Finally, we do not know whether the men in this study would have defined themselves as having traditional gender identities, as did the husbands in Wirtberg’s study, nor, indeed, the extent to which male gender identity influences men’s experience of and adjustment to permanent childlessness. Studies that specifically include male gender identity as a factor in adjustment, as Ireland (1993) did with the women in her study, may help us to understand more about the role that this factor plays in men’s experience of involuntary childlessness.

In terms of the finding that couples may need to make sense or create meaning around their experience of infertility and permanent childlessness, it would be helpful for clinicians to facilitate a process of asking questions to explore the potential positive changes or gains that couples might have made as a result of having survived infertility and permanent childlessness. However, the timing of such a reflective process would be important, since it appears that some healing needs to have first occurred. That is, couples appear to need some time to experience their grief to the point that they have begun to emotionally accept their childlessness, and to have done some revisioning of goals and roles, so that they can step back and reflect on where they have been, compared with where they find themselves now. Couples who are immersed in grief or struggling with the lack of closure presented by an indefinite diagnosis, for example, may well find that
the situation makes no sense at all. The same difficulty may occur for couples who have emotionally accepted that they will never have children, but who are having difficulty restructuring their lives. It is important for clinicians to normalize this confusion, while offering their clients hope that the ability to make sense of their struggle can come with time. The findings in this study, as well as the other literature on this topic, mean that counsellors may be better able to offer their clients a road map of the possible experiences they will undergo in living with permanent childlessness as a result of infertility.

Given that the exploration of infertile couples’ perceptions of the meaning of permanent childlessness has just begun, further research is needed to determine if this finding is valid and generalizable to other infertile couples. Infertile couples with different demographics may not experience meaning-making in the same way as the couples in this study. As well, research that includes follow-up interviews over a longer period of time would help to provide more information about differences in meaning-making over time, including whether there are couples who ultimately are unable to make sense of their experience of childlessness, or who are in fact unable emotionally to come to terms with it.

Personal Statement

For the most part, the findings that came out of this study were in line with what I expected, based on my reading in this area, my counselling background, and my own life experience. The greatest surprise to me was the finding on how the several couples who were conflicted about adoption resolved their impasse. My assumption was that these couples would have all made mutual decisions not to adopt. I assumed this because I believed that, if the wife in an infertile couple really wanted a child, her husband would
most likely concede, given our culture’s pervasive gender socialization around the
importance of motherhood. In fact, one husband did reluctantly agree to adopt in this
study, but his wife then decided not to, having realized she was unwilling to adopt if her
husband wasn’t equally committed to adoption.

During the time I was reading the couples’ interviews and writing the findings
chapter, I had feelings of regret that I had not personally met and known the participants. I
feel connected to them through their stories, I admire their stamina and fortitude in
weathering the various challenges of their adjustment to childlessness, and I am
concerned about the couples who had difficulty moving on with their lives. I hope that
their stories and experiences will contribute something of value to the field of research
into infertility and involuntary childlessness, and that the couples who participated in this
study will become aware of the contribution they have helped to make.
References


