

Social Support and Infertility: A gender analysis

by Yvonne Stoesz

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**SOCIAL SUPPORT AND INFERTILITY:
A GENDER ANALYSIS**

BY

YVONNE STOESZ

A Thesis/Practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements for the degree of

MASTER OF SOCIAL WORK

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Preface

Abstract

Introduction

Preface

This issue for me comes from a personal and professional experience. As a woman with impaired fertility seeking to come to terms with being childless, I have had many questions. I have felt a need to look at how others have handled dealing with infertility and how they survived.

I struggled with my identity as a woman. Was I a woman if my body did not do that which seemed so natural for other women? Why was this 'maternal' drive so strong?

I recall many social settings in which infertility became a focus or issue for me. Church was especially hard because of the many symbolisms of birth and life. I remember being part of an advent service where I played the role of the angel telling Mary she was going to have a baby, hating every minute of it, wishing I could have power like that angel. I was tired of seeing Mary pregnant every Christmas, in front of the church, waiting for the birth of her first child. I would sob through sermons which talked about new birth and of waiting and of hope. All of these seemed to speak to me directly as I dealt with infertility.

I remember waiting in the waiting room of an OB-GYN clinic where I was the only one who wasn't pregnant and being so angry at the obstetrician for making me wait two hours while she was out delivering babies. I was angry at my doctor for not asking how I was doing or why all the tests had to revolve around her schedule not paying any attention to my monthly schedule which all the tests were based on.

I remember trying to find my way to an infertility support group scared someone I know might see me and would know where I was going. Or not wanting to tell anyone

I was taking Clomid, afraid and ashamed of what people might say, particularly if I would conceive twins. I remember being on a diet the naturo-path recommended and having to avoid almost all the food put in front of me and not wanting people to ask why I'm not eating or if I'm trying another diet to get pregnant; having someone joke that I was on another 'want-a-baby-diet'.

I shared much of this with my partner who could not understand my need to talk, talk, talk about it, or why I cried so much about it or my anger at the injustice of the situation. He would listen but when it got too much would tell me I needed to find other supports knowing he couldn't really understand my pain or anger.

I wondered as a social worker going to the infertility clinic at Health Sciences Centre why I was not offered any kind of social support (i.e. counselling or information on support groups etc). I felt alone yet knew there must be other women who were in this situation as well. I desperately found I needed to network with other women in my situation. I literally would scan my social network picking out couples/women who may be going through infertility as well.

I needed to find out why this experience was so difficult for me as a woman because it seemed to not affect my partner to the same extent. I was frustrated with myself and my lack of empathy for friends with morning sickness, in fact I was feeling very alienated and different from them and actually didn't feel like they were supports to me particularly as they were all becoming pregnant as I went through the worst of this crisis.

When we adopted our daughter in June of 1994, I decided to focus my thesis on adoption, however as I scanned the adoption literature I found myself picking out all

the infertility articles. I began to read other women's experiences of infertility and it felt so validating to know I was not alone. I drew strength from the quotes I read of women's experiences which reminded me that I was not abnormal. Every time I met and spoke with a woman who was also experiencing infertility I felt this 'bond' with her that would help me get through the next month or whatever I was going through at the time.

I became very interested in how family, friends and/or peers play a part in being a support to women dealing with infertility. My friends seemed at a loss for how to respond or didn't know what to do when I said it was hard for me to be around them when they were pregnant.

I decided to focus on women because I am a woman and I wanted to hear from other women in my situation. However as I mulled this topic over in my head, I did not want to conclude that women are the 'wrecks' and the ones who need all the support. I already felt that when the topic came up in conversation, the focus was on me. I was very curious how men seemed to stay so aloof about it. How did men cope with infertility? Did it affect them to the same extent as their partners and did they need to talk with others about it as much as I did?

Abstract

This is a Master of Social Work thesis looking at the similarities and differences in how men and women respond, cope and live with infertility. It is also about social support networks and infertility. I chose to interview women and men who are dealing with impaired fertility separately to give each a chance to share their experiences. I chose qualitative research methods to discover the effects of infertility on participants' social support networks because it would give me an in-depth look at the experience of infertility.

The current literature on infertility most frequently describes infertility as a crisis or loss. The cultural theory, explained by Sandelowski (1988), explains infertility in terms of its socio/cultural affects with a focus on gender. Greil et al. (1988) define infertility as a social process.

In reading the findings, the reader will discover the differentness and aloneness men and women dealing with infertility experience. Women respondents in particular share the crisis in their identities. Both male and female participants talk about naive comments and advice given by family and friends and the ignorance they felt from the general public.

Readers will also hear stories of infertility affecting participants' social life and their relationships. Participants also described ways they coped and ways persons in their informal and formal networks were helpful. Recommendations are given for services for persons with impaired fertility.

Introduction

This research study is about men, women, infertility and social support. My research questions were: How does infertility affect a person's identity? Given the evidence which points to gender differences in experiencing infertility, what are the social support needs of men and women dealing with infertility? Studies have suggested that women, in particular depend on their friends and family to help them in their daily life. Is this also the case for men? How does the experience of infertility affect men and women's social network? Do they increase/decrease, become stronger/weaker? How are friendships affected? Do women or men more commonly use formal networks when coping with issues surrounding infertility? Are professional social work services needed/utilized and when? Is there a need for a peer support model that enables couples, men or women dealing with infertility to network with each other?

I believe the issue of infertility is important in social work because of its impact on the individual, the family and thus society as a whole. Infertility is a developmental crisis for the individuals involved and affects the family's well-being and this has implications for social work. I was interested in knowing how a social worker responds to the needs of these families. This study has important policy implications by identifying the gaps in services for couples, men and women dealing with infertility.

Chapters one and two cover the current literature on infertility and social support including a gender analysis.

Chapter one focuses on infertility, the narrowness of the medical definition, statistics on infertility, and various theories that help to explain infertility's effect on the

couple and the individual with an emphasis on gender. Crisis theory, grief model, chronic sorrow and the cultural model are discussed and aspects from each are highlighted.

Defining infertility within a cultural context includes gender as an important factor in how it affects the individual and the couple. Defining infertility as a social process identifies the importance of social connectedness in this often isolating experience.

Chapter two focuses on coping and social support. The coping model describes coping as opposed to resolution as a way persons with infertility deal with this crisis. Social support has been said to be psychologically beneficial, helping persons feel valued and esteemed.

Social support has also been said to be an important aspect to combatting the social isolation persons with infertility face. Factors affecting social support include the nature of the problem and how help is given and received. Gender has also been found to have an influencing factor in how support is viewed and given.

Chapter three reviews qualitative methodology and how it was implemented in this study. Details of sampling, participants, compilation and analysis are discussed.

Chapters four, five and six are the findings of the data collected from the ten qualitative interviews.

Chapter four presents the differences in how men and women respondents viewed infertility and its' effect on their identities. How infertility affected participants' social lives, the difficulty in telling and the effect on their relationships is also presented.

Chapter five looks at participants' individual coping mechanisms and their use of informal supports such as their spouses, families/friends and peers.

Chapter six presents data on the participant's experience with the medical system and their use of formal psychosocial support systems like social workers, counsellors or groups.

Chapter seven concludes the thesis with a summary and discussion of the findings emphasize again infertility in its social context and how participants from this study were able to cope.

Chapter 1 Infertility

Chapter 1 - Infertility

Infertility defined

Chapter one begins this thesis with a literature review of infertility with a specific look at the role of gender in the effects of infertility.

Infertility, (primary infertility) as defined by medical journals is "the inability to conceive after a year of unprotected regular intercourse or the inability to carry a pregnancy to a live birth" (Johnson, 1980, p. 5). Secondary infertility is the inability to conceive or carry a pregnancy to a live birth after the birth of one or more children.

This is the medical definition found in most journal articles on infertility. It is a static definition in that it does not capture the complexities of the infertility diagnosis. For example, some women may become pregnant within the next year or after ten years of trying.

Infertility has also been defined as an illness or disease. "Because infertility is an entity that generally remains undetected and undiagnosed until a couple attempts to have a child, it becomes an illness, a cause for suffering, only by virtue of its one symptom, the continued absence of a desired child" (Sandelowski, Holditch and Harris, 1990, p. 198). Infertility is, therefore, often an experience of illness in search of a disease.

More accurately, Patricia Johnson, a well known educator and writer on infertility and adoption uses the term "impaired fertility" to emphasize the uncertainty of the 'infertile' diagnosis. This definition acknowledges that often there is no absolute reason for many cases of infertility. Participants in a study recording the effects of infertility on marriage indicate that the term 'infertile' connoted a sense of finality that the study

participants found unsettling. Instead interviewers used the phrase 'having a fertility problem' (Andrew, Abbey and Halman, 1991) when questioning their participants. For the purposes of this study I have used 'infertility' and 'impaired fertility' interchangeably. Although the word 'infertile' connotes finality, I have used it for ease of writing.

Barbara Eck Menning, one of the first authors to write of the emotional effects of infertility, defines infertility as "a dynamic state of being unable to conceive or carry a pregnancy" (Menning, 1977, p. 16). She says it often unfolds to a couple gradually, over time. "It progresses from small doubts to concern, to deep concern and the intensification of the search for the problem. The labyrinth of infertility may take years to negotiate, or it may be only a matter of a few simple tests" (Menning, 1977, p. 16).

It is encouraging that some of the recent literature on infertility discuss the 'process' of infertility indicating the medical and emotional time needed to 'diagnose' this disease. Infertility has been described as largely relative, a condition of ambiguity. "Infertility is sort of a mounting continuum. You become more infertile or less infertile. So it is not a hard and fast label where all of a sudden, you are or aren't because of some particular circumstance" (Sandelowski, Holditch and Harris, 1990, p. 198).

I find Greil et al.'s definition of infertility as a social process most helpful. They say infertility is a socially constructed reality of couples. "The most important decisions couples make as they define and resolve their crisis of infertility are not medical decisions at all" (Greil et al., 1988, p. 174). These researchers acknowledge the social context in which infertile couples, men and women exist. "The infertility process is collective in that the experience of being infertile is negotiated between the couple and

is influenced by physicians, friends, relatives and - possibly - psychotherapists" (Greil et al., 1988, p. 175).

History of infertility, medically/ psychologically

It is not surprising that the infertility diagnosis or definition has been greatly influenced by the medical profession and therefore the studies on infertility. The medical definition of infertility assumes the woman in the couple is the indicator of fertility. Historically, diagnosis and treatment has focused on the woman as both the cause of infertility and the object of medical intervention (Shattuck, 1991). The definition of infertility as disease also increased the medical authority over women's lives (Hallebone, 1991).

From 1940-1970, medical investigation during this time period commonly omitted assessment of the male (Unruh and McGrath, 1985). "Even after the discovery of the microscope and the acknowledgment that male sperm were a contributing factor to fertility, medicine continued to regard women as the more responsible agent for infertility" (Shattuck and Schwarz, 1991, p. 332).

Even the presumed psychological causes for infertility were placed almost exclusively on women (Unruh and McGrath, 1985). "Infertility in women was viewed as a manifestation of their subconscious resistance to progress to full maturity, defined by society as motherhood" (Shattuck and Schwarz, 1991, p. 333).

Surprisingly even today some lay and professional people perceive that infertility is self-imposed by women as a result of poor choices made in the past. "Causes for infertility have been medically explained by women's inappropriate use of contraceptives, delayed childbearing for pursuit of career advancement, and sexual

promiscuity" (Shattuck and Schwarz, 1991, p. 331). Men were disregarded as responsible agents of pregnancy because "fatherhood was perceived to be an achieved social status rather than an intrinsic biological role" (Shattuck and Schwarz, 1991, p. 332).

Statistics

When speaking about couples and infertility, I am assuming that the persons spoken about here are people who have made a willful decision to become parents and then find they cannot. I acknowledge that not everyone wants to become a parent.

The current incidence of infertility is believed to be 10-15% of American couples (Valentine, 1986). Approximately 1 in 5 couples experience a period of infertility at some point in their reproductive years. Some of the infertility literature states that for 30% of these couples the problem will be with the man, 30% with the woman, 35% of couples will have combined problems and approximately 5% will have 'unexplained' infertility (Johnson, 1980; Valentine, 1986). Other literature states that male factors account for 40% of cases; female factors, 40%; and the remaining 20% shared factors or unexplained infertility (Shattuck, 1991).

From my experience, and the stories of men and women interviewed throughout research studies is that most couples fail to receive a set 'diagnosis' for their infertility. This is in keeping with the ambiguity many couples feel. The women in Sandelowski's study found that they had no diagnosis for their infertility. The women interviewed described themselves as feeling 'in limbo', 'on hold', and of 'dangling in the gray area' (Sandelowski, 1987). "Sometimes, women attributed the problems associated with infertility diagnosis to the scientific inexactness of a medical field in which physicians

disagreed on causes, cures and prognoses and in which standards varied for interpreting infertility and even pregnancy test results" (Sandelowski, 1987, p. 71). One woman interviewed observed that there was no 'rhyme or reason' in infertility diagnoses and treatment since sometimes women with complex problems achieved pregnancy while women with no 'apparent' problems did not.

Infertility literature and choice of subjects

As a result of the emphasis on the female, the infertility literature predominates with infertility's effect on women. In my understanding of infertility as a social process it became clear to me that it was important to hear from a 'his' and 'her' perspective of infertility as well as that of the 'couple'. I found 16 articles that speak to women's experience only, 5 that interviewed couples and no articles that have only interviewed men. Clearly, the effect of infertility on men has attracted far less research interest than has its effect on women. Many articles state the couples' experience, not differentiating between the sexes.

Earlier studies like that of Barbara Eck Menning (1977) speak about infertility from the 'couples' experience, not specifying which gender. She draws heavily on her personal experience as an infertile woman, a counsellor, a support group facilitator and director of Resolve, a support group for infertile persons.

Patricia Johnson does not differentiate between the sexes but writes "keeping in mind the earlier caution that infertility is as individual as the people whom it affects" (Johnson, 1980, p. 9).

Whiteford in her study (1995) decided to interview only women because, she said, it is women who seek medical treatment more often and with greater frequency

than their male partners. Women are more likely to be subjected to testing even if the man has the impairment (Whiteford, 1995). The medical definition of infertility, therefore, has influenced who gets studied in research.

One of the reasons for the lack of studies on men, is that men have been hard to recruit for studies. In Miall's study (1989) an attempt was made to recruit both men and women in order to compare their attitudes toward infertility. They write that it was exceedingly difficult however, to obtain a sample of men sufficient for this kind of comparison and so the decision was made to limit the study to women.

Daly (1989), in her study of couples dealing with infertility said she interviewed couples because of the recognition that husbands and wives have separate subjective realities that makes data collected from only one spouse unreliable when generalizing to the couple. She also found men difficult to recruit for her study because of the privacy of such a topic but found wives to be a welcome ally in encouraging men to participate.

Sandelowski, Holditch and Harris (1992) chose to interview couples for a number of reasons. One, they felt that because infertility was typically viewed as a couples' problem it seemed appropriate to treat the couple as a unit of study. Secondly, like Daly (1989) they felt that through their wives, they would be able to reach men. Thirdly, they felt that infertility can disrupt a partnership and they did not want to contribute to furthering such a disruption by interviewing only one partner. Lastly, they felt conjoint interviews would permit a fuller presentation of information. "As individual participants described their experiences, they often generate responses from their spouses, and spouses can clarify, confirm, amend, or refute each others'

descriptions of events...permitted us to witness how partners acted together, how they sought help or influenced each other, and how they handled disagreements arising in the interview situation" (Sandelowski, Holditch and Harris, 1992).

It is my understanding that to fully understand the social reality of infertility it is useful to hear the experience of the man, the woman *and* the couple.

Theories/Models of Infertility

There are a number of different theories regarding infertility and ways to describe its impact. These theories also suggest differing ways of responding to and living with infertility.

Much of the literature describe infertility as a *life crisis* or in terms of *loss*. Barbara Eck Menning (1977) described the impact of infertility in terms of stress and provides a *grief model* of stages in how couples experience this loss. Other researchers question the accuracy of the grief model when describing responses to infertility. Unruh and McGrath (1985) suggest a model of *chronic sorrow* for what is perceived as lost and for the loss that exists on an ongoing basis (Woods et al., 1991).

Most importantly, for the purposes of this research study is the social context of infertility and how it affects one's social network and support systems. A number of studies have addressed the isolation and stigma persons dealing with infertility feel. Margaret Sandelowski (1988), who has researched extensively on infertility describes a *cultural model* to describe infertility's effect on women.

Although none is exclusive, each theory adds a piece to the experience of infertility. I have found combining them most helpful in understanding infertility in a social context. It is helpful to see infertility as a crisis and a loss (resolved or chronic)

embedded in a cultural (gender specific) context. The most significant gap in the literature however is how men respond to the experience of infertility. The cultural model attempts to see infertility in its' social context emphasizing women's reality, however fails to include men's experience. The literature also has not studied in depth, the experience of infertility as it relates to the couple, men and women in their social network (i.e. effect on relationship, socializing etc).

Crisis Model

The *crisis* model describes infertility as a life crisis. Gerald Caplan describes the normal pattern of any event termed a crisis as follows:

1. a stressful event occurs that poses a problem that is insoluble in the immediate future.
2. The problem overtaxes the existing resources of the person involved because it is beyond traditional problem-solving methods.
3. The problem is perceived as a threat to important life goals of the persons involved.
4. The crisis situation reawakens unsolved key problems from both the near and distant past (Menning, 1990, p. 101).

A crisis is any event which is seen by an individual as a threat, loss, or challenge of a life goal (Covington, 1987). Infertility has been seen to precipitate an emotional crisis for the man and the woman. For the woman, the universal fear of being unable to conceive may precipitate the crisis. Crisis for the man may result from the inability to meet the need for fathering a child (Anderson, 1989). *Crisis theory* suggests that "if appropriate help is not available during this critical interval, inadequate or maladaptive patterns may be adopted which can result in weakened ability to function adequately later on" (Valentine, 1987, p. 64). This theory touches on the differences of this crisis for men and for women.

Loss theories

Overwhelmingly, the infertility literature speaks of loss as one of the biggest issues infertile persons deal with, particularly loss of control.

To the infertile couple who are experiencing the stress of not becoming pregnant, the realization that they have no control over their reproductive capacities can come as a shock and can compound the crisis situation. As they begin to think of the lack of control, it soon becomes evident that it extends to areas of their lives far beyond reproductive physiology. In the broadest sense, the infertile couple has lost control of their future lifestyle. The choice of parenthood vs. child-free living is no longer theirs to make (McCormick, 1980, p. 205).

Mahlstedt identified that infertility involves a loss in eight different areas. These include losses of relationships (both real and fantasy), health, status, self-esteem, confidence, security, and hope. These feelings of loss are experienced as a grief reaction similar to mourning (i.e. shock, denial, anger, depression, guilt, resolution) (Covington, 1987). Infertility losses include loss of self-esteem, confidence, security, health, close relationships and even hope (Anderson, 1989; Needleman, 1992). "There are indications that the psychological impact of infertility is so great, in terms of loss of self-esteem and feelings of defectiveness, that even the birth or adoption of a child cannot cure it" (Sandelowski, 1986, p. 442).

"Infertility represents both a major loss and a threat to an individual's integrity and valued life-goals; it constitutes one of the major forces in the loss of mental and physical well-being for those of childbearing age" (Anderson, 1989, p.10). For women it may mean the loss of the chance to experience pregnancy and breast feeding. Men

may desire pregnancy as proof of their virility. Both men and women may want genetic continuity.

McCormick's (1980) and Covington's (1987) studies do not differentiate this loss in terms of the sexes. Daly's study (1989) of preparation needs of infertile couples found that wives were more likely to indicate feeling this loss of control. Only one-half of husbands stated they felt less in control; whereas, more than three-quarters of wives indicated this. Daly states "this gender difference is no doubt related to the greater salience of the parenthood role for women than for men" (Daly, 1989, p. 114). He found 7% of husbands and 5% of wives indicating that parenthood was more important for the man. Fifty-four percent of husbands and 60% of wives said parenthood was more important for the wife. What these findings show is that women's sense of wanting or needing to become parents is greater than their husbands'.

Grief Model

Grief model literature, primarily citing Menning's first study (1977), states that couples dealing with infertility work through a myriad of emotions, some based on real societal and medical pressures and some based on myths or magical thinking. There tends to be a pattern in which these feelings are experienced similar to that of Kubler-Ross's stages of grief. Following is the description of the stages of grief for infertile couples as described by Menning (1977; 1980; 1990). Menning conflates men's and women's experience to read that of 'the infertile couple'.

Menning describes the first reaction for couples as one of surprise. She says no one expects to be infertile and that many couples have used birth control for years,

waiting for the right time to begin a family. Some couples have agonized for years over *whether* to have a family.

Soon after this surprise reaction, Menning says, the couple will likely deny that there is a problem. Denial serves a purpose in that it allows the mind and body to adjust at their own pace to events that might otherwise be overwhelming (Menning, 1980).

A common reaction to the surprise and denial of infertility is then anger. Once a couple begins the medical infertility investigation, they surrender much of their control over their bodies and their destiny (Menning, 1990). Menning articulates that anger is a predictable response to loss of control. Some of this anger may be very rational, focused on real societal pressures to produce a child, or the pain and inconvenience of infertility tests and treatments. Some of the anger may be more irrational, projected against 'targets' such as abortion-rights advocates or people who get pregnant like 'that'.

Menning writes that if couples choose to talk openly about their infertility they also open themselves up to 'free' medical and psychiatric advice like, "relax", "take a second honeymoon" or "adopt". Responses to such misplaced advice may be anger or hurt at society's naivete of the emotional impact of infertility.

She says that couples may keep their infertility secret because they do not wish to be objects of pity (Menning, 1980). Although secrecy is understandable it often has negative effects. It may increase the poking and probing from family and friends about the couple's plans to start a family. It may also cut the couple off from potential sources of comfort and support at a time they may really need it.

Menning also describes an even more difficult type of isolation which is the 'emotional gap' between the partners in the couple (Menning, 1980). Men and women often deal with crisis and loss differently. The woman may despair over her husband's inability to empathize with her feelings about menstruation, her basal body temperature chart or a late period. The man may not be able to share his anxiety about having to perform for sex on demand. The result may be a breakdown in communication and an increase in marital stress.

Another common feeling she identifies is guilt or unworthiness. It is logical for people to try and make a cause and effect relationship between infertility and something they have done or not done in their lives. Men and/or women may go through a stage of atonement or bargaining with fate or God to be forgiven and healed from the punishment of infertility. This guilt can also globalize to a point where a person feels unworthy and incapable in every sector of life, be it employment, friendship or their marriage. When prayers and atonement do not work, more anger is often felt at God or life that such injustice exists (Menning, 1990).

Nancy Devor, a pastoral counsellor calls these feelings a crisis of faith. She writes, "the experience of infertility may be the first moment couples face the existential reality of their mortality, for children often represent our link to the future" (Devor, 1994, p. 355). During the grieving process, she says, individuals have to go through a faith crisis in which they reinterpret the meaning of suffering, the use of prayer and their understanding of God.

Menning states that sometimes one or both members of the infertile couple go through a period of depression. Pathological depression is often a repression of the

normal feelings of denial, anger, guilt and grief. Normal depression is a state of sadness, despair, lethargy and vague symptoms of distress (Menning, 1977). Menning says it is a natural phase of moving from anger to rage to acceptance that a loss has occurred and that grief is immanent.

The last stage of infertility grief is resolution, or as Pat Johnson describes it, 'the burial'. This may be a long period of finally letting go of the dream, of the child they had logically assumed would come one day. For some couples this may take years of infertility tests and treatments or until the woman hits menopause.

Menning's work is helpful in explaining the grief and the loss couples face in experiencing infertility. She fails to clearly differentiate this loss for men and for women. Menning, however, is one of the few authors who describe the social isolation couples with infertility experience.

Chronic Sorrow Model

The *chronic sorrow model* described by Unruh and McGrath, focuses on women's experience of infertility. It offers sorrow as a better description of the painful emotions that are caused, in part, by therapies for infertility (Woods et al., 1991). These researchers state that the grief model is limited as a framework for understanding the emotions women have because these responses may not follow a sequential pattern as is true for the grief response. "Many women experience cyclical hope and despair corresponding to their menstrual cycle" (Woods et al., 1991, p. 181). Their sorrow may actually increase through the long diagnostic and treatment period. "There is no resolution to the pain of infertility; the sorrow continues" (Unruh and McGrath, 1985, p. 373). Unruh and McGrath state that encouraging women to follow

stages in their grief means that she may be neurotic, maladjusted or dysfunctional if she doesn't feel emotions in that way. "At its most dangerous level, the grief model suggests that women suffer individual pathology in grieving that hurries them through the process to acceptance" (Unruh and McGrath, 1985, p. 373).

This study is helpful in understanding women's experience of infertility and its cyclical nature. It, however, does not shed light on men's grief and does not offer an alternative model of therapy.

Cultural Model

The *cultural model* as described by Sandelowski (1988) defines culture as 'constructed reality'. This theory is one that attempts to place the fertility impaired person within a social context. She states that the 'cultural script' prescribes biological parenthood for the legally married within a cultural timetable. "Although the infertile (in contrast to the voluntarily childless) conform to motivational norms by wanting children, they violate behavioural norms by not having them. The infertile are therefore culturally deviant" (Sandelowski, 1988, p. 148).

Sandelowski's focus has been primarily with women and she sees this view of culture as best defining women's experience of infertility. "Infertile women seem to inhabit a world both imagined and imposed on them" (Sandelowski, 1988, p. 147). The 48 women interviewed in her study described a strong sense of estrangement, a sense of being different from fertile individuals, of not fitting into the fertile world. They described it as two classes, with feelings of injustice and a feeling of standing against the world alone and sometimes even being persecuted by that world. "The women were also reminded of their deviant status whenever they felt forced to explain their childless

state and forced to be happy when someone else became pregnant" (Sandelowski, 1988, p. 150).

Many women in Sandelowski and Pollock's study (1986) described feelings of *otherness*. They described feelings of separation and deviance often making social comparisons in relation to their fertile peers. They reported a sense of being unfairly singled out, the feeling of not fitting in and being left out and the perception that no one understands them and their feeling of defectiveness. "Women...felt estranged from fertile people and even their spouses and constrained in the social interactions with them" (Sandelowski and Pollock, 1986, p. 144). "Infertile women experience a profound sense of 'otherness', of being neither female nor male, infused with feelings of fascination, envy, persecution, and even rage" (Sandelowski, 1990, p. 35).

Sandelowski (1990) in an article entitled "Fault lines: Infertility and Imperiled Sisterhood" describes the problems infertile women and feminism pose for each other. She says, infertile women are neither mother nor sister to the fertile woman and sees there being 'two classes' of women, the fertile and the infertile.

Infertile women are alienated not only from the pregnant women and mothers who are, by the 'twisted priorities of fate' the least prepared and the least desirous of maternity, but also from the women who appear to flaunt their pregnancies, 'rubbing it in' while rubbing their bellies (Sandelowski, 1990, p. 35).

The women's sense of differentness was reinforced in strained social interactions in which they were forced to discuss childlessness and to put up a smiling facade in the face of other women's pregnancies. Women found themselves forcing emotional and material support out of husbands or partners who were not so invested as they in

having a child. "The women's intimates and friends in turn felt compelled to withhold news of pregnancies and experience 'guilt' when they did not know how to help" (Sandelowski and Pollock, 1986, p. 144).

Sandelowski states that other models of grief and chronic sorrow fail to account for the social context of infertility. The crisis model of infertility, she states, "also presumes short-lived and stage phenomena and, therefore, fails to capture the chronicity of the experience" (Sandelowski, 1988, p.150).

Sandelowski states that the advantages of the "cultural experience paradigm are its attention to the diverse contexts in which individuals become and are infertile, and its assumption of infertility as a personal and sociocultural experience" (Sandelowski, 1988, p. 159). Sandelowski and her colleagues, unfortunately focused their studies on women. I believe the cultural model can be an effective model in understanding both men's, women's and couples' social experience of infertility.

Effects of infertility on the couple's social network

Only a few studies have addressed the effects of infertility on one's social network. Again, these authors who have interviewed men and women do not differentiate between the sexes.

Infertility is a social crisis and can be a very isolating experience for both partners in a couple. Menning (1977) states many couples dealing with infertility retreat into isolation because of the stigma and pain they feel. Baby showers, christenings, or visiting pregnant friends may become extremely difficult for the infertile couple. They may attempt to protect themselves from social gatherings and events they know will be

painful. Sometimes the couple will radically alter their lifestyle to avoid people with babies or events which are reminders of fertility.

Infertility has been described as a stigmatizing experience. "The lived experience of infertility is one of stigmatization, isolation and alienation" (Whiteford, 1995, p. 29). Daly's study (1989) found that 84% of couples expressed in some way that they felt pressure from others to be parents. One couple described how infertility and the plan to adopt cast them as outsiders to the normal course of development. The infertility experience was isolating insofar as it set these couples apart from their peers who became biological parents as expected.

P. Johnson recognized that social isolation may be a necessary part of healing from infertility. "Confronted by the blooming trees, the bulging bellies of a fertile world, the infertile couple *needs* to isolate themselves" (Johnson, 1980, p. 12). She gives this suggestion in a handbook for friends and family of couples dealing with infertility:

They [the infertile couple] need you to understand that their avoidance of baby showers and family christenings and their unwillingness to share in family holiday celebrations is not another example of what you may have perceived as selfishness and irrational moodiness. Their isolation is instead a normal and necessary part of the resolution process (Johnson, 1980, p. 12).

Infertile couples may often not talk to others regarding their infertility so they rely on each other for most of their emotional support (Menning cited by Andrews, Abbey and Halman, 1991, p. 239). Because each partner may be in crisis, however, it may be difficult for them to meet each other's needs. They may also be at different places of adjustment. "What is helpful to one partner may be harmful to the other" (Andrews, Abbey and Halman, 1991, p. 240). At this time, family and friends can be key players

in the infertile person's support system. Men and women experiencing the emotional effects of infertility may rely on friends and family to provide them with the support and or encouragement they need (Sandelowski, 1988, p. 159).

The significance of infertility on the life cycle

Infertility is a 'we' and an 'I' experience. It affects the couple as a family unit and their life cycle and it affects the individual man and woman in the couple. This next section is examining how infertility affects the couple as a 'we' and studies which have looked at the differences and similarities in men's and women's experience of infertility.

Effects of infertility on the couple

A few studies have focused on the effects of infertility on the marriage and the life cycle of the family. Infertility affects the developmental cycle of a family and the individuals in that family. Duvall (1974) identified the two major phases in this cycle as being the 'expanding family' and the 'contracting family'. Tasks of the expanding family include reproduction. Tasks of the contracting family include the recruitment and release of family members (Anderson, 1989). The uncertainty associated with infertility of never knowing if or when they will bear a child leaves the couple in a state of limbo.

These tasks fit closely with Erikson's stages of life. He divided later adulthood into two major developmental stages: intimacy vs. isolation, generativity vs. stagnation. Intimacy means committing oneself to others including children and parenthood. Generativity involves productivity and creativity. Using Erikson's model, it is likely that intimacy and generativity may be seriously diminished by infertility.

For some couples providing their parents with grandchildren is fulfilling the responsibilities of adulthood (Hammer and Burns, 1987). Couples experiencing infertility often feel pressure from family and friends.

The inability to have children threatens the very concept of marriage for some individuals. When men and women form a partnership, parenthood and childrearing are usually issues about which the couple has an agreement (Burns, 1987). When parenthood is no longer an option or seems unlikely, the couple is faced with the reality that their original marriage contract has been nullified by circumstances.

"Renegotiating the marriage contract is more difficult, if not impossible, because of the ambiguity of the situation" (Burns, 1987, p. 360). Burns defines this dilemma as boundary ambiguity. He says, failure to move successfully through developmental transitions creates stress in families and requires adjustment and reorganization.

"Infertility, then, can be understood as an intergenerational family stressor that impacts the boundaries and developmental tasks of the infertile couple and their families of origin" (Burns, 1987, p. 365).

The strength of the marital relationship is also sharply affected by infertility. This relationship may be strained by the infertility workup and treatment (Needleman, 1992). It was found that if a couple does not have a psychological problem as the cause of their infertility, they will probably develop one (Klempner, 1992). "The degree of stress and desperation felt by infertile couples is emphasized by the fact that suicide among childless couples is approximately twice as frequent as among couples with offspring" (Draye, Woods and Mitchell, 1988, p. 165).

The social context in which infertile couples find themselves Sandelowski terms the 'cultural meaning of infertility'. She says "infertile couples strive but repeatedly failed to adhere to the cultural script prescribed for married couples, and they suffer the ontological assault, or the painful 'oppositions of the body, self, mind and external world' that the failure to conceive inflicts upon them" (Sandelowski, Holditch and Harris, 1990, p. 195.).

For some couples infertility may strengthen the relationship. Couples in Monach's (1993) and half of the participants in Greil et al.'s study (1988) reported that infertility brought their marriages closer. Downey and McKinney (1992) found couples were more likely to start the infertility work-up when their marriages, financial situations and general psychological functioning were relatively stable, "thus the infertility patients may have been especially high functioning as a group and experienced a decrease in psychological health since they had begun the fertility evaluation" (Downey and McKinney, 1992, p. 203).

Greil et al. (1988) found that the tension between husband and wife was often a result of their different perspectives on infertility. This translated into frustration and lack of communication between the sexes. Wives in this study were annoyed with their husbands at their lack of participation in the decision making process. They said their husbands seemed almost unaffected by the experience of infertility. Husbands on the other hand thought their wives were overreacting to their problems with infertility.

A study by Andrews, Abbey and Halman (1991) studied the effect of the stress of infertility on the marriage relationship. They looked at how infertility affects five aspects of life quality for husbands and wives. These included 1) sexual self-esteem 2)

sexual dissatisfaction 3) marital conflict 4) frequency of intercourse and 5) subjective well-being.

In this study they also found that for evaluations of life-as-a-whole and oneself, the negative effects of stress related to fertility problems were substantially stronger for women than for men. The total negative effects of fertility problems stress tends to have stronger impacts on the well-being of wives than of husbands. "Its impact on marital conflict, sexual self-esteem, and sexual dissatisfaction are stronger for women than husbands, whereas its impacts on frequency of intercourse are stronger for husbands" (Andrews, Abbey and Halman, 1991, p. 247).

Effects of infertility for him and for her

A number of studies have examined infertility's effect on the individual. One study of infertile couples found 50% of the women and 15% of the men reported that it was the most upsetting experience of their lives (Stewart, 1992). The gender difference in how men and women experience infertility is apparent. "Just as his marriage is better than hers, so seemingly is his infertility better than hers" (Greil et al., 1988, p.176).

In a number of studies interviewing men and women, it was found that men were less affected by infertility than women (Draye, Woods and Mitchell, 1988; Sandelowski, Holditch and Harris, 1990). More women than men felt that they would miss out on a major life goal if they could not have children (Draye, Woods and Mitchell, 1988). In a study interviewing only infertile women, they found that women were more likely to perceive themselves as being more psychologically affected by the

problem than were their partners. "They also tended to think that having children was more important to them than to their husbands" (Downey, 1992, p. 202).

In one study men and women reported how infertility affected them. "Infertile individuals have reported feeling 'like a flop', 'hollow' (women), and as if they were shooting blanks (men)" (Andrews, Abbey and Halman, 1991, p. 248).

Most studies indicate that infertility is particularly painful for women. For some women pregnancy and parenthood are a means of maturing and gaining entry into the adult world (Harris, 1992). Infertility has been described for some women as a 'rite of passage' to adulthood. One woman writes, "Having a child may mean that you are finally emancipated from your own parent...If she wants people to listen to her as a responsible person, she has to be able to show her credentials -Tom, Ann, Billy, Wendy, and so forth" (Menning, 1990, p. 103).

Downey and McKinney (1992) in their study of 118 infertile women found that women experienced grief, denial, anger, high levels of anxiety and depression, lowered self-esteem, poor body image, marital difficulties, and problems with sexual identity and functioning. They write, "infertility has been estimated to lead to psychiatric symptoms of clinical severity in more than a third of the women who undergo treatment" (Downey and McKinney, 1992, p. 196). Stanton (1992) in her study of coping and infertility found evidence of psychological symptoms of clinical severity in 37% of women and 1% of men, suggesting women are more at risk for distress than men. "Many of the women reported being so preoccupied with their inability to conceive that they felt less interested in other aspects of their lives" (Downey, 1992, p. 203).

In Sandelowski et al.'s study (1990) of infertile couples they found that women had been worried about not getting pregnant before they found out they had difficulty, but men had not. In all 22 couples in Greil et al.'s study (1988) it was the wife who brought up for discussion the issue of infertility. Women also tended to look for explanations of infertility in their bodies, in their past behaviour, and in the bodies of their husbands (Sandelowski, 1990).

Many women in Greil et al.'s study (1988) found women describing the experience of infertility as role failure, interpreting it as a challenge to their womanhood. Miall believes the pronatalist bias in Western society ties women's identity to conceiving, bearing and rearing children (Miall, 1989). Unruh and McGrath state "self-worth for women has been traditionally viewed as occurring through motherhood...bearing children is critical to achieving physical and emotional maturation and the development of gender identity, femininity and self-esteem" (Unruh and McGrath, 1985, p. 376). Women are socialized to be mothers, and in fact are believed to be 'natural mothers' (Draye, Woods and Mitchell, 1988).

"Women who have children, they say, are understood and accepted; women without children are neither" (Whiteford, 1995, p.29). "The sense that their identities have been 'spoiled', their dignity and privacy destroyed by infertility, keeps women struggling to overcome the condition, suffering their losses in silence, and hoping that their hidden burden will stay hidden" (Whiteford, 1995, p. 30). It is often women that ride the emotional roller coaster because it is their bodies that remind them every month of the unsuccessful pregnancy.

Women, in contrast with men, see infertility as rendering them incomplete and diseased in their own eyes (Whiteford, 1995) and tend to see infertility as engulfing their whole person. They tend to internalize images of the self as incapable, abnormal and defective. Women indicated that not just an element of the body, but the entire self was damaged. "In contrast, men tended to encapsulate infertility, to halt its spread, to keep it from becoming a master status, or from spoiling their identities as intact males. For them, infertility was an I-have or I-had condition they shared with their wives" (Sandelowski, Holditch and Harris, 1990, p. 204). Men described infertility as an unfortunate event that was to be put into perspective (Greil et al., 1988).

Men and women also perceived the causes of infertility differently. Fifty-six percent of the women in Drayes et al.'s study (1988) felt infertility was due to problems within themselves even if they did not yet know the exact nature of their infertility. Women have also been known to accept the stigma for their husbands' reproductive impairment through what Miall described as 'courtesy stigma' (Greil et al., 1988). Men also tended to demand more explicit proof that they would never have a child with their wives in cases of unexplained infertility (Draye et al., 1988).

Women hinted that their inability to have a child constituted a punishment for past transgressions including failed marriages, elective abortions, and feeling relief after the loss of an unwanted pregnancy. In contrast men tended to identify luck and timing as key factors controlling fertility. "He said it was only a matter of time and that she was impatient" (Sandelowski, Holditch and Harris, 1990, p. 202). They also found that more women than men felt that they were being punished by their infertility. More women than men felt down on themselves and more women than men felt they had let

their partners down by not having children (Draye, Woods and Mitchell, 1988). Women also reported feeling failure each month when menses began, feeling less feminine and feeling incomplete as women.

Although women in this study were found to have significantly lower self-esteem scores than men, there were no differences between men and women's social support ratings (Draye, Woods and Mitchell, 1988). Women, however in Draye, Woods and Mitchell's study (1988) sought help regarding infertility on their own initiative, whereas men indicated they were motivated to seek help by their spouses' desires, nagging or encouragement.

In another study surveying 185 infertile couples (Abbey, Andrews and Halman, 1991) it was found that infertile women perceived themselves as having more control over the solution to the infertility problem than did infertile men. Interestingly, these husbands also felt that their spouses had more control over the solution than they did. Infertile men, however, felt more confident than their female partners, that they would someday have a child biologically related to them.

Infertile men, compared to their wives, were found to experience more home life stress, lower home life performance, more interpersonal conflict, and less perceived control over the situation (Abbey, Andrews and Halman, 1991).

In Greil et al.'s study (1988) most husbands viewed infertility as disappointing but not devastating. These men also tended to be more fatalistic seeing infertility as something they could get over if they had to. These researchers surmised that the expectation to be a father is not as important a part of male identity as being a mother is for female identity. They believed that men did not see infertility as being role failure.

Infertility was found to particularly affect women's careers. In a study regarding infertility and its effect on women's careers it was found that women's career identities became peripheral as infertility took on a central focus (Olshansky, 1987). Much time and emotional energy was spent dealing with treatment options and/or waiting for a pregnancy. "I didn't look for a real job because I was going to get pregnant" (Olshansky, 1987, p.190). During this time women were found to undergo a process of "taking on" an identity of self as infertile. Infertility has been described as the 'work' of a full-time job. "It involves making decisions between continuing with controversial, often unsuccessful medical treatments and attempting to accept other options -adoption or childlessness" (Anderson, 1989, p. 10).

On the flip side, women may become more involved in their careers as a way to cope with being child free. This may be one of the unexpected positive aspects of infertility. Some women in Olshansky's study integrated infertility into their careers. Both a female physician and psychologist used their professional and personal expertise to help others cope with infertility (Olshansky, 1987).

Cognitive reasons for wanting children

To understand more about why men and women view infertility differently is to understand their beliefs about wanting children. Researchers in a study (Newton, 1992) believed that individual differences in beliefs and attitudes were relevant to the development of effective coping strategies to manage infertility. They looked at the cognitive reasons/pressures men and women felt about having children by interviewing 1007 women and 967 male partners.

This study found that there were different cultural meanings of parenthood. They found that "having children meets a wide range of needs including....a desire to demonstrate sexual identity, competence, and social maturity, to maintain marital adjustment and to gain social approval" (Newton, 1992, p. 25).

Reasons for wanting children also differed for men and for women. The main reasons women wanted children were gender-role fulfilment reasons. Such items included "You feel useless without a child", "Life is not complete unless you have children", "You feel selfish without a child", "All women should experience pregnancy and childbirth", "A child is important for a happy marriage" and "To prove you are able to have a child".

Main reasons for men were labelled "Marital Completion" reasons. These items included "Having children was the reason you married", "Your spouse wants a child", "A child is important for a happy marriage" and "To carry on the family name and heritage" (Newton, 1992).

Overall men and women identified highly similar motives for parenting but gave them different priority. Females placed greater emphasis on achieving parenthood in order to fulfill gender requirements thus suggesting a rather negative self-image. Men placed greater emphasis on a desire for marital completion thus were less likely to view infertility as a threat to self worth. Men, however, were more concerned about the potential impact of infertility on the relationship (Newton, 1992).

Interestingly, perceptions of peer and family pressure were associated with negative clinical findings for women but not for men. Thus pressures for social conformity might be greater for women resulting in greater long-term clinical impact.

From a sociological perspective, an individual's adjustment to infertility has been seen as dependent on her/his ability to resist negative self-labelling and not to internalize negative social commentary (Newton, 1992). "Women perceiving societal/family pressures to achieve parenthood reported both higher levels of anxiety and depression" (Newton, 1992, p. 27).

Infertility has been described as a crisis and loss that affects the couple and the individuals in that couple. Infertility is also a social process that is affected by gender. Men and women have reported experiencing infertility differently. For the purposes of the study I reviewed the literature on how men and women cope and live with infertility. I particularly wanted to know if there were any differences or similarities in the way men and women accessed social support. Chapter two discusses coping and social support.

Chapter 2 Coping

Chapter 2 - Coping and Social Support

Coping versus resolution

This chapter begins with defining coping in general and then focuses on social support in particular. The chapter ends with discussing social support as it relates to infertility including informal and formal support systems.

Fleming and Burry state the primary task of dealing with infertility is *coping*. This is in contrast to Menning's stage of resolution as being the end of the grief work. Much of the recent infertility literature describe coping strategies men and women use to adjust to life with infertility, as opposed to resolution or acceptance. The coping model allows individual differences in the way males and females handle stress.

Scheider (1984) defines resolution as,

acknowledging in a shared way that what is past is over; that it has both positive and negative aspects; that the bereaved contributed to the loss and that there were no limits to the contribution he or she made; and that, finally, the person discovered some way to make restitution for contributions either to the loss or for the way in which it was grieved (Fleming and Burry, 1987, p. 39).

Participants in Fleming's study felt 'resolution' may not be an appropriate term nor appropriate goal for the loss of fertility. "The experience of infertility may not lend itself to putting the past behind" (Fleming and Burry, 1987, p. 40). Persons experience reminders of their infertility throughout their life cycle.

In Daly's (1990) study of 'infertility resolution and adoption readiness', she found that consensus appears in the literature that the resolution of infertility may be the most crucial factor in evaluating a couple's suitability or readiness for adoption. In her study

of 74 couples interested in adoption, she found however that "the link between infertility resolution and 'successful' adoption may not be as strong or important as is commonly believed" (Daly, 1990, p. 484). She challenges this by finding literature that acknowledges that the issues of infertility continue to resurface and can be revived even though it may essentially be worked out.

Daly found two views of 'adoption readiness' in her study. Sixty five percent of couples did not feel that they would be ready to take on adoptive parenthood until such time when they reached an endpoint with infertility. They perceived infertility resolution and adoption readiness, as Daly calls it, in a 'sequential manner'. Twenty-eight percent of couples expressed a commitment to adoption parenthood but equally committed to the ongoing pursuit of biological parenting. She saw these couples viewing infertility resolution and adoption readiness in a 'concurrent manner'.

Among the 'sequential' couples, one woman said she needed to work through the anger and self-pity first before adopting. One man said "We are not ready to adopt yet because we have to get over the grief period where we have come to accept what we are up against" (Daly, 1990, p. 488). In the group of 'concurrent' couples, some realized that infertility may not have a distinct end, and as a result, adoption was their way of optimizing the chance of having children.

Seeing infertility as a social process and in light of this adoption study, it seems natural to identify coping as the primary task of dealing with infertility. "Infertility grief should be viewed as a process which may require the mastery of ongoing coping strategies and support" (Fleming and Burry, 1987, p. 37). "Fleming suggests that infertility is a chronic illness where the goal is coping and adaptation rather than

acceptance" (Needleman, 1992, p. 69). Fleming and Burry advocate the use of avoidance and distraction as coping mechanisms and encourage couples to focus on areas where they have pleasure, success and control (Needleman, 1992, p 69).

It is my belief that an important part of coping and dealing with infertility is the use of one's social support network. Very little literature covers this aspect of infertility.

What is social support?

Social support as defined by Caplan is,

an enduring pattern of continuous or intermittent ties that play a significant part in maintaining the psychological and physical integrity of the individual over time. Such support may be of a continuous nature or intermittent and short, and may be utilized from time to time by the individual in the event of an acute need or crisis (Hobfoll and Stokes, 1988, p. 498).

A social support system or network is a subset of the personal network, composed of people in supportive transactions with the individual/family. Informal networks include family members, friends, acquaintances etc. Formal social support networks include professional services like counsellors, social workers, pastors etc. Each person included in one's support network is important and plays a unique role in providing support.

A number of variables can be used to describe social networks. One important variable is the density of the network. A network is dense to the degree that network members have relationships with one another. In a low-density network, the network members tend not to interact with or even know one another. Density refers to the interconnections among network members, not the number of connections of the focal member (Hobfoll and Stokes, 1988).

At the centre of social network concepts is the idea of social connectedness. The essence of this connectedness is defined as a set of people all of whom are linked together, but not all of whom know one another (McIntyre, 1986).

Psychological benefits of social support

The literature describes the psychological benefits of social support. Social support has been found in many studies to have a positive effect on mental and physical health (Hobfoll, 1986). "Social support aids individuals by providing feedback, validation, and a sense that they can master their environments." (Hobfoll and Stokes, 1988, p. 498). Social support lets people know that they are loved, esteemed, and valued members of a social network. Two essential ingredients of social support are the 'give' and 'take' of intimate, sharing relations. Mutuality or reciprocity of support is key in successful supportive relations (Hobfoll, 1986).

In times of stress, social support is crucial. "Being embedded in a social network and the availability of social resources responsive to stressful events have been shown to have direct and stress-buffering effects on the well-being of clients" (Tracy and Whittaker, 1990, p. 461). Social support aids stress resistance.

Hobfoll and Stokes wrote an article entitled "The Process and Mechanics of Social Support" which helps to define stress and resources for support. In an attempt to verify how this is done researchers came up with a model of stress or a model of conservation of resources. They state that stress is the,

state of imbalance between perceived demand or threat and coping capacity in a situation with consequences that are important to the individual. When demand or threat outweighs coping capacity, stress is created (Hobfoll and Stokes, 1988, p. 499).

These researchers believe that individuals act to gain resources and to offset loss of resources.

"Social networks can be viewed as bridging structures mediating the mobilization and provision of social resources between individuals and larger social units" (McIntyre, 1986, p. 422). Two researchers Burke and Weir (cited by McIntyre) have demonstrated that "effective informal supportive helping links can have preventive, therapeutic, and buffering effects for individuals under stress" (McIntyre, 1986, p. 422).

Recently social workers have evidenced increasing interest in social network ideas (McIntyre, 1986). Social network analysis is being used by social workers to identify which supports people utilize in dealing with stressful events. Social network analysis is concerned with the composition, content and processes of the "lattice of relations" in which each person or set of persons is embedded (McIntyre, 1986). Properties of social networks can be divided into three categories: 1) role composition (for example, kin, friends, work mates etc.) 2) attributes of the component links (for example homogeneity versus heterogeneity of norms, age, and ethnicity) and 3) attributes of the whole network such as size, density and centrality (McIntyre, 1986, p. 422).

Factors affecting social support

Growing evidence suggests that "social networks function as powerful determinants of a person's access to information, assistance, social support, and opportunities to gain competence and to influence decisions affecting well-being" (McIntyre, 1986, p. 422). Findings demonstrate that ability to cope with bereavement,

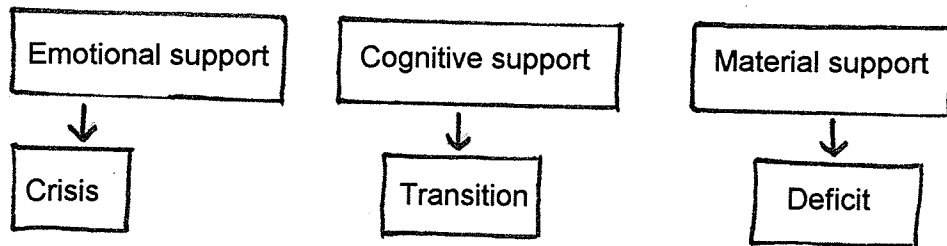
aging, job search etc. vary with the type of network people belong to. Also, the nature of the social support is dependent partly on the nature of the problem and the individual's orientation to using the resources of his/her network.

Types and timing of social support

Researchers suggest that the effectiveness of social support will depend on its fit with the particular needs of the individual (Hobfoll and Stokes, 1988). D. Jacobson has examined types and timing of social support (1986) identifying three different types of support: emotional, cognitive and material. He says different support may be appropriate in anticipation of a stressful event, during the event or following the event.

In addition to identifying the fit between types of stressors and types of support, he says it is critical to consider timing of support. He states that stressful situations may unfold over time. "The same basic problem may evoke different supports as it moves through various stages and transformations" (Jacobson, 1986, p. 252). Using loss as an example, he says griefwork typically includes a sequence of phases (i.e. numbing, disorganization and reorganization). "Transitionalists argue that in this process individuals typically look backwards to their past lives and do not begin to look forward to the reorganization of their lives until they have given up the idea of that which they have lost" (Jacobson, 1986, p. 253). Until individuals are ready for the next stage of loss a certain type of support will not be useful.

Weiss as cited by Jacobson (1986) believes that stressful situations follow a sequence: crisis, transition then deficit state. He draws a chart to demonstrate what kinds of support are useful during these three situations:



He gives an example of how new moms needed emotional support instead of cognitive support during their first few months as new parents.

Social support and gender

The role of gender in the process of social support is a complex and intriguing phenomenon. I found that two principal researchers (Hobfoll, 1986, 1988; Barbee et al., 1993) have studied social support in relation to men and women.

Hobfoll says that because women develop biologically differently from men, women are socialized differently from men and therefore have different psychological traits than men (as a group). He says women also experience different role demands than men in the family, workplace, and society in general (Hobfoll, 1986).

In light of these differences, Hobfoll identifies two additional stressors women are confronted with. One is rapid change. He states that the world of women has changed markedly in the past 20 to 30 years and that women are now working in almost every field and every level of expertise and authority (Hobfoll, 1986).

Secondly, women have entered a world away from home, a world that has traditionally been dominated by men. With changes outside the home, one would assume these changes have affected relations inside the home as well. Women have tended to work outside the home in the day and become housewives at night.

These socialization practices have tended to make women psychologically different from men (Hobfoll, 1986). He says women care more about what occurs to those around them, seem more comfortable in seeking help, and in caring for others. They also develop the intimate social networks in which social support takes place.

Hobfoll emphasizes that men and women have had different patterns of socialization. Socialization for males, traditionally has emphasized autonomy and independence. Men have also been reluctant to acknowledge difficulties or ask for help or support. It has also been said that men are uncomfortable with intimacy and their friendships tend to be shallow and superficial (Hobfoll and Stokes, 1988).

Studies have found that women are more effective interpersonally and more skilled socially than men (Hobfoll and Stokes, 1988). These researchers have also found that men are more group oriented in their friendships than are women. They found that women focused more than men on intimate, close dyadic ties. They suggest that perhaps men evaluate social supports more in terms of the quantity of relationships available to them rather than the quality or depth of ties (Hobfoll, Stokes, 1988). In light of these findings however, both men and women have been found to benefit from quality supportive social interactions, especially intimate ones (Hobfoll, 1986).

How men and women view seeking help

The characteristics of the problem and the characteristics of the person seeking help will determine whether someone will seek support. Some conditional variables may include social support network, social skills and perceived social support. The

person will also determine the nature of the problem (i.e. seriousness or cause) before deciding whether to seek support or not.

Several studies have found that males minimize the importance of problems at the beginning which may prevent them from seeking social support (Barbee et al., 1993). In order to appear strong and masculine, males may reduce the problem's importance and thus their emotional reaction to the problem. "Males may make an effort to appear to feel better before they actually do, and partners may be eager to accept the illusion that a male has no problem" (Barbee et al., 1993, p. 182).

Barbee's study (1993) found no sex difference in the participant's willingness to seek social support for serious problems, emotional problems or material problems but males were significantly more likely to state that 'no one' helped them with day-to-day problems. "Males may be more likely than females to see their own minor problems as controllable, and be concerned that they will be scorned rather than helped by their peers" (Barbee et al, 1993, p. 179).

It has been found that women consistently have more positive attitudes toward psychological help than do men (Johnson, 1987). Females in this study were found "to be more tolerant of the stigma associated with seeking psychological help, more willing to recognize a personal need for professional help, and more willing to be open regarding personal problems" (Johnson, 1987, p. 239).

Barbee suggests that gender role expectations may influence whether and how support is sought.

The female role-emphasizing nurturance and emotional expressiveness may make it easier for women to disclose their problems to others, whereas the male role-emphasizing achievement, success, and

emotional inexpressiveness-may make it difficult for men to seek support when they are under stress (Barbee et al., 1993, p. 179).

Males, she says, learn the risks of dependent behaviour at an early age, promoting caution in seeking help, expressing emotions, and in displaying gratitude when support is received. "Such reactions may cause males to feel that the cost of the potential helper, combined with potential loss of face and threat to self-esteem, make the seeking of social support more threatening than the problem itself" (Barbee et al., 1993, p. 179). Males' expectations for success when seeking social support may be low, thus ruling out seeking support from others.

Females on the other hand, are 'expected' to need help in times of stress, and may be given support by their network because they assume it will be accepted and appreciated (Barbee et al., 1993). Thus, females are more likely to receive emotional support in times of stress.

Amount of support

There is also data to support the idea that women are more involved in social interaction and receive more support than do men. "Women reported spending more time than men exchanging emotional support, defined as sharing feelings and personal concern with others" (Hobfoll and Stokes, 1988, p. 512). Women also reported more contact with family (visits, phone calls, letters) than did men. Females were said to have larger social networks than men and reported greater perceived and actual support and greater satisfaction with their supports than men did (Hobfoll, Stokes, 1988). In summary, it was found that women have greater social support resources than men.

One study found that females were more socially skilled in seeking support than were males demonstrating that women made more eye contact with their partners and displayed better vocal quality. Females also described their feelings and nonverbally displayed their emotions more frequently than did males (Barbee et al., 1993).

Perceived social support

Perceived social support refers to the belief that if the need arose, at least one person in the individual's circle of family, friends, and associates would be available to 'be there'. Females tend to score higher on perceived social support measures than do males, perhaps because females are more likely to receive satisfying levels of support when they seek it. Females are also more likely than males to have internalized feelings of being loved and cared for by members of their network, and thus are more comfortable and confident in seeking support (Barbee et al. 1993).

How men and women give help

Success in obtaining social support is partly based on the ability and motivation of the person offering the help. One study found that men and women do not differ in the amount of help they gave, but did differ in the forms of help which they gave (Barbee et al., 1993). Men were more likely to give instrumental aid, such as helping to repair a broken object. Women were more likely to help with everyday tasks such as cooking a meal or giving informal counselling for a person's relationship problem.

Research suggests that females generally are more likely than males to be asked for support (Barbee et al. 1993). It was found that men were often not sought for support. For instance, when dealing with romantic relationship problems, males were more likely to be logical and unemotional. They used such statements as "Don't

get so excited", "Keep calm", or "It's not that important", thus females may avoid males as confidants if they think that their problems will be dismissed. It was also found that males and females often sought a same-sex friend rather than a cross-sex friend for support in times of stress (Barbee et al., 1993).

Infertility and coping/social support

One study entitled "Coping and Adjustment to Infertility" (Stanton et al., 1992), focused on coping strategies and their relations to stress in infertility. Recognizing the beneficial effects of social support on well-being and realizing that couples dealing with infertility feel isolated and stigmatized, the authors surmised that the ability to mobilize support should be associated with less distress (Stanton et al., 1992).

In this study infertile husbands and wives were asked to fill out the "Ways of Coping Scale". This scale had eight sub-scales including:

1. *Confrontive coping* (e.g. "stood my ground and fought for what I wanted")
2. *Distancing* (e.g. "went on as if nothing had happened")
3. *Self-control* (e.g. "I tried to keep my feelings to myself")
4. *Seeking social support* (e.g. "talked to someone about how I was feeling")
5. *Accepting responsibility* (e.g. "realized I brought the problem on myself")
6. *Escape-avoidance* (e.g. "hoped a miracle would happen")
7. *Planful problem solving* (e.g. "I made a plan of action and followed it")
8. *Positive reappraisal* (e.g. changed or grew as a person in a good way) (Stanton, 1992, p. 5).

As they predicted, the researchers found escape-avoidance methods were associated with more distress for men and women and mobilizing support was

associated with less distress, but only for women. They found wives engaging in less self-controlling coping, planful problem solving and distancing than their husbands. In addition, wives made greater efforts to mobilize support to avoid the emotional effects of infertility (Stanton, 1992). They found that wives' greater use of social supports was consistent with conclusions from other studies indicating that throughout the life cycle, women are more likely to mobilize support in times of stress (Stanton, 1992).

In Greil et al.'s study (1988) of men and women it was found that because infertile women were less likely to find satisfaction in everyday life they were more likely to involve themselves in infertility related activities such as reading about infertility. Many women participants found that they would read anything and everything related to infertility as a way of coping with the uncertainty of their diagnosis or their future.

Understanding the social context in the experience of infertility is central to the model presented by Woods et al. (1991). Woods found that infertile women who felt supported by their social network preserved their self-esteem and sense of mastery over life. "Women who appraised their infertility as negative used more avoidance and withdrawal coping strategies, wished the problem would go away, sought social support less often and were more depressed" (Woods et al., 1991, p. 188). These researchers found that over time, women used significantly fewer indirect coping behaviours such as avoidance and wishful thinking, and also sought social support less.

Women identified relationships with supportive spouses, sensitive, supportive friends and sharing experiences with other infertile women as very helpful (Woods et al., 1991). In a study on the psychological impact of infertility it was found that those individuals and couples who maintained ongoing supportive relationships reported

coping with the infertility experience best (Valentine, 1987). These relationships included family, friends, and other infertile friends. Men in Monach's study (1993) however, were less likely than their female partners to share their infertility with others.

Several other helpful resources women named in Woods' study were:

- a) having personal strengths, including patience and the ability to focus on the problem;
- b) taking time out to put their problem in perspective;
- c) taking action, such as applying for adoption;
- d) investing in other spheres of life, such as work and other children and
- e) having faith in God. (Woods et al., 1991, p. 188).

Taken together these include three primary approaches to helping infertile women: "1) preserving self esteem; 2) promoting access to social resources and 3) facilitating their use of coping methods that reduce distress" (Woods et al., 1991, p. 189).

In Sandelowski's study of a cultural model of infertility she describes a 'deviant' subculture that arises for infertile women. These "subcultures arise, in part, for mutual support and acceptance in a world that is viewed as antagonistic and intolerant [towards infertility]" (Sandelowski, 1988, p. 153). This peer support, however, is tenuous and circumstantial. Once pregnant you are no longer part of this subculture.

Formal networks

The need for formal support, that is, psychosocial support in dealing with infertility has been addressed by a few authors. At the very least, Covington says, counselling in conjunction with medical treatment serves to enhance the quality of life of 'infertility patients' (Covington, 1987).

Infertility has become a human condition that often requires social work intervention. Infertility is a medical problem that permeates all aspect of a couple's life - body, mind, personality and relationships. It is difficult

and indeed inappropriate to separate the medical from the emotional aspects of the problem (Covington, 1987, p. 23).

Social Work and Infertility

Some studies have been done on the benefits of social work services for couples dealing with infertility. None however distinguish whether it was the men or women utilizing the services. Batterman (1985) states that because of the increase in infertility, the couples' lifestyle choices (e.g. living childfree) and reproductive technology, infertility has become a condition that often requires social work interventions. Sima Needleman writes, that "the uncertainty and lack of control [of infertility] create an atmosphere of anxiety and a need for crisis intervention and emotional support, roles that social workers are qualified to provide" (Needleman, 1992, p. 65).

Needleman then highlights the practice role and responsibilities for social workers working in such a setting. She says that social workers have two goals in working with couples and infertility. One is to provide emotional support and grief counselling. Batterman in her work with infertile couples (1985) states that difficulty dealing with anger and rage is a common reason why men or women seek out counselling. Secondly, Needleman writes, social workers can also be a source of information for people dealing with infertility, be it medical or psychosocial in nature (Needleman, 1992). Social workers can help clients think of ways to develop support systems and encourage interactions with others to decrease isolation. Bannerman states "redefining womanhood or manhood to exclude child bearing and still involve a positive self-concept is an important therapeutic issue" (Bannerman, 1985, p.51).

Some writers see the role of social workers to be educators and counsellors. "Helping couples adapt and define choices at each stage in the assessment and treatment of their infertility is a service significant to their sense of control" (Greenfeld, Diamond, Breslin and DeCherney, 1987, p. 78). Social workers can also help couples deal constructively with the impact of infertility on their marital and sexual relationship as well as its impact on their relations with their families, friends and the rest of the fertile world.

In Greil et al.'s study (1988), researchers make a recommendation "to meld the medical aspects of infertility with the nonmedical. To this end, counselling should be included as a routine part of all infertility treatment rather than regarded as necessary only in extreme cases of psychological distress" (Greil et al., 1988, p. 194).

Needleman (1992) also identifies potential roles for social workers in this area. These include: screening couples as to their needs in the infertility process, facilitating therapy groups, stress management, conducting research projects, seeking out supports for husbands and networking with other 'infertility' social workers.

In Miall's study (1989) of women and their attitudes toward reproductive technologies, social work services were found to be important when discussing the difference between a biological child and an adopted child. "Social workers can confront the larger issues concerning infertility, adoption, and the new reproductive technologies, allowing infertile couples to lead socially supported, meaningful lives regardless of the choices they make" (Miall, 1989, p. 50). They found social workers to be important in confronting societal evaluations of adoption as 'second best'.

Despite the potential role for social workers in offering help to persons dealing with infertility, in Winnipeg's largest hospital there are presently no social work services. In fact I have not found any social work services available to men and women dealing with infertility in Winnipeg. The only support group addressing psychosocial aspects of infertility is the Infertility Awareness Association of Canada, Winnipeg chapter (See Appendix 3).

Support Groups

Support groups may hold promise for individuals experiencing loss or stress. They are a type of formal network that may be utilized by men or women seeking help in dealing with infertility. One study records the effectiveness of a brief professionally-led support group for infertility patients (Stewart et al., 1992). Group participants (gender not identified) at the beginning of the study identified feelings of demoralization, frustration, depression, anger, uncertainty and anxiety in infertility clinic patients. Psychological test scores at the end of the group "were significantly reduced...hopefully reflecting the ability of the group to boost morale, improve coping skills and reduce anxiety, anger and depression" (Stewart et al., 1992, p. 179).

Barbara Eck Menning speaks of a support group called Resolve which is "a national support group for infertile couples that provides information, resources, counselling and a 'kindred spirit' to couples with infertility problems" (Needleman, 1992, p. 74). Needleman (1992) describes three reasons for an infertility support group: 1) to restore self-esteem 2) to increase knowledge and thereby gain control in decision making and 3) reduce isolation.

In Daly's study (1989) of the preparation needs of couples who want to adopt, he believed that the peer-support model would be the best opportunity for couples to work through their feelings of frustration and isolation without having to be concerned that what they say may be incriminating. "Allowing couples the safe context of a support group is no doubt an important part of the preparation for adoptive parenthood" (Daly, 1989, p. 119). This too could be extended for persons dealing with infertility because the issues are similar and the peer group for infertile couples and adoptive couples is almost identical. Loss of control in planning one's family are potentially issues in both infertility and adoption.

Traditionally, women have used informal self-help groups to provide the emotional and social support needed. One self-help manual, *Helping Ourselves*, states "in the past, self-help groups have been led by professional social workers, or have existed as large, highly structured organizations. Now, women are using the concept of self-help to join together, without experts, to share their support, understanding, friendship and strength" (Helping Ourselves, 1988, p. 5). A peer support model was utilized in the invitro fertilization program. This model uses patients as a resource for one another (Needleman, 1992, p. 75). This is an example of a more informal network which allows women to learn how to gather their collective strength to get the support they need. Such groups have been encouraged by feminist writers as a means of developing a common consciousness among women. I found next to no studies that have been done about men's use of informal or formal support systems.

The literature on social support is clear that social support is psychologically beneficial to men and women. It has been found, however, that women tend to access

their networks more readily. Chapter three explains the methodology used in this study and chapters four through six highlight the findings in this study on men and women's coping mechanisms in dealing with infertility.

Chapter 3 Methodology

Chapter 3 - Methodology

Methodology/Research Design

This chapter highlights the methodology used in this research. This includes sampling, type of participants, interviews, compilation and the interpretation and analysis of the study.

I decided that a qualitative research study would be most appropriate and helpful in analysing the way persons deal with infertility. A qualitative study allowed me as the researcher to engage with women and men who are experientially knowledgeable about this topic. Phenomenological research invites a 'dialogue between the researcher and each woman, for the express purpose of giving voice to their experience' (Field, Marck, Anderson and McGeary, 1994). Phenomenological qualitative research enabled the participants to tell their story and thus reveal how they coped with infertility and what was helpful in terms of social support during this time of crisis.

"The ultimate aim of phenomenology is to discover rather than verify preexisting notions of reality...the product of a phenomenological study is a description of the necessary and sufficient constituents of the experience in question" (Sandelowski, 1986, p. 140). By having a fairly open ended interview with my participants I was able to hear their notion of reality and experience with infertility.

The purpose of a phenomenological method is to describe the lived experience of people (Anderson, 1991). It is an action-sensitive-understanding which strives to interpret and understand rather than observe and explain (Bergum, 1991).

Phenomenology offers a descriptive, reflective, interpretive, and engaged mode of

inquiry where understanding another in order to take more thoughtful action toward him or her is the central aim of research (Field et al., 1994).

The purpose of qualitative research can be to clarify and illustrate, evaluate programs and/or develop policy and usually follows four steps: conceptualizing, collecting, analysing and interpreting (Gilgun, 1992).

Sampling

I used purposive or snowball sampling to acquire the participants needed for the research. I chose purposive sampling defined by J. Morse (1991) as "selecting participants based on the needs of the study". By this she means finding good informants who are knowledgeable about the topic. According to Sandra Kirby's criteria for finding participants for research, I wanted to identify participants who had experienced infertility, persons who were clearly identifiable, who were accessible and willing to share of their experiences. I also wanted participants who were easy to locate, responsive and willing to participate in research (Kirby and McKenna, 1989).

"Primary selection is the ideal method of sampling for purposeful or theoretical sampling in grounded theory and phenomenology" (Morse, 1991, p. 136). Primary selection is where the researcher has a relationship with prospective informants, is aware of which members of the group have the knowledge required, knows who would be 'good to talk to' and knows who would probably be willing to participate before inviting them to participate in the study (Morse, 1991). Because of my own experience with infertility, I had access to a network of persons also dealing with infertility. I was able to list at least 15 persons in my social network who would fit the above mentioned criteria as 'good' participants in this research project.

Using the medical definition of infertility, I wanted to interview persons who had experienced infertility for at least one year. I was not concerned whether the 'cause' of the infertility (if known) was found in that particular participant. The infertility literature indicates that when one person in a couple is found to have an infertility problem, both members are affected. I assumed this as I interviewed either spouse as to their experience dealing with infertility. I wanted to hear how infertility (no matter who was to 'blame') had affected that participant or whether they knew which one it was. For the purposes of this study, I was interested in how men and women coped with infertility and what supports they needed or used. Further research could be done which explores which gender has the fertility impairment and whether this has a significant effect on the individual, male or female.

I arranged for a third party to contact potential participants and ask whether they would be willing to participate. This person is presently the facilitator of the infertility support group running in Winnipeg. She also had names for me had I not been able to get enough participants with my own list. I was, however, able to elicit enough participants using my own network of persons with fertility impairments. Having a third party contact my participants enabled them to 'volunteer' in the study and feel that they had no obligation to me to participate.

Participants

Because of the sources of my sampling, I realized the group of people I interviewed would be a fairly homogenous group. The interviewees were predominantly of Caucasian background with a university degree, married and between the ages of 30 and 45.

I interviewed ten participants, five men and five women. This included three couples (the husbands and wives were interviewed separately) and four individuals whose partners chose not to be interviewed. The participants I interviewed were between the ages of 28 and 39. They were all married, educated and of Caucasian descent. Participants had been married from four to 19 years. All had post secondary degrees and were currently employed. In terms of family composition, six of the participants had adopted at least one child, three were waiting to adopt and one had chosen to remain child free. All of the participants had primary infertility (explained or unexplained) except one, who had secondary infertility.

Interviews

I used semistructured interviews and field notes in studying social support networks and infertility. The phenomenological method uses the term 'conversation' rather than 'interview' to imply a discussion rather than one person asking questions of the other person (Bergum, 1991). With this process in mind I interviewed my participants.

I believed it was helpful to begin my research with a 'pilot study'. This meant interviewing two people to 'test out' the interview guidelines to see if it was focused enough regarding social support and infertility. This assisted me in my training and preparation for the research work. "The activities of phenomenological research include uncovering and recognizing the research question and searching out and carefully questioning one's own involvement in that question" (Field et al., 1994, p. 8). I interviewed one man and one woman for my 'pilot study' and modified the questions slightly.

Because the emphasis on my research was social support I asked subsequent participants not to elaborate on the medical experience but rather focus on the social support aspect. I also included a question at the end which allowed for participants to add anything they felt was important regarding how they dealt with infertility or anything else they wanted to add. I found this very useful because often participants would summarize their experience or have a chance to reflect on the interview itself.

As was mentioned earlier, previous studies on infertility (Miall, 1980; Daly, 1989), found men more difficult to recruit than women. I too found it somewhat more difficult to recruit men for this study, that is, the women responded more quickly and I had to wait longer for the men to respond. In each case where I interviewed both the man and the woman in a couple, it happened more quickly because it was convenient to interview them on the same day.

I debated over whether to interview couples together or separately. In reading other studies I concluded that both methods had its strengths and/or weaknesses. One study (Daly, 1989) said men were more easily recruited when their wives participated. Another study (Sandelowski, Holditch & Harris, 1992) chose to interview couples because it was found that they would then 'jog' each other's memories about events. Sandelowski et al.. also didn't want to disrupt the couples relationship by interviewing them separately.

Because I was particularly interested in hearing from each gender's experience of infertility, I chose to interview them individually hoping they could talk as little or as much as they wanted. I reassured partners before they were interviewed that they could share the interview with each other if they wanted and that this wasn't a test of

how well they knew each other. All participants appeared happy to have their 'own' time on the tape recorder.

One woman signed up her husband assuming the interview would be with them together. When I clarified that I wanted to interview them separately, he declined the opportunity to be interviewed. I assume this may have happened between other couples by the fact that four participants' spouses were given the opportunity to participate yet chose not to.

Each participant was given and asked to sign an informed consent form (See Appendix 1) detailing the purpose of the research and the topic area. Participants were free to withdraw from the research project at any time without prejudice. Participants' privacy and confidentiality were protected by applying pseudo numbers to their real names and disguising any other identifying information. The pseudo names that matched their real names were kept in separate locked drawers. All this master information will be destroyed upon the completion of this project. Respondents were also given the opportunity to obtain a copy of the results of the research once completed. Phenomenological analysis in Sandelowski's study (1986) involved rough preliminary grouping, reduction and transformation of raw data in a way that made the women's private experiences accessible to the public without violating privacy.

Overall, all participants appeared eager and curious to be interviewed. I was glad for the opportunity to interview both partners in three couples to be able to see what each said of each other and then later compare notes for my gender analysis.

All of the interviews were between 45 and 90 minutes and took place at a location agreed upon between interviewee and the participant. As a result, all

interviews took place in the participant's home except one which took place at someone else's home. This participant felt children would interfere with the interview at her home.

In one phenomenological study, it was said that, "through a deep interest in the question, the researcher 'stands in the midst' of it, and by doing so, keeps opening up possibilities and deepening the questioning" (Field et al., 1994, p. 10). I took field notes throughout the research process and attempted to put down on paper my own 'baggage' regarding social support and infertility. My initial research questions were stated earlier on. I realized that because I was so familiar with the topic area I may unconsciously skip important parts in the interview because of it. I purposefully attempted to question my assumptions about the topic.

I realized that the research topic was a sensitive one for the participants interviewed. I knew that there could be some emotional risks or benefits from participating in this study and was aware that the interview could raise painful issues and feelings. If participants needed any follow-up support or counselling I was aware of resources in Winnipeg they could access. As it turned out, after each interview there seemed to be a natural time of 'debriefing' that happened. I would often stay awhile after the interview to just chat. This seemed to be important for the participant and for myself. Interestingly participants would often ask how I was doing through all this. It gave me a chance to share how I felt the interview had gone and for participants to vent or reflect on the interview.

I noted some of the responses I heard after the interview was completed. Two of the participants said how good it was to talk about their story. A number of

participants felt this had been an eye opener in beginning to process what supports they used in dealing with infertility. Many asked about what other people said and were interested in getting the results. Two women said it was helpful to talk to me because I could relate to their story, that I had 'been' there. One said she would not have been able to talk to a stranger about her experience with infertility.

Compilation

The interviews were tape recorded, then transcribed onto my word processor. Each participant had an opportunity to look over their interview to make any changes, corrections in the transcript. They made minimal changes; mostly grammatical or sentence structure corrections not altering the basic content of the interview. Based on the information I acquired, I did not feel I needed to go back to interview them a second time.

I found after 10 interviews that I was beginning to hear similar things regarding how participants dealt with their infertility. Alternately, the specifics of how persons managed to cope were different. For example one man found music a good outlet of creativity, another hockey. I believe these differences would have continued had I interviewed more persons. I felt however that I received enough data that gave me a very good idea of how men and women coped and dealt with this issue.

I then compiled the interviews. I recognized that transcribing and analysing the interview data would take time. I tried to set realistic time lines for myself to collect and analyse the data. I found that doing my own transcribing was very good. I felt saturated in the data upon completion of the tenth interview. I felt very familiar with my participants and the words they chose to describe their experience.

Interpretation/Analysis

Interpretation in phenomenology starts by reading and rereading the stories told to me. Morse (1991) talks about identifying recurring words and phrases and marking portions of the text that repeatedly stand out. With 'close and repeated listenings', I started to formulate what social supports women and men dealing with infertility have accessed and what that experience was like for them.

In her discussion of qualitative family research, Jane Gilgun iterates that the bottom line for conducting and analysing qualitative research is answering these questions: "Am I communicating what my informants are telling me? Are my interpretations faithful to what my informants are telling me? And is my approach getting in the way of what my informants are telling me?" (Gilgun, 1992, p. 28).

I found that I was able to identify themes quite readily using a process described by Philip Burnard which he adapted from Glaser and Strauss' grounded theory approach and from various works on content analysis (1991). He describes this analysis process in fourteen stages, however I will emphasize those areas which I used in my interpretation.

I made field notes after each interview to use later as memory joggers to record ideas and theories generated from the interview. I read each transcript thoroughly and made notes throughout the reading on themes that emerged. Burnard describes this as becoming immersed in the data.

In Marck's study of women's experiences of unplanned pregnancy (Field, 1993) she used a separate outline to record common themes in her research journal.

Her interpretation of the women's experiences proceeded as she conducted additional reading of other research and non research

literature, traced the etymologies of significant words, searched for idiomatic phrases, and undertook the hermeneutical activity of writing and rewriting the women's stories (Field et al., 1994, p. 9).

This separate writing activity gave her a 'second look' at the written account of the stories and helped Marck with the thematic analysis of the women's experiences.

I then read each transcript again and wrote down as many headings or categories as necessary to include all of the content of the interview excluding 'dross' (i.e. unusable fillers or issues that are unrelated to the topic). This is known as 'open coding'.

All of the categories were then reviewed and grouped together under higher-order headings. This was to reduce the numbers of categories by collapsing some of them into broader categories. The categories and sub-headings were again reviewed to make sure that repetitious or similar headings were removed. I re-read the transcripts alongside the categories and sub-headings to ensure that the categories covered all aspects of the interview and made adjustments as necessary.

I went through each transcript, coding sections according to the list of categories and sub-headings and then used coloured highlighting pens to distinguish between the headings. I then cut out each coded section of the interview and sorted them according to each category or code. I pasted the cut out sections onto sheets under the appropriate headings and sub-headings.

I kept complete copies of interviews as well as the original tape recordings to allow me to clarify anything should discrepancies appear. Burnard warns that cutting out strings of words devoid of context risks altering the *meaning* of what was said.

I was then able to select various examples of the data under one section or category and link these quotes with a commentary. I continued this process until all of the categories had been written up. I was able to write up the findings using verbatim examples of interviews to illustrate the various sections.

One of my goals in this project was to present recommendations for appropriate resources for persons dealing with infertility. This included social work services, more support groups or more education of peers, family and professionals around the issues of infertility. Given the fact that few services exist in Winnipeg for persons who are coping with infertility, there are policy implications in the findings.

Chapter 4 Findings- Social Identity

Chapter 4 Findings - Social Identity

Women and men's identity as fertility impaired (and what they said about each other).

This chapter is the first of three chapters recording the research findings. The data presented in this chapter fall under five categories 1) mens' and womens' identity (and what they said about each other), 2) feeling different, 3) the telling, 4) social settings and 5) effect on relationships. To help the reader distinguish between the male and female respondents, I gave pseudonyms to each participant. The women are Donna, Nancy, Vinnie, Lesley and Anita indicated in brackets by the first initial of their name. The men respondents are Steven, Trent, Paul, Weldon, and Ben. The couples interviewed were Nancy and Ben, Trent and Vinnie; Paul and Anita.

It is important to begin this analysis with how individual participants described infertility's effect on their identity as men and women and how they perceived their partners coping with infertility. Because my analysis was particularly focused on how men and women seek help for infertility it is important to note how men and women see themselves as 'fertility impaired'.

How women viewed themselves as fertility impaired

As the literature indicates, infertility for most women is a life crisis. Women feel role failure or that their identity has been 'spoiled'. Women tend to see infertility as being a reflection of who they are as people, their self-concept. I asked my female participants how they felt infertility had affected them as females and as women. As a result of infertility, women respondents expressed feelings of disappointment, shame, guilt, anger, anxiety, failure, jealousy and depression. "Infertility is something that

initially feels very shameful, and like there's something...you come up very short" (N). "You know if I had *no* children, I would probably go berserk, I'm sure. I was reading somewhere that infertility is a just cause for depression, you just can't go through infertility and not be depressed" (L). "I would think that everyone interviewed, every female has said that they probably feel like a failure because you have been unable to do this one thing that makes you unique...You feel like you can't do one thing that seems so simple and then you're constantly reminded of it...you go on through life and it's never resolved" (V).

A number of women interviewed identified these feelings as the 'emotional pain' which they described as being more difficult than the physical pain from the different medical procedures. "The pain of infertility is equally as painful as is the physical stuff. It's not visible, it's silent, it's a hidden handicap" (L). "I think with infertility it's the emotional pain, more than the physical pain, I mean you go through all these tests and surgeries and that's painful too but I think the emotional and the disappointment every month and that anxiety" (D). In deciding whether to pursue more medical treatment, this woman weighed the emotional pain of that decision. "I think at that point, I decided I wasn't ready for the emotional aspect of that [in vitro-fertilization]" (A).

Women respondents also said infertility affected their identities as women and the loss of not being pregnant. They described feeling asexual, weepy or depressed. "I didn't feel like I was a woman if I couldn't have children, you always equate that with being a woman. I kind of felt almost asexual. I was not a whole woman, [if] I couldn't have children" (N). "I don't think that because I can't conceive I'm not a complete

woman and yet those are the feelings that I had and I suspect I'm not the only one that has those kind of feelings" (A).

Of course I wanted to have my own babies and...have those experiences, well as painful and horrendous as it is, going through natural delivery or to be breast feeding...were very important to me and now if talk about it and think about it, it makes me a little bit weepy, to think that that just isn't to be (D).

A painful period each month was a constant reminder for this participant,

As a woman you just have this monthly reminder that you're not pregnant, every month. It's not just knowing that you're not pregnant but the physical effects and stuff. All I want to do is just take a knife to cut the cramps out (V).

Two women who had suffered endometriosis acknowledged that their partners really couldn't understand because it wasn't their body that was experiencing the 'impairment'. "I just felt, it's not your body that's going through this" (D). "First of all it was in my body and it was my continual medical stuff that was very difficult for me and very painful at certain times" (A).

In hearing from the male perspective of how their female partners dealt with infertility, many men respondents confirmed their partner's feelings and responses. Men said their female partners were more emotional than themselves or that they 'felt' things at a deeper level.

Male participants reported their partners as feeling angry, whereas they indicated feeling less emotion. "We come from a fairly stoic family background where emotions and feelings aren't really expressed. We play with the hand we're dealt" (P).

I would say my partner was angry a lot sooner than I was...and remains angrier than what I was or have been...I guess I've been more frustrated that we've been unable to have kids, I wouldn't say I'm angry that we can't, I'm more matter of fact (W).

And obviously she's experienced it much more deeply than I have. She has a monthly reminder that this thing isn't happening...I think a female has a whole lot of different feelings to deal with than a male does particularly when the doctors really spend the bulk of time investigating her side of the situation (T).

Since I was able to interview three couples, yet individually, it became obvious how well they knew each other. This is what two partners said of each other in terms of emotion. "A. is a bit more emotionally expressive than I am" (P). "Like he deals in the realm of fact. I deal in the realm of emotion" (A). Male partners also recognized the loss for their partners of the bodily changes of being pregnant.

I've been trying harder to put myself in her position...try to feel how she must feel...because women are symbols of fertility, babies at the breast and all those things. I think it must be a lot harder because childrearing traditionally falls to the mother and all those time bomb issues, the clock is ticking, still have to be dealt with somehow (T).

I respect that she wants to have the experience of being pregnant and I want that experience too, not me being pregnant personally, but to go through that, watch her tummy get bigger, her boobs get bigger [laugh] (W).

Men participants also stated that being a mother was more important to their partners than being a father for themselves. Both of these next statements link this fact to socialization. They said this however somewhat speculatively, saying 'I think' or 'I suspect' that it's been harder on their partners.

My sense is, I don't know if it's denial or what...is that it's been a bigger life crisis for R. than it has been for me. I don't know, if that's because she's a woman...she's probably been more focused in her life around having kids and being a mom than I have around having kids. There's probably been some gender socialization in how our identities get shaped and what we think we're going to do with our lives. Certainly it makes sense that it's had different levels of impact and continues to have different levels of impact. How much it changes the course we

think our lives would have gone and the life we expect and imagined for ourselves (S).

I think in some ways N. found it harder than I did. Not to say I didn't find it hard either, but I think there's a social stigma or maybe it's something just intuitive with female, is that they want to be a mother. I had that want to be a father but it really it seemed to hit N. more than what I did (B).

Unique to the women interviewed was a description of infertility taking total control of their life, that is, consuming their thoughts and actions. "It was affecting my whole life, I couldn't concentrate on work" (N), "It consumes your life and you can't think of anything else and you can't enjoy any other facet of your life...It's so encompassing, it's so overwhelming and just takes over your life and so your life sort of stops" (L). "You know, that's all I thought about" (A). "It's not just something you can set aside" (V).

One woman articulates how one emotion was central for her. "I feel so angry, and it's such an all consuming anger...the anger drove me crazy, it took total control of me, total control" (D).

One women reflects how it felt to have this control taken away from her as well as the anger she felt towards her body.

I think even all the technology that tells us we can have children no matter what I think that's all a part again of us wanting to have control, I mean the hardest thing to accept was the fact that my body let me down. My body has done fairly well in the past...I thought that this is totally ridiculous, there is more to life than whether or not I can conceive (A).

By consuming their life, infertility is described as affecting these womens' life goals. Women respondents, in contrast to their male counterparts spoke about feeling torn between their pursuit of a career and motherhood.

You think you're a 90's woman you're going to have the career and yet you always think that someday you'll have kids...and then thinking, what

is really important to me anyway? if I had known this was coming I wouldn't have probably even wanted my career, like when it comes right down to it having children is more important to me than a career (N).

What is the essence of family life?...You get so jealous of women who can just have families and move on with their careers and get on with their life and not think twice about it, just take it for granted...I always thought I'd parent two children that's all and then get back into the work force (L).

How men viewed themselves as fertility impaired

Male participant's identity as fertility impaired individuals was different from their female partners. Infertility wasn't described as a 'consuming' issue for them. They spoke differently about how it has affected their self-concept. Most men said it hadn't affected their masculinity. They said their loss was more that they were not fathers, not necessarily biological fathers. Adopting seemed to fill that void for male participants.

How it has affected me as a male?...coming from a North American context, I don't think it has. I'm viewed as being a[n adoptive] father of two [children]...As a man, do I feel any less or anything? No, not at all (P).

[Does that make you feel less of a man?] No, not at all, but sometimes I don't give a shit about things...I don't sort of follow the crowd anyways...So that puts me, I think in a different area or a different realm or mind set that they're in, the male bravado (W).

That question's been asked, that somehow being infertile [means]... I'm less of a man or something. Certainly I haven't put those kinds of words around my experience. It's been that I'm not a father and I'm not parenting a kid, but it's not like I don't have a role, but its not like someone has challenged my identity as a man (S).

I don't feel any less male than I did before. Who knows? in future years something deep and dark might come up and express itself but it hasn't [yet] (T).

You phrase it as 'infertility', to me the issue is not having kids. I don't really care if it's my kids or somebody else's kids that I adopt. It's being

childless, that's the pain...that it being male factor, if that's what it is, it's not totally clear...that's never been where the pain has been around or where my mind focuses around, it's the fact of not having kids not having that experience of parenting (S).

Some male participants claimed that men aren't allowed to show their weaknesses and be vulnerable. They acknowledged that infertility could be seen as a weakness. One man admits that his self-image was affected and another questioned if it had affected his maleness.

I don't know, in some ways there's this image with males, in some ways you're not supposed to be vulnerable, show your weaknesses and infertility shows your weaknesses and therefore I think that makes it difficult for people or males to discuss it...It was really hard to open up in the fact that you almost feel as if it's a reflection on you. You're not able to have kids; then there's something wrong with you, and that was tough to comprehend, your whole self-image really sort of takes a dive (B).

Early on when we were first aware of our infertility and I was first sharing it with friends, I would find ways of subtly revealing that the 'problem' was not mine...I didn't want to forever be remembered as 'the guy shooting blanks'...besides, I thought, people are more sympathetic and sensitive to infertile women than infertile men. (T)

This male participant compared himself to other men who have had vasectomies who don't feel less masculine,

I don't think it's affected my maleness or masculinity in anyway, thus far. We also know people...who have chosen not to have kids and have had medical procedures to eliminate that possibility and so, I think, well that's *chosen* infertility right? And so if that's chosen infertility, he doesn't feel any less male or masculine, right? (T).

Being male for this participant meant being a provider for his family and children,

I guess what it has done is make me think about how just how we take things for granted and as a male, how I'm supposed to be able to provide for a family and in that providing for a family, is father children (W).

Two participants emphatically decided not to buy into society's definition of what being male or female is,

Back to my friend's comment about shooting blanks there's that underlying sort of like...oh, what's wrong with you? you know, like, it's not guilt that I feel but I get this sense, from some people that, "what you're not performing?" it's that whole male bravado bull shit (W).

I don't think that because I can't conceive I'm not a complete woman and yet those are the feelings that I had...I think at some point you have to say, "that's bullshit, that is complete bullshit, that's not who I am, that's society telling us that" (A).

Overall it seemed that infertility was something that didn't affect male respondents directly, it was somehow 'outside' themselves, or something that was not 'their' attributed primary problem. "So in and of itself the whole fact of infertility hasn't impacted, didn't impact me and hasn't impacted me tremendously. I think the medical well-being of A. was more of a concern" (P).

Male respondents tended to describe infertility as something they didn't have control of like a card hand. "If it happens, it happens, if it doesn't, it doesn't" (W) or as one woman said of her husband, "He'd say 'I would like it too, but it's not in the cards...Let's just accept it, that's the way it is, and there's nothing we can do to change it'" (L) .

Another male participant said "We play with the hand we're dealt" (P).

Feeling different/ left out socially

As I read and re-read through my interview transcripts it became clear that my participants, both men and women, felt a sense of differentness from their fertile peers.

As I mentioned earlier both the male and female participants interviewed were wanting to be parents. It was very clear in the interview that becoming parents was their

ultimate goal. Fertility was assumed for them until they realized there was a problem. As one male participant stated "everybody's supposed to get pregnant, everyone is supposed to have kids, supposed to produce, that's what we're here for" (W). The differentness of being childless is articulated by this male participant,

There is a general awareness of not having kids and being in a world where most couples in our age range have kids, there's an awareness of being different. Which is in every setting...church, school, work and in every social context. For example, at work now, I get asked "Do you have kids?" well it's always "no" and I leave it there. Each time that question gets asked it touches on the differentness and the pain of not having kids (S).

As they interacted with a fertile world most participants felt conscious of being different from their friends and family who were having children. They often compared themselves with their peers. Participants said things like "all of the rest of them [my brothers and sisters] have children" (N) or when a sibling was expecting a baby, one man said he would no longer be like 'everybody else' in his family. One woman stated, "We started [a supper group] just four couples and now everyone else has kids and that gets hard" (V). Many of the participants spoke of wanting to be the same as everybody else. One man said after they adopted "now we're with everybody else, so everything's okay" (W). He had felt a sense of acceptance once he was 'normal' like his peers.

Participants stated perceiving that 'all' their peers were having children and getting on with their life but participants with fertility impairments felt like they were not able to progress in the same way. This sense of being left behind reminded me of Erikson's life stages and one's need to progress through these stages. Infertility

stopped these participants from their assumed life's course. This seemed true for both men and women in their pursuit of fulfilling their goals of having children. "You're whole dreams [are stopped]...at least for N. and myself, our dreams were to have family because family is important to us" (B).

You feel like you are the only people dealing with this and everybody else can pop kids out like it's easy. Many of our friends we were seeing having one, two children while we were still waiting, and then we were seeing them decide to have vasectomies and so here we were watching our friends *choosing* to make themselves infertile while we were still waiting to even have children, feeling like we were being left farther and farther behind (N).

Even among infertile friends, one man said, "So we sort of sat down and compared notes, some of them have gone on to adopt children, some have had their own by now and we're slowly starting to feel like we're being left in the dust" (T).

These feelings of differentness tied in closely with these participants' definition of family. Both men and women defined family as having children. One man said it best as he recalled church celebrations,

In church, special days like mother's day, child dedication, father's day, were always tougher to handle because here they're talking about family and what are we? We're a couple and in a lot of ways we were not classified as family in the same sense in what was being celebrated and that was always a bit difficult in trying to come to terms with (B).

This same participant described not being sure about where his status as being childless fit into his family. "It might be because family is such an important part and you want to be an important member of your family and unsure of how that put you"

(B). One man talked about having children as part of their marriage contract which now had to be re-negotiated. Another man, in waiting to adopt said, "We made a decision to enjoy childlessness while we can. We can pretend that you know, tomorrow we could be a family, enjoy this while we can" (T). One woman in her journey of infertility talks about having to "rethink what family meant" (N) to deal with being childless.

The telling

For men and women respondents the telling was said to be difficult. 'Telling' in this situation was making friends and family or acquaintances aware that they were having fertility problems. Men and women participants described it as 'coming out' and for some it was the beginning of the healing process.

Infertility was described by one woman as a hidden disease, as not something persons just know by looking at you. "It's not visible, it's silent, it's a hidden handicap"

(L). Because infertility does not have an event like many fertility rituals, infertility can be kept silent.

Like infertility, not having kids, seems like such a strange, low-key thing that never has a focus, there's never an end, never a time, never a date, its just kind of more an insidious thing, that never has a public focus, never has an internal clock, when you mark the date...it's more of a nebulous loss...there's never a funeral...a lot of people don't know. It's very private (S).

Most often participants spoke of the telling as a 'we' event or as something that had been negotiated between the spouses. One woman said it had been awkward at supper with friends when the topic of infertility came up. She said they both would have liked to share their infertility with those friends but hadn't discussed 'the telling'

with each other beforehand. "I wanted to say something and T. said later he wanted to say something, but we hadn't talked yet, that we were ready to be 'out' " (V).

For one woman participant the time prior to sharing with others was an emotional time. "So, there were a number of times when people were teasing when I felt very close to tears and it was really hard to hold back" (N). Her partner also talked about the teasing but said, "Once we told people there was just a massive switch... It really seemed as soon as we opened up about it our support grew...the teasing fell right back" (B).

For one woman, who lived overseas, found that it was easier to 'tell' in a culture other than North America. "It wasn't this awful secret that I sometimes think it is here, where you don't want to talk about it or you don't know if you should, or should ask questions" (A).

Most women participants told their families first. One woman told "a few close friends and of course family" (D). "I guess it was my immediate family who of course knew everything, we're close and we talk" (L). For another woman, coming out was a gradual process, starting with family,

It was something we kept to ourselves mostly....I told my family pretty close to the beginning... I don't know who all we talked to then, but it was well into the process, maybe even after most of the testing was done. I think we went through most of the testing alone, except for my family's support. It just wasn't something that we felt we wanted to talk to other people about when there's so many questions...And then it was really gradual. It wasn't something we just announced. We became more open and if people asked or if it came up in conversation to share something we did (V).

I discovered that the telling was equally difficult for male participants. For most men infertility wasn't something that was easy to share. "It was really hard to open up in the fact that you almost feel as if it's a reflection on you.... you're not able to have kids...that there's something wrong with you, and that was tough to comprehend" (B).

I felt it was something I could talk about with very close friends, but kind of the next layer or two, it was something that felt quite private and intense that I didn't talk about freely. I didn't talk about it very widely, probably, could count on one hand, the people I've had more in-depth conversations about infertility with, among friends (S).

One important factor in the telling was how informed the participants' audience was about infertility. "And so again, lack of information, you get tired of educating everyone after awhile and so you tend not to want to share it with people whom you might have to work hard to educate" (T). This participant may have felt more comfortable talking about infertility when his spouse was around,

This isn't a topic I have talked a whole lot about outside the couple relationship. I think whenever I've talked about it, A's been there... Maybe I've said a little bit to friends or something like that, but the main process has been internal (P).

Telling served an important process for participants, namely that it made infertility real.

So we decided then that we would start to tell people and that was when it was really a crisis, that was when it hurt the most. When we were telling people at least when we started to tell people, probably because that made it really real. Once you've said it, it seems all that much more real. It's one thing to battle with it inside and be in denial and then accepting and then back and forth and back and forth, but once you actually say it to somebody it feels, yeah, this is real (N).

The telling brought the infertility issue to a concrete, real level where friends and family could respond. For men participants, this seemed to happen particularly after adopting or waiting to adopt. "It was at some point we decided to investigate adoption,

and at that point we shared with them [his family] that we had been experiencing infertility" (T).

I talked about it before, but now, its wow, people make that connection. I think when you say I can't have kids to somebody, it's like I can't buy a corvette, it's not tangible, but when you say I adopted a daughter, here she is... you know we adopted because primarily we can't have kids and then they make that link so when [adopted child] came into our lives I think at that point...I was able to talk to people (W).

Where having a kid in our home and then losing [that child] was very concrete and specific... One, it announced to the world that we were not able to have our own kids, it's like we were out and in some ways that was nice because we didn't have to tell the world and people didn't have to wonder. It was like an official declaration that they're not able to have kids, they're adopting...I wouldn't say it was a good thing that [foster child] came [and then left] but it gave some focus and made it less of a secret process. (S).

For one male participant, attending an adoption week-end and failing a Maternity course helped or rather 'forced' him to tell.

After the adoption workshop, after I failed that course, because of my school situation I was forced into a situation to 'come out of the closet', that's a harsh term, but just sort of publicly say, this is a reality, this is why this is happening to me, had I not failed that course, I don't know if I would have dealt with it in the same way (W).

For one woman the telling was a healing process.

At Christmas time we told family and that was really hard, but once we told them, then they were able to be there to support us and never again did people make inappropriate comments. It felt like we were not living a lie anymore...That was actually the beginning of the healing process for me, was starting to let people know (N).

Social Settings

As these fertility impaired individuals entered and socialized in a predominantly fertile world they described certain social settings as being awkward, painful and/or

annoying because of their infertility. As a result of 'coming out' participants were subjected to comments and advice from family, friends or even acquaintances. Many of these comments show the lack of understanding persons have regarding the process of infertility. Invitations to various social occasions like baby showers, women described as particularly difficult. Male respondents, too, described certain baby-centred scenarios that they avoided.

Comments or advice were particularly annoying for both men and women respondents. Many of these comments or suggestions seemed to be quick solutions to infertility, often making light of the issue. Participants often referred to these persons as 'they' indicating that these comments would come from anyone, even just acquaintances.

They would have been better off saying nothing, than what they said sometimes. The one that bugged me the most was "Just relax and you'll get pregnant" like how relaxed can you get? Are you telling me I don't know how to relax?...or "You're so lucky, boy I wish I hadn't had kids" (N).

I think the hardest thing, for people who aren't infertile or who have been able to have their own kids, the hardest response to listen to is, if you tell them you're hoping to adopt, "well, we know friends, they applied for adoption and wouldn't you know it, 9 months later they had their own". You know, or the flip side of that is "Oh, you can always adopt" as if you can just go out to Safeway tomorrow and pick one off the shelf. Or go buy a bottle and relax, it'll happen then (T).

Some of these comments put blame on the fertility impaired person or see personality characteristics as reasons for their infertility. "You get all this advice. "Just relax", "go on vacation" it drives you crazy...or "Oh, you're just too tense" because I have this tense sort of personality" (L).

Often these comments showed how family or friends would compare their own experiences with those of the infertile individual and therefore not be able to understand the participants' experiences. These comments also minimized the experience of being childless or in the case of secondary infertility, assumed it was not an issue if a person already has a child. "When we started to tell people, people would always say "At least you have one" (L).

What upset me, about my sister-in-law, my mother would tell me how fertile they were. They got pregnant with three children in three years first time each time and I don't need to hear that story any more. (L).

Other individuals' comments indicated that one could vicariously parent by looking after someone else's child. "I think the worst thing they tell you is 'Go nurture somebody else's child, get your nurturing instincts out" (L).

I often wonder what some people who have kids and know you're infertile think. They leave you the impression that their kids can be a substitute in some bizarre way, whether that's teaching Sunday school or baby-sitting for them (T).

Teasing from family members was also mentioned as common. These comments reflect an expectation of what the 'norm' is, that is, getting married and then having children. Both of these incidents, told by men respondents, described feelings of frustration and anger.

It was quite difficult in several instances. For example family-get-togethers, there was always the teasing, "Well when are you going to have children?" 'cause we were the only couple that didn't have children (B).

Certainly I've avoided extended family gatherings on my side for some time now, because I have particular aunts who insist on making comments when you hold a niece or nephew "Oh, that child looks so good on you" and all sorts of probing comments. You just don't need that, you have enough to deal with without having to try and respond

mentally to comments like that, let alone verbally. It just angers you. People assume fertility, they don't assume infertility (T).

Settings like a nursing course on maternity were mentioned as difficult settings to be in as someone dealing with infertility.

It was a maternity course, yeah I just sort of shut down, no ambition...I didn't put any effort into it, I didn't want to study, constantly seeing pictures and films everybody's that's pregnant, the whole deal...The first class I was in we saw this film with four beautiful yuppie births, a couple of home births...like I knew going into this course I was going to have a bit of a problem. (W).

Women participants particularly described strong feelings of loss observing other women bear children. This woman respondent's comments reflected physical and emotional pain experienced at another woman's celebration at the birth of a child. Her physical pain was also described as a reminder of her infertility and her emotional pain was felt at someone else's child dedication.

I do recall a hard thing again, was when we flew down to see P.'s family. It just so happened that his sister was having a child dedication service and I was still hurting after surgery. It frankly just pissed me off that I had to have this stupid surgery with all this pain and there was nothing to show for it except cysts...and here his sister was having a child dedication for her second child and that was hard, that was really hard for me (A).

One woman participant's feelings of loss and failure were emphasized by the presence of other pregnant co-workers. She wanted to be the same and share this experience with friends.

At that same time where I worked there was another two girls that were pregnant...all three of us, all about the same stage in our pregnancies and all our first babies. And I lost mine and that was more than I could handle (D).

When asked if they had avoided any social settings a number of participants responded positively. One male respondent did not go to any overtly child-centred social events,

For sure [I avoided certain settings]. Every time you're invited to a social function of some sort, and you know they'll be a lot of kids there, or especially if you know that some couple that recently had a child is going to be there and everybody's going to be oohing and ahing and fawning" (T).

One woman described feeling angry when she was assumed to not know about being a parent despite her age and experience.

I did avoid one thing, for some reason we had family camp, a church thing again...I was asked to participate just on the spur of the moment in a skit. I and another guy were chosen to be the parents in this skit and we were told we were chosen because we would be somewhat naive about parenting and I just about...I was over 30... if I was 21 and I had kids you wouldn't say I was naive about kids but I'm over 30 and you call me naive because I haven't been a parent. Well it's true I am somewhat naive about parenting but it's not a choice. That was a time I found I just had to get away, I couldn't deal with it socially (N).

Rituals and special days show a strong child-centred focus, contributing to feelings of not belonging. One female participant described her feelings of longing at such an event, "Yeah, this last year mothers' day and child dedication...That's the first time I really felt a pang, that I'm not up there with them. Christmas last year I felt less joyous in church" (V).

Two male participants told of the responses they gave to comments that were made to them, to set people straight,

It was interesting, my sister and I had a conversation just before last Christmas...she just blurted out "What is it with you guys, are you ever going to have kids or not?". That was sort of a gratifying moment for me to pounce on her a bit because she has always had this idea that fertility

is assumed. Ugly as it may sound, it was a gratifying experience explaining to her in my way, that some people mother nature has simply not chosen for everyone to be as lucky as she has. If people are very direct with me in that arena, I'll be very direct with them back and even if it hurts...too bad. Insensitivities like that really drives me to respond somewhat off hand, if offensively (T).

I had been with a friend and point blankly told him a comment he said was unacceptable and he was a person who knew we were unable to conceive...well sort of off the cuff, boy you're only shooting blanks anyway so what's the big deal? (W).

Two of the women's responses to comments also involved special events and how they would react to discussions about their infertility. One woman was concerned about her response affecting others adversely; whereas another wanted to address people's questions head-on. "But sometimes those things hurt...I would often cry when I got back from something...I was afraid that that Christmas if I got teased I might cry and I would hurt people's feelings" (N).

But people in church for instance wonder when the second one's coming along. I'd say "it's not for lack of trying" or "it's not our decision" so then people start wondering after 3 or 4 years, maybe you've made a conscious decision to just have one. They don't want to really ask, actually we appreciated them asking (L).

For this woman, being asked seemed like a relief, to keep everybody from guessing.

Effect on relationships

As persons with fertility impairments felt socially different and isolated, they describe their social networks and relationships being affected; relationships with family, friends and one's co-workers. Men and women respondents commented on how infertility had affected the quality and types of relationships they had. Participants felt that they were not understood; they felt jealous of friends or had distanced friends

because of it. They found that it was difficult to visit friends with small children and thus had a change in friendships and socializing. Participants also mentioned finding it difficult to share in another friends' joy of having a child.

These three male participants shared feelings of being left out, frustration, jealousy, and avoidance that happened as a result of friends becoming pregnant. They describe distancing friends as a result. "I have a sense when close friends got pregnant there's this...it took me several months...I didn't go around for a couple of months...just didn't want to deal with it. That's a relationship that I pulled back on some" (S).

Other instances which were kind of hard is especially when friends of yours also didn't have family, all of a sudden had their first child, and you sort of felt, oh we're left out here...before we'd have social encounters with these people fairly often, it declined because their schedule had a dramatic change. There was that jealousy of how come they can have children and we can't, a lot of questions like that (B).

I think relationships with friends have changed more than family. All our friends are of course in the same age bracket roughly and they're all proceeding with their plans to have kids and so it's just very very difficult to actually have a meaningful conversation with these friends when their kids are around because all their children by nature are demanding, attention and just maintenance and upkeep and so on. So there's some people we've just gradually lost touch with (T).

These three women described similar feelings of jealousy, feeling left out or not understood. One woman said her family often minimized her pain hoping to make things better. As a result, relationships with friends and certain family members were affected. "It was hard watching all my sister-in-laws below me start having families nicely spaced, then I got sort of jealous" (L).

I found that no one was able to truly understand unless they were going through the same problem. Like all these friends that were having kids

just could not fully truly understand the pain, of looking at the possibility of never having your own. They try hard and ultimately they really want to be there for you, they want to understand, but they can't...Because they couldn't and then I stopped contacting a lot of them (D).

This sister of mine, she wasn't living close by at the time, but that was one person I felt I could talk to until she got pregnant. When they got pregnant, the first month they tried [teeth clenched] that was hard. It felt like part of me was so happy for them and part of me felt so left out (N).

But your own family to me, they always say, your own family is so close to you they don't like to see you suffer, so they sort of minimize it or sweep it under the carpet type of thing. I guess because my sister has chosen to live child free, she says, "I can't relate to you, L"...so my sister whom I'm very close to, just could never relate to me and my mom too. I think mothers just don't want to see their daughters in pain, and so they minimize it and said well at least you have one (L).

One woman in particular found that men could not really understand her feelings about not having children. She said she refrained from social activities where she perceived there would be little understanding,

It was at our next bible study group that I just did not feel comfortable talking in the group with all the husbands there, 'cause I felt well, my own husband can't really understand, so how can I expect someone else's husband to understand? especially when they all have kids. So we dropped out of that... and that's something that I regret and none of them phoned me ever, to see how I was doing, except for my girlfriend, and that hurt (D).

Male and female respondents stated that being with someone else's children was often a reminder that you didn't have your own, and thus it became difficult to get together with those individuals. "So I think that will hurt [a sibling having a child]. It will be fun to have a kid there, but it will always be a reminder that we don't have kids. So that will be difficult" (S).

I think also when we played with friends' children or played with nieces and nephews there was also inner turmoil there in that we wanted to be

parents...but...they weren't ours. That made it hard in some ways to get together with them at times (B).

Relationships with friends have changed in that so many of our friends have kids now it's harder to be with them. If they had kids before we were in this situation it's easier to be with them because we experienced the joy of their births before we knew. Or friends whose kids are older...We still see our friends with young children but sometimes there's this nagging, it's hard to be in those situations (V).

Feelings of not being able to share in another friend's joy at having a child or fear of one's reaction to someone's new child were commonly mentioned by both men and women interviewed,

It's a little hard to take, when your co-workers are pregnant, in fact one just had a baby yesterday, for the second time. They come to work and share their joy and meanwhile don't understand why I'm not jumping up and down (T).

I remember the first time I went into the hospital after my surgery, into visit a friend who had had a baby and I was scared, scared of how I would feel...Scared that I would break down, scared that I wouldn't be able to share in her joy, scared that I'd get wrapped up in my own whatever, or that it would all come flooding back (A).

Many participants said that they found that new friendships formed as a result of the infertility, that is they began to form friendships where children weren't the centre of attention.

Interestingly enough some other people that we're starting to renew relationships because they had their kids when they were quite young...Those kids can go off by themselves and they're not as demanding and not so much the centre of attention anymore (T).

Probably most of the people we get together with are either couples without kids or couples whose kids are older that have more time again...those are the people that are available to socialize. People without young children socialize differently (S).

On the flip side when participants adopted or were foster parents they described being opened to a 'whole new social world'.

When we had [our foster child] living with us for awhile, I was aware that there's a whole new social world that opens up when you have a kid...in terms of hanging out in the playground, going to birthday parties, connecting with other parents of kids the same age. So that was getting a taste of a whole 'nother connection in the neighbourhood that once [the child] was gone, I just wasn't apart of any more. It's like I stepped into it...I had my ticket and then it got taken away. So we had made lots of friends but those friendships just faded away once there wasn't the kid to be the reason to connect around...I'm just aware that I'm in a different social world (S).

Not all respondents described only negative feelings towards pregnant friends or family. Two male respondents reflected that infertility hadn't affected their friendships to any great extent. They were able to share in their friend's joy of having children.

The short answer would be "no". I have not observed or witnessed any colouring whatsoever or change [in] relationships on that. Especially, in the work context, there are other people who have adopted (P).

No, it hasn't. I don't think I have relationships that are on such an emotional level. I accept people for who they are and so that sort of dictates how we carry on a friendship...I was actually excited when all of my friends and their partners became pregnant...I asked their wives about what was going on, how was their pregnancy going. I guess if you analyze it I really wanted that for me too. I wanted to run out and get my wife ice-cream and pickles or whatever (W).

Two women talked about feeling support, not resentment or jealousy of their fertile friends as a way of coming to terms with their own infertility.

A very close friend of mine was at the hospital, sort of crying with me, hearing the pain, and we would write about some of it...Anyway, I think my friends were very supportive and I have never ever, and for this I'm very thankful, I have never felt jealous, when my friends have children (A).

And as far as my other friends, some of my girlfriends, because they all have their own children, their own families, they're busy. And I've never been angry with them for that, or disappointed or hurt 'cause they're not there for me. Maybe because I saw how important it was for the parents to be with the children because they're very lucky that they have them, that's why I never got upset with them, for being busy with them (D).

This chapter has recorded the findings on men and women participant's identity and the effect infertility had on their social life. The next chapters identify what men and women participants said about how they coped with infertility.

Chapter 5 Findings- Coping and Informal Support

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Coping

I have divided the 'coping' findings into two chapters. Chapter five focuses on the individual ways men and women used to cope and their use of informal supports. Chapter six describes these participants' use of formal supports.

The first section of this chapter, 'individual coping mechanisms', highlights male and female respondents' similarities and differences in coping. Sections entitled 'support from spouse', 'family and friends' and 'peer support' are participants' use of informal supports during the process of infertility.

Both men and women respondents described using various coping mechanisms to help them in dealing with infertility. It appeared that for most participants a variety of things enabled them to come to terms with their infertility. Some mentioned more individual means of coping (i.e. thinking things through, having a different perspective), others used more of their social network to support them through this difficult time.

Individual coping mechanisms

As a way of coping male participants talked about ignoring or avoiding facing their infertility. They talked about 'putting their minds away' for awhile to get some relief from thinking about infertility. Male participants interviewed said things like, "[sports helped] put your cares away...put your mind away" (W) or "I think it [career] also helped me take my mind...off infertility, something else to focus energies on, because focusing energies on infertility didn't seem to do diddly squat" (T).

But when it comes to dealing with stuff with me on an emotional level, I tend to yeah, let it ride, it's just sort of like water on a duck's back...some people would say I never knew you were unable to have kids. If I had not failed this course I may have just let it ride (W).

One man compares himself to his wife who 'made' him look at infertility more in-depth. "I had to look at it [infertility] in a deeper way, because she opened it where I would probably just gloss over the surface" (B). One woman said of her husband, "He'd talk about something else, he'd avoid it, that's one way he would deal with it" (D).

Men participants also described protecting themselves from their feelings of loss. "A bit of stoicism came over me" (P). "So in that way I would say I haven't resolved not having kids. I've managed to cope with the delay in having kids, but I don't think I allowed myself to dwell on the possibility that it will never happen. It's there, but I push it away" (S). "My thought was, we'll still have children, it'll still happen, rather than coming to the fact or the realization that there's a good chance it wasn't going to happen" (B).

Men participants' plans of action also tended to be more fatalistic than those of their female partners. They gave advice to their partners such as, "So get on with life, and let's get going, you know...forget about it...[husband would say] that's just that's the way it is and you've got to accept it (D). "He'd say...let's get on with it. You should be working outside the home...I mean my situation that's just the kind of husband I have, reserved emotionally, and he didn't help, he tried to get on with life" (L).

As discussed in the previous chapter, male respondents seemed to see infertility as something out of their control. As one man said, "if it happens, it happens, if it doesn't, it doesn't" (W) or as one woman said of her husband, "He'd say 'I would like it too, but it's not in the cards...Let's just accept it, that's the way it is, and there's nothing we can do to change it'" (L).

One male participant in particular spoke of also being a quick processor regarding infertility. He said, "it's over with...The plumbing ain't there, and that's it, so then you move one. It was a very concrete fact" (P).

That would be a good summary of how I process things anyhow. I do it much more internally, gather data and research, read reports stuff like that, process it and it's over with...There was a bit of a time when "oh, no this can't be happening". But as I said, the kind of conditioning I've had, from my family upbringing or whatever, I think I processed it fairly quickly, within two days it was an accepted fact, that this was going to be it...probably didn't think too much more about it really...I think this whole thing for me, this whole infertility thing is in the back burner here and we pursued other options for adoption. (P).

One woman participant said her husband was also a quick processor and was impatient with her. "H. [husband] got tired of hearing it and that it took me so long to deal with it" (D).

Women commented that their male partners were more complacent about infertility than themselves, "P. hasn't felt the need...has been very content" (A). "I don't think getting the answer was as important to him...he doesn't have the same need to know, he'll much more take things in stride and accept things... He was more willing to just accept it as it came" (N).

Women respondents in contrast described being more active in pursuing action regarding infertility. "I have been the one who pushed a little harder...P., hasn't felt the need." (A).

This is what one couple said of each other, "I read more, I investigated more, I needed answers more. He was more willing to just accept it as it came, I think and I just needed to know" (N). "She jumped in and said I'm going to find out what's all

happening here and work through it and I was a lot slower to jump in....My thought was, we'll still have children, it'll still happen." (B).

Men respondents agreed with their partners that they took less action in finding out about infertility or getting help for coping with infertility than their female partners.

I think I dragged my heels more to go to the infertility support group and I think I dragged my heels more in going the medical route, in saying oh, there's nothing wrong. The whole denial. I think what got me going was when N. ended up getting the brush job from her doctor and so I had to talk with my family doctor about it. That's when I had to take the first step which was a scary step to start with, but worthwhile... me in understanding (B).

Male respondents described themselves as internal processors. "But I never did any independent discussion of it. So any processing was internal processing" (P). "I probably process stuff more internally and she's probably talked about it more" (S).

One significant way men and women respondents described coping with infertility differently was the amount of time they talked about it. Both male and female participants noted that male partners tended not to talk about infertility but female partners did. These female respondents described talking as though it were healing, "I needed to talk, and even if I said it a hundred times, I needed to say it at least another fifty times and H. [husband] wasn't like that. That's the big difference...He's not a big talker and I needed to talk" (D).

Talking, talking, talking, sometimes we'd get together with friends and all I ever talk about was infertility and I'd say "don't you guys get sick of this?"...I had to really force myself to talk to people about other things because I started to feel like I was just this infertility machine. I'd talk, talk, talk. (N).

These male respondents said, "My partner wants to communicate all the time and I don't tend to communicate that often in the way that she would like to communicate" (W). "This isn't a topic I have talked a whole lot about outside the couple relationship. I think whenever I've talked about it, A.'s been there so...I don't really have to talk about it, this whole topic per se, outside..." (P). One male respondent believed it is harder for males to talk about infertility than it is for women,

I also think it's something that's very uncomfortable for males to even talk about...males overall tend not to be as open, do not communicate as well, as supportive overall as females...that's why I guess, when I was saying N. was more open about it, but I think it was more accepted for N. to talk about it (B).

This is what one couple said of each other regarding 'her' need to talk and 'he' being able to deal with it internally.

Well I obviously needed to talk about it more than P. does...I'm the type of person, that by talking it out, healing happens...I begin to see how I feel and what I need to do and what hasn't been dealt with and what needs to. And P. can deal with it within himself (A).

We're different people. I'm sure A. spoke with friends much more than she did with me about this. Again, I process things internally... A. does a lot of verbal processing, she does a lot of processing by talking alot. After I had come to a conclusion, why talk about it? Yeah, we process things, very differently. I would not even be sure who all she processed this with (P).

Male participants said that their partners tended to have wider social support networks. "Her circle of contacts speaking about this [infertility] would have been much larger" (P). In realizing he couldn't always be there for his spouse one man said, "It was really important that she find other people who have been there as well" (S), and

"I think N. needed a broader base...to get some support from. She needed a broader base in people who had experienced infertility...N. needed a broader base to vocalize" (B).

Seeing infertility from a different perspective

Both male and female participants interviewed described coping by seeing infertility from a different perspective. Women respondents stated it was important to come to terms with infertility by seeing infertility in a more holistic or positive way, focusing also on the benefits or unexpected blessings of this life crisis. These women described taking a step back to put infertility into perspective.

I guess you always have to realize that family is not your entire life. Even if you are a parent, you are still a person first. Your life gets so absorbed by that child but you are still a separate individual. So remembering that whether or not we have kids, we're still people and life goes on. Life is not just a big void because of infertility (V).

I am convinced that going to [foreign country] was the best thing for me because I didn't have time to feel sorry for myself in those sort of words...I think it was really really good, to go into a setting where I knew oh, no I can't have children, but somehow in a setting where some people didn't have enough food...who was I to think that I could have whatever I want? Just because I was a North American I thought I should be able to have this...I really think that was really very healing for me to look at it in the bigger picture. It wasn't just me in this, and my pain. I was surrounded with people that had lots and lots of pain and it sort of put my, our pain, into perspective (A).

As a way to see infertility from another view point, one woman saw pregnancy as one opportunity she would have to miss in her lifetime and another tried to find ways that this experience has educated her.

I mean, I wish I wasn't infertile, and the other ways I looked at it, there's many things in life that maybe I wouldn't be able to do and this is one of them. There's many things I'd like to do and I probably won't, or like to be and I won't and this is maybe one of them (A).

I keep telling myself "What does it teach me, what does it teach me?"
You learn about yourself and I guess that's a part of it too, your coping mechanisms and why do some women take it in stride and other women commit suicide or divorce their husbands over it? (L).

Another female respondent was able to see the positives in her surgery for endometriosis even if it was unlikely that she would bear children. "I was thankful that I was able to hang on to [my uterus], and they saved a tube, so I could still ovulate" (A).

One male participant also described holding infertility in perspective.

And everything was in context as well, infertility can be an emotional traumatizing thing but when you're seeing many other traumatizing aspects of life, it's all held in perspective a bit and I'm sure that diminished the impact...As I was mentioning earlier, we were in [foreign country]. You see little children dying of malnutrition and this type of thing and then all of a sudden, not being a biological father, was "so what?" (P).

This same participant described not being able to have children as an unfortunate event, like buying the wrong colour of car.

Yeah, I'm sure there were those moments where you wonder, "What if?...what would it look like?" but those were never longings. You know, you buy a car, and you say, what if I would have got a red car instead of a blue one? or whatever. I think any decisions you make in life, there's always those questions, what if? So I think this is just one of those, for me this is just not much different than that...I guess I've been in enough situations, where plans do get disrupted and broken off and stuff like that. Yeah, maybe that was one of the coping mechanisms (P).

A unique coping mechanism which also puts infertility into a more positive perspective for some participants was what one male called 'sour grapes', which was focusing on what one has instead of what one doesn't have. One woman described feeling somewhat relieved at not having children when she would visit friends with

children. "I would see my friends go nuts with their two year olds crawling all over the furniture and everything" (N).

One of the ways is what we just talked about, using the things that I have because I don't have kids in my mind to counter the negative feelings. Well, okay, I don't have a kid but I can get away for the week-end, those things. Which is a bit of sour grapes sometimes, but sometimes helps to soften the edge of the loss...I can still conjure up all the reasons I wouldn't like to and use them against everybody that's having kids. Like, "Get much sleep last night?" (S).

We made a decision to enjoy childlessness while we can, we can pretend that you know, tomorrow we could be a family, enjoy this while we can. So it's sort of a conscious twist on the carefree days of yore when we didn't know if we could have kids or not (T).

For many women respondents coping was learning to accept oneself and one's feelings. "Maybe when I allowed myself to grieve...allowed myself to have the feelings and then allowed people to be there for me and for us... Just the grieving of anything over time" (N).

I think the support also has to come within yourself. You have to, not forgive, it has nothing to do with forgiveness, but you have to allow yourself to be who you are and this is part of who I am, and that's okay. I'm still a very whole individual (A).

How women coped with infertility was often described as a process of grief or mourning that did not necessarily end in resolution of their feelings regarding infertility. "I guess every year got worse too, it doesn't get better, looking back on it now" (L). "I could deal with it much better if it was a certain thing, you know, like if we knew it could never happen. But I think it will always be an uncertainty" (V). "Infertility [I thought] is something that will never happen to me, and there is a loss in that, and there is a pain in that and seven [adopted] children won't take that away" (A). "You think you've

resolved it and then well oh, you decide to go to a naturopath or something instead"

(V).

It seems like one does move through the stages of grieving and it felt like over time I was moving towards acceptance but sort of back and forth but it felt like there was more movement towards coming to terms with it.

I felt like I was spending more time in the stage of it's-not-the-end-of-the-world-if-we're not-able-to-have-children stage than I'll-die-this-is-the-end (N).

Part of women respondents' coping mechanisms was protecting themselves from emotional outbursts, or by learning how to avoid events they knew would be painful emotionally.

Usually when there was something coming up that I knew could be painful, I emotionally prepared myself and I kind of distanced myself for the time we were there but that time I had not thought it out ahead...and so I think that was how I protected myself from it. I had let myself experience emotions in my own home, but outside, I sort of kept the lid on (N).

This woman participant reminded herself that people didn't intentionally want to hurt her, they were just uneducated.

I don't know but very rarely did I meet people that deliberately hurt, a lot of people made hurtful comments but if I stopped long enough to think "did they mean to hurt or do they just not understand?"... I can't even remember what people would say along the way, that hurt at the moment but oftentimes if I thought it over I realized oftentimes they were trying to be comforting (N).

One woman talked about grieving a little at a time not forcing herself to dealing with infertility all at once. "I started thinking then, P. and I will never have a child together, but I think I began dealing with it day by day...instead of having like, this huge rock hit me over the head. And so I think that was probably good" (A). This was in contrast to male participants who seemed hurried to get on with life.

Women respondents also described psychologically coming to terms with the impact of infertility by re-defining themselves in a new light, to look at infertility as somehow positive.

I was actually starting to feel in some ways...there were brief moments when I actually almost felt like maybe life is better this way. I've kind of gotten used to this, but those were brief moments and it would always shock me when I would have such thoughts. How could I have come from the pit of I'll never live, when this is almost comfortable you know?... I guess in some ways, maybe it was protecting from the hurt, starting to move to the point that maybe this was going to be okay, just in case, it would never be (N).

Unique to women's responses regarding coping with infertility was self-care. Women said they took time off work and tried to lead balanced lives to take care of themselves during this uncertain time of infertility. "I took a 6 month leave because of the infertility last year" (N).

Initially I guess after the miscarriage and stuff, like I just needed to work through some of that, I just couldn't handle it. Like I felt how can I help someone when I don't have enough energy even to get myself out of bed?... how can I help these people when I need help myself? because I was just not coping. So I was off work for a year and a half (D).

One of them is I try to practice what I preach as a [health professional]. I try to teach people to have a well balanced life and how to cope with stress including relaxation. Having some outlet for creativity has always been important for me...I try to look at life holistically (V).

Some participants described taking control of the medical aspect of infertility which then helped them with resolution of that part of their lives.

We chose to end the medical and I feel good about that. It was a choice how much were we going to let this rule our lives. We wanted some sense of having control and not allowing ourselves to slip into trying anything at all costs. That felt like a healthy step for me (S).

Practical things or concrete activities

Both male and female respondents described coping by getting involved in other, more practical, aspects of their life. For some women interviewed, having a concrete 'other' focus, like collecting dolls, exercise, writing letters or being part of an organization not related to infertility was important in re-focusing their life. "For awhile it was tai chi. Actually I found that to be a really good stress reliever" (V).

I have another groups of friends through [a craft organization]. Maybe that's why I'm getting more involved with it too. It's something that has nothing to do with families or relationships. It's sort of a separate part of my life (V).

I write letters to my sister...I should have kept a copy of them all sort of like a journal where my life is at. We've always been a close family and I express a lot of deep feelings in my letters to her and know that I'll be understood (V).

Another thing I did was buy porcelain dolls. I have five of them. I have my babies, most people think probably it's silly, but that's how I coped, it helped. Now I joke about it, and say my babies are the best one could have, you don't have to change them, you don't have to do anything with them (D).

Men also described coping mechanisms which also included 'concrete' activities like participation in sports, music, or journal writing.

I play a lot of sports in the winter time hockey, in particular. I kind of dove into it this last winter and played a great deal of hockey. I find that very therapeutic for me. I can deal with a lot of things when I'm skating around...For an hour you put all your cares away and you enjoy the game. It's like you're twelve again, and after sometime some guys go for beer and some of us sit around the change room and talk a bit ..[or] I can go out and shovel a walk of snow, I'll go out there and be troubled or have something on my mind, and I'll come in and feel totally refreshed and like it's been dealt with...It's like going to hockey and putting your mind away for awhile, I don't believe it's brushing the problem away. I think it's just therapy and that's how I get my therapy (W).

Well I've recently found that writing about things is very cathartic for me and because I enjoy music a lot I've actually taken to writing songs these last couple years, and so I've been into writing a couple of songs about our experience, and that's been somewhat healing at one level. At another level, I don't know if I'm a good enough writer for that to be healing for anyone else, which is what would make me feel better too (T).

Both men and women respondents described getting more involved in their jobs. For some women respondents working outside the home was an 'escape' and also therapeutic as a way to re-identify or re-define oneself. "I think the fact that I had a job I loved helped, like my whole realm wasn't that I don't have a child. I had a career" (A).

After the ectopic...I went back to work and that was great therapy...Work has been therapeutic especially these last few years in dealing with the infertility part of it ...I've taken on my job to be my priority next to my home and my husband, instead of children and focus on that (D).

Focusing on one's employment or other options for working with children was also a positive aspect for these women's careers.

If I think now what it's doing, it has given me more pleasure in my career 'cause like I said before you look for something else to replace your children, your loss of not having any. And I've gone to my work and my elderly people that I work with and I take a look at my career in a very different way and I appreciate it and I know that I can do a good job there, and I know that I am loved and appreciated there so it has helped my career (D).

I've had a chance to do some things that I wouldn't have had a chance to, being administrator for 6 months and working in a specialized area. I wouldn't have had those opportunities had my five year plan worked out (V).

I had gotten a correspondence course thing on [a program for working with children], just preparing myself for...if it got to the point where we knew we were not having children at least there would be the opportunity to enjoy children in another way (N).

Men, just like women, described putting energy into their careers as a beneficial coping mechanism to re-focus themselves away from infertility.

It may be that not having kids...that work is a bigger part of my life and I look for more meaning. I have a sense that people with kids, that family becomes more of a focus and work becomes more of a means to an end, raising a family rather than finding meaning in the work itself. I might put more weight on that area...look for more out of my working life, than I would if I were a parent (S).

I think at that point I decided that I was going to focus more of my energy on my career...So I mean you've got this time on your hands, while all your friends are raising their kids and you have your hobbies or your job where others have kids, so I decided at that point and I had an opportunity presented to me at work to make a career change. It was a challenge and I think it also helped me take my mind off, at least part of the time, off infertility (T).

Male and female respondents mentioned humour as a way of coping, to avoid probing comments or to just laugh about the situation. One couple talked about humour in the 'we' tense recognizing that they used humour together to deal with infertility. "You know a good sense of humour got us through it" (P). "We laugh alot, maybe it was black humour... we were able to laugh at some of these ridiculous situations" (A).

I guess some of the avoiding we did was we tried to use humour a lot in saying well we couldn't have children, using different jokes to just throw it off. Doing a lot of that kind of thing just to help cope with it and then you would fight with it later (B).

I think it's probably a male sort of trait to deal with these things using tools like humour...I just don't know what God has in mind. He gave men like what is it? 50 or 60 million sperms in a shot. At that rate I could give 20 to charity and 20 to Revenue Canada and I'd still have 20 some left over and you'd think one of those would make a home run. Right? So that's the kind of humour I'll use when talking to friends (T).

Both male and female participants talked about adoption when they described coping. Women participants talked briefly about adoption helping to comfort the pain of infertility.

It's not that it's an issue that's completely gone, and yet the pain, the edge, is gone because the parenting part of it we have now and that was the part that really hurt not to have (N).

I guess I feel we gave life to [first adopted child] and now we gave life to [second adopted child]. It may not have been physical life but we gave both of those children emotional life. So that's really what it's about (A).

Two male participants spoke of adoption as a way to cope with infertility. Adoption was identified as a way to keep hope and a way to fill the void of being childless.

I think so far, one way I've coped is by on some level still having hope that some day we'll be parents some day, in some way. So having some options [adoption] that haven't been closed keeps me from facing the full brunt of the loss (S).

So we started talking about adoption, I could be a father and that was really the goal...[adopting] was like a birth experience or a life giving experience to us. So that was, if there were any residual questionings or hurt feelings in not being able to have children, I think that really helped to erase those (P).

And people talk about, it's one thing that adopting a child doesn't really deal with the infertility, that it's a separate thing. I don't understand it. To my mind it's the same thing. If I'd adopted a kid, adopted a baby and it came into our home and was part of our family that would feel to me that it filled most of that issue, that void. It wouldn't feel like there's a separate void about not having my own kids. I can work myself into the thing, that I'll never have someone that looks like me, or has my colour of eyes. That's not a big deal. That's more abstract. The essential piece in my mind is not raising kids, not parenting (S).

Support from spouse

Mostly clearly men and women participants recognized that at various points in their dealings with infertility they were at different places from each other. Women said and men agreed, that their partners did not always understand where they were coming from. One man remembered thinking about his partner, "Why are you the way you are? We're going to get pregnant, give your head a shake" (W).

These male respondents said,

We were at different points dealing with things, and how it was affecting our relationship was I think determined by how we were dealing with infertility...she tends to be more emotional about things and that's okay, it's just not how I deal with things (W).

I certainly have been aware that at some of the points when she was expressing the darkest and hardest stuff, I wasn't able to be there for her...maybe because it just touched too much stuff in me (S).

Yes, there were different needs...where I'm more to myself where N. is more open to that type of discussion...I don't think I gave her the support she needed at first and maybe couldn't have given her the support because I didn't know what was going on (B).

The women respondents said,

I feel so angry, and it's such an all consuming anger and that was one thing that my husband couldn't understand...how I could get so angry and behave the way I did (D).

But there was that time at the beginning when it was really hard, because even he [spouse] didn't see this as being a problem and so I felt there was just nobody else I could share this with (N).

I know he knows what I'm going through but he doesn't have to go through that as personally...We haven't both been as needy at the same time all the time. One of us may be having a harder time dealing with things but at different times...We're not always at the same stage at the same time (V).

Despite not being at the same 'place' as each other in the infertility process husbands and wives interviewed both identified their spouse as an important person in their support network. "I've probably talked mostly to [a friend] about it, other than my wife...mostly we've relied on each other" (S). As one male said "I think it's been a little bit of everything. It's been friends, it's been music, the career, writing, talking with my partner, exploring our own thoughts with each other about infertility" (T). This male respondents' partner said, "T. is a unique individual...T. is my best friend and I can't say there is another woman I would go to to talk about really personal things before I would talk to him about them. You know, no matter what the topic" (V).

He had to be [my main support]. I mean I had no choice, I mean, no offense P., it was kind of, yeah, I really didn't have much choice, he was the only English speaker in my community and I wasn't about to talk to my 'little rural woman'...as we carried water (A).

I think I got my main support through N...If it's something that is really tied close to the heart strings, I probably would close up and go to N. more than any one else. At the best of times, N. is always my first choice (B).

This same male respondent (B) shared that he needed his wife to be his main support because he perceived that being male prevented him from sharing his experience of infertility with other males.

That's why I guess why N. ended up being more of a support to me than other male friends because...maybe I too felt uncomfortable to bring it up...I think knowledge was one thing that she brought me alot, because she read a lot about it, as well as emotional support...a lot of the self identity [issues] who am I? and what does it mean for me not to be able to have children? (B)

Support was defined and felt differently by the sexes. Women described their husbands as being supports but often not in the way they would have needed support.

Women participants said things like "P. tried very hard to be supportive but because we're such different people at points that was hard for him too" (A).

But B. would always try to support me. There were times when I was in so much pain, I couldn't even accept the support but he would try. He spent a lot of time just listening or hugging me when I was bawling, so he tried really hard once he got to the point where he also acknowledged that there was a problem, but there was that time at the beginning when it was really hard, because even he didn't see this as being a problem and so I felt there was just nobody else I could share this (N).

Women respondents said more about the support they felt from their partners than men did about their spouses. For women interviewed it was important that their partner supported them in their decisions. Women talked about appreciating the fact that their partners were 'behind them', not critical in their decisions regarding infertility.

Whatever I wanted to pursue and whatever I felt I could handle he was willing to be there for me and when I said I had enough, he was behind me and in helping out at home. Emotionally... yeah, he was supportive, but I found more relief going to see my doctor [psychiatrist] (D).

He was never as open about telling people as I was but I also really appreciated that he supported me in telling people because it would have been really hard if I would have felt like I wanted to tell people and he would have wanted to keep it quiet (N).

Much of the support given by husbands was also stated as being more practical instead of emotional. This husband said, "So then I put more of my time and energy in helping A. get through the healing process, the physical healing process of this 'cause she was needless to say um, hurting, it was a major operation" (P).

G. did sometimes remind me that he did drive me time and time again to [the hospital] and he did these things into a bottle time and time again. He sacrificed too and embarrassed himself many times...in his own sense he saw this as being supportive and never balked at the money I spent on alternative medicines or therapies or what I had to do... not emotionally [supportive]...but he saw himself as supportive with the physical stuff. (L)

Women said they appreciated their male partners for the fact that they didn't 'blame' them or dwell on having a child by birth. "I think what I never ever felt from P. was, "I wish we could have a natural child". I've never heard him say that. I don't ever feel that it's my fault. I mean [if] I feel that, I put that on myself" (A). It was kind of like he supported me in anything I wanted to do in dealing with this and we did a lot of talking together, our decision making was always done together about the fertility treatment and I really appreciated the fact that when it came to the fertility treatments the impact on my health meant more to him than having a birth child (N).

Support from Family and Friends

There did not seem to be any real differentiation between men's and women's responses about their need or use of support regarding friends or family, however, how support was helpful was described differently by the different participants. Women also spoke more about their family's support than did men. Participants spoke of family and friends who understood and others who could not relate. Words used most commonly used when describing family and friends were, 'very supportive', 'sensitive', and 'understanding'. They named persons who were supportive as being helpful. "It's been helpful to talk with friends about it, people who have been supportive" (S).

Having 'sensitive' friends or family meant no teasing or inappropriate comments about infertility or starting a family. "They've [family] been very understanding, don't

push or say tactless things or anything like that" (V). "She [sister] was always very sensitive and she actually got us a copy of the Adoption Creed" (N). "We shared it with family and friends. The support we had was very amazing. In fact from my family, the teasing really fell right down and the support was there" (B).

My brother-in-law...[after hockey] we [would] sit out front for maybe an hour just chit chatting about our lives and where we're at and stuff like that...again, it's more the relationship and how not having kids has affected us, my partner and I, more so than how I'm doing with not having kids (W).

Women participants described feeling support knowing that their family was 'there' for them. "I don't think they [family] really know what to do, but they're there" (V).

"My four sister-in-laws, they were the biggest support to me" (L). This woman appreciated her nephews' presence.

And my other brother, he's very sensitive with me, I've been very open with him about the pain and the feelings and he's always been there, when I've had surgery, he's come out to see me. In asking us, to be there for the boys should something happen to him and [his wife]. And...they make a point of the boys coming to our place to spend time with us, very insistent that when they say good-bye they give me a hug...things like that, they're very sensitive like that (D).

My parents were very supportive, but my mom started to think that "Is it something I did?". Because I also have a sister and brother-in-law who are infertile. So now, it was two of her daughters, what's the problem? I think she was dealing with some of the guilt (D).

One woman described family who were not as sensitive. She said certain family members couldn't give her the support she needed because they 'couldn't relate'. She said one family member in particular would speak negatively about adoption. "My sister-in-law, who works in Probation would go on and on, how the adopted children are in the

probation system and part of the legal justice system, 50% of them are adopted, you don't want to..." (L). Other friends or acquaintances were said to be at a loss for words.

"Well that wasn't a problem with me" and then they [friends/family] say...'I got pregnant, my husband just had to look at me' and they just can't relate" (L).

Several male respondents said it was not necessarily in the family where the topic of infertility was talked about. One man respondent said "they're [family] supportive but they're not the people I would go talk to when I needed to talk about it" (S).

I have a mom and sister who are nurses and two uncles who are doctors and several aunts who are nurses, so family gatherings we often talk about medical problems. And as family we've dealt with some of these issues, my grandma died and stuff, you know, the whole quality of life and these type of things. We've dealt with these type of issues. [but] We come from a fairly stoic family where emotions and feelings aren't really expressed. (P)

My family too, my immediate family, we haven't really talked about it as a large group. I think through my family the word is sort of subtly out but my family is sort of more closed that way, with different things, problems you don't talk about, kept beneath the surface unless that particularly affected party chooses to bring them up. I'm just not that close with my family any more (T).

Support was felt when participants were asked about the adoption or being asked how things were going. In general, male and female participants mentioned it was adoption that was talked about, not infertility. "Oh we didn't talk about the infertility much, but they were still very supportive. I know that B.'s family and my family tried, well a sister of mine from Ontario, they really tried hard with the adoption stuff" (N).

"People were asking how we were doing and checking in with us" (B). "People at work

would often ask how things were going and if we'd heard anything about the adoption (N).

Again, regrettably, this male participant's family or friends seemed to feel more comfortable asking about adoption. "No one asks about the infertility, they'll ask about the adoption, what's happening with that. But more often than not, don't ask. It's kind of there in our minds and maybe it's in their minds, but it's like there's nothing to say and doesn't get talked about" (S).

For one male respondent support was having friends not allow their baby to be the centre of attention,

Our closest friends...the ones who have children are very, very sensitive to our situation and that's appreciated immensely. I'm very grateful for that. Just the effort that they go to. A friend of ours who had a baby a year ago...When we get together they'll very intentionally try to stay in conversation with you and not let their child distract you or one of them will look after the child...one couple in particular...is exceedingly good at that (T).

Support was described as coming in very practical ways like having family bring food and help around the house, when one female participant was too depressed to be energetic.

My parents...they did so many things for us and still do... physical things, helping out with the yard, um, bringing in stuff, throughout this whole process, with the depression and getting me to this point. I feel badly about it, here's this grown up child that needs all this help and support, but... That's what family is all about (D).

More practical support was described by one male as having an uncle send samples of medication to them in another country. "...and the uncle being a doctor providing medication for us, sending it to us, because it was a very expensive

medication. He would send us hundreds of tablets of this medication down" (P).

Prayer support was also mentioned as being appreciated by one male participant. "We have received prayer support from the church people...and that has been meaningful on some level. It hasn't helped a great deal yet [tongue in cheek] but it's nice to know people are thinking of you" (T).

Support was described by two men respondents as having medical friends to call when they wanted to know more about the medical aspects of infertility.

So I had a number of friends who are medical doctors and I called them and said here is what it looks like, what does it sound like to you? Not very good, so that's basically when I was first hit with that whole concept of infertility (P).

Socially...we've been lucky to have a few acquaintances that are in the medical profession. From just a physical point of view, it's been good for me to talk with these people...Just for information and have them tell you you're not as abnormal as you might think. Lots of people go through this (T).

Support was mentioned as having friends and family 'share' their children. This was a more positive approach to coping with infertility like a type of vicarious parenting or looking at other options of living or working with children.

And also enjoying our other friend's kids, I think that helped too. B's nieces and nephews, we're really close to them. So that really helped because the little girl would always come running up and hug me and hang on, she's seven now, she still does that. It's neat to have that kind of a close relationship with her (N).

But we found that our friends that did have kids were also really very supportive and in many ways we could enjoy our friend's kids, that was something that was nice for us because we didn't know if we would have children...So it was really important to have those friends who were so good about sharing their kids with us. It's not the same, but...(N).

Peer Support

A theme which emerged most strongly from the data was a need for both male and female respondents to be with people who could understand infertility. I defined peers as meaning persons who have also experienced infertility. Peers for fertility impaired individuals are others who have also had a fertility impairment.

For women, peers were described as understanding completely, as being good role models and giving them strength to be open regarding their infertility. Peers were said to 'validate our experience', were easier to share with, and gave a different perspective or options regarding infertility. Female respondents spoke more strongly than their male partners about their need for peer support and how they were helpful.

For male respondents, peers were not mentioned as often but were said to be an invaluable resource. A few male participants mentioned that peers were helpful 'to compare notes' and to be a resource regarding decision making.

Many participants, both male and female, articulated that they felt no one could understand unless they had lived through it themselves. "I think people's intentions are basically that they want to be there for you...but go to your own kind" (D).

Participants mentioned friends and family trying to understand but not being able to fully understand.

I did feel free to talk to my brother about those things. But...on the flip side he didn't have a greater understanding of it himself knowing that his family came when they wanted it, and I think that makes a big difference for people, even if they have infertility in some sense of the form, whether, it took them 3 years...those type of things helped in getting support back (B).

The most important role peers played for both men and women respondents was that peers enabled participants to talk, to feel 'normal', understood and not alone. "It's amazing when you're open about it, people come out of the woodwork and a lot of people haven't told anybody, but they know now, they're not alone so they go to talk to someone else who has been open about it" (N).

Women interviewed described a bond or closeness that developed with persons who had experienced infertility too. "We knew one couple who have gone through similar things with whom it was easier to share" (V). One woman mentioned that a unique bond developed both with her psychiatrist and her sister because they too had experienced infertility.

She [the psychiatrist] also had a problem with infertility...Yeah, there was a very strong bond, I feel, between us. When I would be talking about different things, you could see the tears in her eyes...I mean, she could feel a lot of the same feelings and I think that's why I've been so comfortable there, because she has felt the pain, 'cause she knew exactly...these other people their intentions are good, but they can't fully understand (D).

And my sister and I, I think we're closer because of it...because she also shares the problem. And I've been able to be a support for her...I think we're there to support each other more than we ever have been...She's really been in pain too because of the infertility so she and I talked alot. It was more helpful to talk to people who had gone through it (D).

Peers were said to make female participants feel less alone or different; they played an important role in validating their own experience with infertility.

For awhile it was helpful having friends in similar situations and knowing that we weren't alone in this. I can count many people we knew in similar situations (V).

We also found a lot of other people who had experienced this, even within our families, even if they had had birth children, they had gone through a period of time, when they had not had the choice to have children when they wanted to have children...That made us feel not so

lonely but it also helped in sharing our story, helped other people help us...it kind of validated our experience...I would say it brought us closer to those friends who were experiencing infertility (N).

A few male respondents described comparing experiences with other friends, wanting to feel 'normal' by having friends who too were dealing with infertility.

We have other friends who have gone through or are going through the same thing as we are and that has been a tremendous resource probably more valuable to us than anything else. We haven't sought any outside, formal counselling. We've probably dealt with it fairly well on our own, with friends who...we are lucky to have had friends that had been going through the same experiences. So we sort of sat down and compared notes (T).

At some points we've talked with [friends] and that was really helpful to talk to someone else who had gone through, hadn't been able to have their own kids, we had that connection...I haven't really sought out a lot of people who have gone through the same experience. I come across them and connect but haven't gone looking for them (S).

Realizing this [endometriosis] was a fairly common disease, in the North American female population, I came to understand we're not unique in this or isolated in this, there's lots of people out there. You just don't hear about it (P).

Comparing with each other was a useful thing for participants because peers were said to bring a better perspective on their own situation. These three women described how hearing other women's stories helped them come to terms with their own infertility.

The more people we talk to the better perspective we get. People are child free because of choice or because of circumstances. I think you've probably found that the more stories you hear the more you understand your own situation and you can come to terms with it...[for example] At the beginning of summer I asked one of my co-workers what his situation was. It was good because they're not having kids because of biological reasons, and have come to terms with it and they're not pursuing any other means of having a family like adoption. I need to hear of different situations like that. Once in a while we wonder if we should pursue this further or should we just go on and just be happy the way we are without children (V).

Actually, there were three of us at work who were dealing with infertility and we have all dealt with it in *very* different ways which was also fascinating to walk this journey with other people at the same time but all going in different ways (N).

There was a woman beside me who had just had a hysterectomy, from endometriosis, who just sort of cried... just as I was coming up from surgery...she sort of wept the whole night...She desperately wanted a child more than anything, and so she was writing letters to her unborn child and was doing just all kinds of just deep, deep reading and I was scared spitless... She just did so much deep reading and I think it scared me. I sort of thought "Oh my goodness, is this the depth of despair that I'm going to need to reach?" and I think at that point, [I thought] okay endometriosis, I'm going to need surgeries and so I think I sort of prepared myself for the worst and so it wasn't that bad...maybe it helped me do my grief quicker, I don't know...hearing her deep pain was hard (A).

Although male participants were less likely to mention peer support in how they coped, when asked if they used formal supports, they mentioned it was peers that were the most helpful. "I've found it more helpful [than formal counselling] to share with friends particularly friends who are going through it themselves" (T). "Neither of us have really used formal supports for... issues I've struggled with...I've used more peers, friends" (S).

Peers were said to be useful in other ways as well, such as bringing information about treatments for infertility or names of 'good' physicians to see. They also were described as bringing humour, friendship and role modelling to some female participants.

Today as I was thinking about support networks, probably a person who became very good friends that might not of otherwise...was a couple that...had two adopted children and we sort of hit it off...They were talking about when they found out they couldn't have kids and she was really very funny about it. She said I wanted to walk in front of a truck that day. She said...it was devastating. She could talk about it and it

was great, because they had obviously worked it through and the humour of some of the things they had to do. I think that was really good for me to talk to someone about it who understood completely...who could say "I hate pregnant women" or something like that... she became a very important friend and still is (A).

And then at the new job, my very first day on the job, this nice woman walks in and she tells me all about her whole infertility story...She was three weeks away from going for invitro at the time. So it was just fascinating to speak to this woman...she was so open about this...it was so matter-a-fact...so it was no big deal "We can't have kids so we're going to do everything we can to be able to have kids" that was just her...so it was such a good role model for me...like this isn't this horrible shameful thing to keep all quiet. So that kind of gave me the strength to be more open about it, so we started with telling, well I started by telling her (N).

Two males interviewed stated that it was their female partners who made contacts or networked with other 'peers'. One man reflected that he found this very helpful because it finally gave him a chance to talk about infertility.

I think a real big support which was this friend of N's who went through all sorts of infertility in getting to know her and her husband was really worthwhile, we learned so much from them, and asked a lot of questions especially how far do we want to go medically and they had gone through every available possibility...They were a great source of information and a comfort for us as well, in helping us deal with different stages....I also think it's something that's very uncomfortable for males to even talk about and so it was really nice to be able to talk with these friends who had gone through so much.... I could talk to [them] freely (B).

A. hooked in with a number of people...who had also experienced infertility, so those contacts were there if we needed to talk about it at some point. This isn't a topic I have talked a whole lot about outside the couple relationship (P).

Both male and female participants mentioned the tentative nature of the 'infertile' diagnosis, therefore describing their relationship with peers as tentative. "I can

count many people we knew in similar situations. I can't say that's the way it is now because things have changed for a lot of those people" (V).

Then we had other friends who had dealt with infertility. Two couples. One set who were dealing with infertility at the same time as us, and then it turns out that they got pregnant and I remember when we found out they got pregnant, both B. and I felt a sense of loss, because they had been the couple we knew could *really* understand this...we were happy for them...that they had gotten pregnant...because, well, after you've experienced this you don't ever want anyone else to deal with that pain...So we were happy for them but we also felt that we had lost a big chunk of our infertility support. (N).

We are lucky to have had friends that had been going through the same experiences. So we sort of sat down and compared notes, some of them have gone on to adopt children, some have had their own by now and we're slowly starting to feel like we're being left in the dust (T).

A woman with secondary infertility said she tried to seek support but found it difficult to find peers because of not knowing where she fit 'in' (i.e. with the infertility crowd or the fertile crowd?),

[It's like what camp are you in?...]I was fertile and now I'm infertile and because you're caught up in the parenthood...you're so numb and so depressed about being infertile you can't even remove yourself and sort of try and help other people, because you're still going through the motions of parenthood (L).

Participants in this study described using individual coping mechanisms and informal support systems such as family, friends and peers, in dealing with infertility. The next chapter records the respondents' use of formal support systems for infertility.

Chapter 6 Findings- Formal Support

Chapter 6

Formal Support

This chapter focuses on formal support systems for persons with impaired infertility. It begins with how participants' experienced the medical system and closes with their reflections and use of formal supports like social workers, counsellors and support groups.

Experience with medical services

Male and female respondents both spoke about their experiences with the medical system and most often referred to the physician. Both genders spoke of wanting a doctor who was sensitive, understanding, who gave information, and who took time with his/her patients. Women spoke most strongly about the insensitivity of physicians. They talked about their anger at physicians. Men didn't call it anger but they too were frustrated with physicians not understanding and not having enough time for them.

Women respondents said doctors' comments were not helpful, but degrading. They described their physicians as insensitive and not good listeners.

[I] had a miscarriage at 14 weeks, at that time when I talked to the doctor, he was very cool, almost cold, said...that that's God's way of preventing an abnormal child. He just wasn't sensitive to that loss...and he said that there was no way that they would do any investigation because miscarriages do happen (D).

But I only got the interns and residents...instead of Dr. T., so I don't know how many times I had to spread my legs for them, I was so mad, 5 hours, finally Dr. T. came...and told me, "Oh the pain you are experiencing was the normal pain you have when you ovulate" Here I was sitting on the stretcher, he was standing in front of me and I wish I would have kicked him in the balls, I wish. I was so angry, not for the fact that there wasn't anything wrong with me [but]...for the way that he

had talked with me...How dare you? It may be the discomfort of ovulation, but you could talk to me differently...I talked to him several times about the discomfort and he said, well women just need to accept that they're going to have pain, have discomforts and the doctors can't help them with everything (D).

One woman respondent spoke about the naivete' of doctors regarding infertility. She described a physician that didn't work in the area of infertility but wouldn't refer her to another doctor. Her comments reflect how important time is in this process; that any delays medically can feel like forever. This woman described wanting some control over the situation.

Actually I had a very frustrating experience initially medically because my family physician refused to have any further testing done and kept on saying well, you know 1 in 10 couples...were infertile...I was so angry because this doctor wasn't listening and I think I displaced a lot of anger on this doctor. You know, because why wasn't *she* taking some action?...I think she had her own issues with it...I asked her about a gynaecologist at that point and she said it would take a long time to get in, so I quit going to her and went to somebody else and then got in, and meanwhile I went to the gynaecologist B's doctor had recommended and he was excellent. Finally there was somebody who was sensitive and caring about it (N).

Most insensitive was a situation described by one woman participant who was put on the same ward as women who just had babies right after she had surgery for her endometriosis.

So at the hospital it was very difficult. It was very difficult because...You're on the maternity ward which is really stupid I think...so that the nurses were dealing with the same type and one nurse came in and asked me about my baby at which point I burst into tears and she felt awful (A).

This insensitivity by the medical system was also felt in the medical tests. Female respondents said they felt research was the priority and not them as people.

We decided against it because the more we got into all of this stuff, the more we felt that research was the priority and we were not. Like I would have had to go back on the pill which I would have found interesting trying to deal with infertility, to get me in line with all the other women who would be going through at the same time so we could all go in to the lab at the same time and be little rats (N).

I was the one where everyone sort of took a 'looky-loo'...Because some of the procedures they were doing, they didn't do that often, everybody and their dog sort of came to have a look, just to see what we were doing...I got kind of tired of basically opening my legs for, you know, someone else (A)

The doctor in [foreign country] was hell bent on getting me pregnant. She kept on saying, "A., we're going to do it" and I said "No, we're not, I'm not going to do it" I was her crusade. I was going to be another story. She was real determined. Everything that [foreign country] had and more...I think I began to think that Dr. C. was wonderful but she was on a bit of a crusade and that wasn't realistic (A).

Men respondents echoed their partners' frustrations by the false hopes raised by the doctors, the opportunity to receive more and more tests, and feeling like their partners were being treated like experimental research subjects. "I think working with that gynaecologist in [foreign country] you know, there was some false hopes raised" (P). "How much do we want to be treated like guinea pigs? I guess that's how we felt very much with medical procedure, with being sort of test pilots, like rats. In that way just not a person who had needs" (B). One man stated that his test results were not accurate. "The general practitioner screwed up and didn't read the initial semen analysis accurately and probably wasted a year of our time" (S).

These two male participants spoke about the ambiguity of the 'infertile' diagnosis demonstrating how unsure this diagnosis can be. They also questioned how little time was spent investigating their bodies.

When you go to a doctors' office, the medical profession, you know, will do a test and they'll say well the test is negative, *but* there's this other

thing we can do and it's always there's this other thing we can do. So you're never completely disillusioned in the doctor's visit...And as a male and husband and potential father, the question is always at the back of my mind that isn't there a possibility in the investigation that it could be on my side? I mean it's a 50-50 deal here right? We provide 50% and beyond the standard sperm count test I've had nothing else done to me...At one time I broached this with my doctor and he just said "don't worry about it, it's not your problem" so these things leave me wondering, should I push harder? Is there something I can do? Eat a gallon of ginseng? (T).

And then I had a sperm analysis done and I got a handshake from the doctor, thank-you very much...It just seemed "okay, you're fine, next"...There didn't seem to be any follow-up or anything (W).

One woman described the contrast between the doctor who took time with her and the one who didn't. "He [Dr. T.] did the [medical procedure], he really rushed me in the hospital, he really didn't take a lot of time. I felt he was very insensitive, unfortunately...I felt very comfortable with Dr. B., like he spent an hour with me and H. [husband] in the office, explaining what he was going to do" (D).

This woman participant described two physicians whose comments and advice regarding the social process of infertility as helpful.

But G. [husband] did come in when we met to see Dr. L. That was very nice counselling session with him, he was very nice....He was very good. He moved me to tears two or three times he really just said the right words...He'd give you statistics and information, and you like your doctor doing that (L).

One good thing Dr. A. did for me was say, I need to do more rational and G. needs to do more emotional, 'cause I'm doing all the emotional, he doesn't have to do any of the emotional, right? So this feminine side of every person in a marriage has to be 50- 50. If a woman carries all the pain, then the husband doesn't and G. being a very rigid, sort of undemonstrative person anyway found it very difficult to deal with it (L).

Men respondents described similar expectations of physicians in terms of being caring and sensitive. One man talked about his experience with two physicians, one caring, the other cold. It was difficult for him to see a doctor treating his wife harshly.

The gynaecologist that N. had before hand was a very caring gynaecologist, very concerned, went the extra mile in things, in just being comforting and being a support rather than just a medical advisor. When we went to Dr. A. it was just the opposite...our interview with him was quite an experience...we really felt at one point he tried to throw you off your seat, he tried to intimidate... There is a good chance that Dr. A. could have left some of his counselling practices behind and focused more on the medical rather than trying to be a counsellor which he definitely isn't. To be honest I came away really mad after seeing Dr. A. the first time, I think...what he was trying to do was make N. cry...I noticed some of the comments he was making were not comments which I would say were supportive or helpful they were downgrading (B).

One man talked about his frustration at being hurried in the doctor's office and not feeling respected as a patient who also has time commitments. He recognized how important time was in the social process of understanding and coming to terms with infertility.

I suppose I do have one complaint and that he always seemed rushed and never has, from my perspective, enough time to really go into detail or explain in detail, he always...although outlines options and leaves it very much to us, no pressure at all, to do anything...but it would have been nice to be able to sit and reflect on what he said and then ask some questions... you don't get a chance to reflect on anything in a doctor's office...boom, boom, boom, boom here's the information, see you next week or a month or whatever...The second frustration, [I wish] that for once doctors would view a patients time at least half as valuable as their own. So that you're not kept waiting three hours after your appointment time...You're already ticked off and bitchy over the umbrella problem...I don't know how many appointments were postponed because the doctor was delivering a baby and often with very little notice (T).

Men respondents also described a good doctor as one who listened, had information and had time to talk with patients. "I wouldn't say we were getting support [but]...the gynaecologist was very good and he had good information" (S). This man found one physician's input very helpful in the healing process.

Probably what was most helpful was at the end of the line, Dr. A. when we said not we're not going to do that [other medical treatments], and he closed his book...quite appropriately and good at saying that infertility is like a wound in your heart and every month the woman gets her period it's like the wound gets opened up again and as long as you're trying every month, it's like it never heals. At some point you're going to have to decide how long you're going to go on that and then when you say "that's the end", then there's the healing process that can begin. So it was quite a powerful and helpful image and it was helpful to have him do that. So that was really the only point when I would say the medical people were supportive or helpful in an emotional way (S).

Very few participants spoke of their experiences with nurses. One woman stated that the infertility clinic as it exists had no resources like counselling or a way of linking people up. She also highlights the cost of counselling services which are not covered like medical services are.

I wasn't impressed with the infertility clinic that exists. Some of the RN's were nice, but there was no information in the lobby, no means of hooking up people, there was no follow-up, even the nurse who taught us how to use the needles just did it looking into space, I mean I'm not from a medical background...And of course the doctors, the insensitivity of doctors and then no social services, even though we had money to get over this, we just couldn't pay \$65 at the beginning when money was tight (L).

Psychosocial formal supports

I was curious how many of my respondents sought out formal helping services as a way to cope with infertility. In the medical experience, it appeared that two participants were grateful to accept 'counselling' from a sensitive physician.

It was quite striking as I was reviewing data from men and women respondents regarding use of formal supports that women were much more open to the use of formal supports than their male partners. Formal supports included counselling from pastors, counsellors, psychiatrists, or support from an agency like Adoption Options, conferences regarding infertility or the infertility support group. Only one man went to see a counsellor a few times before a possible adoption. Two women went to see counsellors, one a psychiatrist. Two women felt that formal counselling was not needed, however all the women said they would probably use social work services had it been offered some time in their infertility journey. All the men said they would not see a social worker unless they were in a crisis, their partners wanted them to, or they felt very sure that the counsellor was credible.

Counsellors/social workers/pastors

The following comments were made by three women, two who went to see a counsellor and one a psychiatrist. They described these professionals as helpful, accepting, and supportive. One mentioned the lack of infertility counsellors in Winnipeg specifically and the need for follow-up after counselling. The cost of counsellors was also mentioned as an issue.

I did go for some counselling last year...because I wanted to know I had dealt with the infertility before an adoption happened...I would have gone to an infertility counsellor if there would have been one listed in the phone book that I could have found (N).

\$55 for a good cry. It was very therapeutic, she was very good, but I just couldn't go back because that was a lot of money then...[My husband] was doing better [financially] and I was working half time so I could rationalize this. I need this, I gotta get through this. She was very helpful. Her training wasn't strictly counselling she did more deep relaxation more like this karma business...With all three counsellors, I quit each one of them and they never call you back. I said it would have been nice if [one of the counsellors] had called me back or [another counsellor] but they never did. Don't therapists ever call their clients back? (L).

This woman learned through her psychiatrist that it was okay to question her feelings, and be angry because of her infertility.

I also spoke a lot to my doctor [psychiatrist]...'cause after the miscarriage, I had a bad bout of depression and when the general practitioner didn't know what to do with me anymore, he sent me to [a psychiatrist] and that's the best thing that could ever have happened to me...that's where I talked a lot and she really helped me deal with it and was very sensitive... she was very realistic. She didn't have a lot of high expectations of me.. very accepting of the way I felt and reassuring that it was okay to feel angry, it was okay to question God. I could be myself, I could say whatever I wanted, you know, I could feel whatever I wanted and it was okay...she's helped me an awful lot, she's been more supportive than my husband (D).

Men participants said a fairly definite 'no' to using counsellors in their coping with infertility. They mention that infertility is an issue they didn't feel comfortable sharing with a stranger, even a counsellor.

[I] haven't sought out any counselling. I guess at least from my perspective I haven't felt I've needed to share this with a stranger. I've found it more helpful to share with friends particularly friends who are going through it themselves. I think that is a lot more helpful than a formal professional setting, like a counsellor despite their skills not to belittle the counsellor's skills (T).

I don't think I sought nor did I need a lot of outside help to deal with this. It was a medical condition, explained, hit up quick...I processed it quick and I moved on (P).

I guess...formal supports...I envision counselling and I don't believe at any time we needed to sit down and talk for an hour, that's not what I do...The only reason I would go is if my partner really wanted to go (W).

One man participant reported that he used some formal counselling before a possible adoption but stated that his preference was to use friends and peers for support. Both of these men participants mention pastors as helpful but somewhat peripheral in their contact.

I had a couple of sessions with a therapist around my ambivalence about having [foster child] come and then around [foster child's] leaving. We had some friends who were pastors who just sat and talked with us on a couple of occasions, but that's it...I haven't used formal supports for other things, so I don't think it's unique that way. Neither of us have really used formal supports for other decisions that have to be made or issues I've struggled with...I've used more peers, friends (S).

We somehow ended up talking with our pastor in our church, things like that...partly to make him aware of where we were at and partly to receive support and that was very important especially when we transferred our membership to another church. That was a very good support with the deacons and actually the whole church (B).

All the women respondents statements about utilizing social work services were positive. "Oh, definitely [to social worker involvement]" (D). They talked about needing to speak to someone about their questions, their need to look at options, getting their mind off the medical issues, and having a service that was 'free'. These respondents said it was important, however, that such a social worker be knowledgeable about infertility. "[yes to social work] If there had been a specialist in infertility. Yes, I think I would have at that point. Oh yeah, definitely" (N).

I would think yes [to social worker] especially in the early stages, when there are so many more questions...with the emotional, to take the focus off just the medical, to get a more well rounded perspective, to learn what other options were available... I would probably have received it

better too if it would have been matter of fact, that this was part of it, you know, that as you're going through this testing, you talk to a social worker. You know, maybe it should be because doctors are not known for their sensitivity...It would work out better holistically if social work were involved early on (V).

yes, yes, yes [to social worker], 'cause money was always an issue. In fact when I did finally get to the A.I. clinic there, [a counsellor] was on but she just was pregnant. She was doing the counselling at that time out of Dr. A.'s office, 8 years ago. How can you understand, here she was 9 mo. pregnant and interviewing all these infertile women? It is something you really don't understand unless you've lived through it. But you still had to pay for it...I think it's [social work services] imperative (L).

One woman mentioned a very specific memorial service which helped her with grieving the loss of her miscarriages. She and her husband attended that service.

She also was able to link up with a social worker later who dealt with death and dying.

One thing we did go and do, the palliative care workers at the hospital set up a program for people who have lost a child through miscarriage, stillbirth or infant death. They have a funeral service or a memorial service and when we went there were maybe 20 couples and we were each given a rose for each child that we had lost. And they had a monument at the cemetery for the unborn babies. That was very helpful we were able to talk to one another...we went together, that was very healing (D).

One person I did talk to and that was when we had our memorial service,.. a social worker...he works with death and dying. He was there for more his own personal interest and just to get a better grasp of what people are dealing with when they lose a child. So I spent some time talking to him, that day, so that was kind of neat and was kind of helpful and I was just thrilled to think that here he had come because he cared enough to see what we're feeling (D).

Another type of formal service that exists for people who had miscarriages was someone who would do a home visit. Such services are, however, not readily available

to persons who have never been pregnant and are grieving the loss of being unable to become pregnant.

There was one woman who does home visits when people have lost a child through miscarriage or whatever, she brought a lot of material. That was after the miscarriage that she came to see me, but I still keep in contact with her now (D).

Male participants reported feeling mostly ambivalent toward having a social worker involved. Two participants said a definite 'no' to social work involvement. One said he would seek social work services if he were in a crisis, another would have found a social worker helpful just to be available to talk. In general male respondents reported being reluctant to share their infertility with a stranger. They agreed with the woman participant who stated social workers need to have experience in infertility if they're going to counsel infertility patients.

I don't know [to social worker]. I think perhaps more likely so if I knew that social worker had experienced the same thing we were experiencing and perhaps even more so if that social worker was going through it at the same time...someone who's been there...but if we had been at a doctor's appointment and the results just didn't look positive long term and then they offered that option perhaps we would have taken it at that point. How you're feeling at that moment, depending on the situation, might determine your decision (T).

A [social] worker would have been helpful for...the introduction, what was going to happen, or being available to talk or having a time when you go to talk to them after because Dr. A. puts it on the line...and so in that way it would have been good to have a social worker there to fill us in on what to expect and probably initiate that first meeting, I think that would have been beneficial (B).

My first response is probably not [to social worker]. I would be reluctant to let a stranger in on something that was that painful... I guess if I felt I was stuck on it in some way. Certainly, I would have wanted to check the person out. I wouldn't...[just] because someone was offering the service...I would want to talk to someone whose been to them and make sure they're good (S).

Support groups/agencies

Women respondents reported feeling ambivalent towards attending a support group for persons dealing with infertility and men reported almost no interest in a support group. Two women said they preferred one-on-one counselling rather than sharing with a group of strangers. They recognized their need for confidentiality with such a private, personal issue. One of these women talked both in the 'we' and 'I' format so it was difficult to distinguish who she was speaking for. Another woman stated that she was very open to a support group but preferred it to be a local group rather than one in the city.

I suspect it would have been more comfortable to talk to someone one-on-one then maybe getting involved in a group...because you're talking about a very painful issue, a very personal issue and not knowing, something you haven't even told family about, and you're trusting total strangers, who you don't know, how much they would respect the whole confidentiality issue and everything (N).

We tend not to rely on formal supports. We haven't attended any infertility support groups. We don't like sharing stories with large groups. I have no idea how many people do that for support and I don't know why but I think I've always tended to try to deal with things myself in my environment. I think it would have been [better] more individually than in a group [because] why would I want to be with a bunch of other people with all the same problem? I'm not a real group person. I relate to people better one-on-one (V).

We did go to the Infertility Support Group, but by the time we went to the group...we realized when we were there, at least at that point with the way the group was put together, the other couples had not yet been open at all with people publicly about it so we felt like we were at a different stage than they were. If we had gone earlier, I think it would have been helpful to us...By the time we did go, we felt that if we went, we would be going there more to help other people than to get help ourselves. We were already helping lots of people (N).

This woman did not feel comfortable attending an infertility support group because she already had one child by birth.

So I didn't go to support groups because I had a child and I know that infertile couples would kill for one and go through that experience just once and I'm sure they would, just that tremendous guilt and stuff too (L).

Men talked very little about needing a group format for dealing with infertility. One went because his partner wanted him to go. "We went to one or two infertility support groups meetings and then we went to a conference that was held, that was, I didn't go kicking and screaming but I wasn't really gung-ho to go" (W). One man echoed what his partner said about feeling beyond where the group was at.

I think some of the formal methods that we went to was the infertility support network. We only went once. I guess by the time we got there...we felt...the information we got there was interesting but really we thought we were beyond where other people were at...and..schedules didn't always work, to meet at that time (B).

Both men and women respondents mentioned Adoption Options (AO) as a supportive organization and a way to link up with peers. "AO has been a great source of support too. AO is an excellent organization, just hearing other people's stories too" (L). One woman described AO as sort of a 'security blanket' that she knew would be there if she needed it.

When we started to pursue adoption, we went to Adoption Options and we spent a week-end with a workshop. Excellent, and there we got to meet a lot of people that have gone through a whole range of tests, both spouses. It was neat to finally be able to talk to some people who were having the same problems that you were and the same frustrations and [who were] also tired (D).

...as well as going to Adoption Options orientation which was really good...We've got to know quite a few people through Adoption Options...It's interesting some of the feedback we get back from other

people's experiences with medical doctors as well as what their reasons for infertility is (B).

One woman recognized the limitations of Adoption Options as a support for persons dealing with infertility because it is an organization that primarily works with adoption. She suggested the need for an Infertility Resource Centre.

I fantasize that maybe someday there will be an Infertility Resource Centre in Winnipeg, that IAAC [Infertility Awareness Association of Canada] could spearhead or a non-profit organization. Adoption Options meets a need but it's a small slice, adoption isn't for everybody, but [the topic of] infertility is (L).

Other 'formal' type services one woman mentioned included a 'Gift of Hope' conference which put this women in touch with other women's stories of infertility; being a member of Resolve, the U.S. equivalent of the Infertility Awareness Association of Canada and reading books on infertility.

I found the Gift Of Hope conference with Sharon Rosia-Caplan and Patricia Johnson so inspiring too and just people's stories can be so moving, to be able to see strong women put their infertility behind them, like someone said, let your infertility be your friend...Reading, I have read every book...I have read anything and everything...I was a member of Resolve for many years (L).

This chapter has reviewed the participant's experience with the medical system as well as their impressions and use of formal support services for persons with infertility. This concludes the 'findings' section of the thesis. Chapter seven is a discussion and summary of the findings and recommendations for areas family, friends, social workers and other professionals can be involved.

Chapter 7 Discussion

Chapter 7 Summary/Discussion

Observations

This research project proved to be very fascinating and interesting for me. I'm pleased that I could focus on the social process of infertility because much of the literature focuses only on the medical or more individual aspects of infertility.

I struggled with the gender analysis 'piece' of this thesis. I clearly read and understood that there is a 'his' and 'hers' experience of infertility. I also read from the literature and heard my participants say that there was a distinct 'couple' experience for them too. Couples said they felt isolated from their couple friends. Couples said they felt different from other couples. They also said that individually they felt isolated and different from their friends. I conceded by accepting that the 'couple' identity and experience was also unique however it made the gender analysis more difficult because of these three experiences, his, hers and ours. I regret that I wasn't able to elaborate on the 'we' experience in my findings section. The 'we' experience as it was referred to by my respondents is a potentially fruitful and rich research avenue. The infertility experience from this perspective could be explored by future research initiatives using focus group discussions, for example.

In the gender analysis I also found overall, that men were more 'sensitive' and open about their infertility than much of the literature indicates. Men respondents said they didn't need to talk about infertility for therapy as their female partners stated, however they indicated to me that they were pleased to be given time to talk about infertility in an interview setting. They also asked what other men were saying.

Men respondents in general took 45 minutes to answer the questions I had prepared for the interview. All the women interviewed except one took the full 60 minutes and many talked longer after the tape recorder was shut off, to debrief or ask about the project. It appeared that men answered the questions more directly, than the women respondents. Women tended to offer a greater variety of information or just had more to say about the issues raised. This is consistent with women's need to talk more than their male partners. After the interviews were finished, three women said how good it had been to talk about this topic as if it has been somewhat therapeutic. The men interviewed did not state it in those words but a few said the interview had given them something to think about, that before the interview, they had not thought about their social support network or how they had dealt with infertility.

Another question I posed was "Would men have volunteered to be interviewed if their wives wouldn't have said yes too?" I didn't ask my male participants directly but the three who volunteered almost immediately were the same three whose wives also agreed. Two male respondents who volunteered without their partners took longer in responding. Interviewing members of couples, separately, made it easier for either participant to be involved because I was already meeting in their home. Daly's study (1989) found wives to be a welcome ally in encouraging men to participate and I think this was also the case for my participants.

I observed that there was similarity in responses between the spouses. Couples seemed to have accurate knowledge about each other; about how their partners felt about and responded to infertility. Sandelowski, Holditch and Harris (1992) said interviewing couples together gave them a clearer picture of the individual because the

partner was there to 'clarify, confirm, amend or refute' their partners' comments. I found that couples did know each other, but interviewing them separately gave each the 'space' and time to say what they wanted to say without being interrupted, or refuted. Gender differences in experiencing infertility and using support networks emerged in the course of separate male and female interviews.

Strengths and Limitations

As in any research, there were strengths and limitations in this qualitative research study. Most strongly, I found the strength of this study to be in the experiences expressed by the participants. Both men and women spoke candidly of their process with infertility. I chose participants because of their willingness to participate and this is evident. I did not feel like I had to 'pull' things out of them, and most participants indicated that the interview had been a beneficial experience for them. Because of their honesty, I believe this study contains rich anecdotes of the experience of infertility from the perspective of both genders.

The stories told by the participants in this study can also be generalizable to a much wider infertility population. Married, educated persons of Caucasian descent represent the majority of patients presenting to the Infertility Clinic at the Health Science Centre in Winnipeg. Such a study can be valuable to these patients and the health care staff.

The limitations of a study are often the flip side of their strengths. Although representative of a large group of persons with infertility, this group of participants cannot represent all persons dealing with infertility including persons of other races, religions or income levels.

As indicated earlier, I was also not able to capture the 'couple' experience fully in this study. Future research could explore this by interviewing men and women separately and together to record infertility's effect on the couple as a unit and their collective support networks.

Reflecting on the research question

This research study was designed to find out how men and women cope with infertility and what, if any kinds of social supports they needed or used in dealing with infertility. Participants in this study provided data directly relevant to the social process of infertility. The data I accumulated gave me much more than the answers to these questions. For example, participants interviewed talked about their experiences with the medical system which I had not necessarily intended to include however I felt it was important when looking at psychosocial supports in the medical system used by individuals and couples.

My research questions also assumed that social supports were used, such as family, friends, and counsellors. One male participant said he did not use any 'outside' supports to deal with infertility. I, as a woman and peer facing infertility assumed that everyone needed to talk to someone else about it. His responses and others made me aware of the different types of coping mechanisms persons used besides their social networks. All participants spoke of the importance of 'other', more individual coping mechanisms in dealing with infertility which the literature had only briefly addressed.

Summary and Discussion of findings

In general, the group of participants in this study wanted to move through the 'family' life cycle as described by Erikson. There was a desire expressed by both male and female participants to want to be a family, to complete the stage of generativity in the family life cycle. Both men and women in this study described wanting to be parents as their primary goal. They defined family as having children. Both men and women interviewed wanted a family to complete their life goal but were unable. Infertility threatened that goal.

Literature on the 'family life cycle' describes this dilemma as boundary ambiguity, which is the couple's failure to move successfully through a developmental transition (Burns, 1987). Sandelowski et al. (1990), called this the couples' inability to adhere to the 'cultural script' prescribed for married couples. Participants in this study, both men and women, also felt unable to be a 'normal' family if they didn't have children. My questions would be: Do all couples feel 'deviant' if their 'family' does not include children? Does society impose this narrow definition of family as a prescription for all people?

This study made me aware that these participants, both male and female, not unlike any of the rest of society, are social beings who need to be loved and understood. Social support, as defined in the literature, lets people know that they are loved, esteemed and valued members of a social network. Participants in this study said they wanted to be normal, or the same as others their age. Because they could not or did not have children, they said they felt a differentness from the outside fertile world. They often compared themselves with their same age group who 'all' seemed to

be having children. One male participant reported feeling like he was being left in the dust, left behind his friends. Wanting to feel accepted and the same as their friends was not gender specific.

Sandelowski in her study of culture and infertility (1988) found that women felt a differentness or otherness from their fertile peers. I found that both men and women in this study described these feelings of differentness. Men, too compared themselves with their fertile friends and wanted to be like them. Regardless of gender, participants wanted to be the same as their friends and felt different from them.

In addition to feeling different and left out, participants also recalled relationships that were affected by infertility. Participants, both men and women, described distancing their friends when they got pregnant or becoming jealous of a friend's new baby. Without children, respondents' social networks changed as they avoided their pregnant friends and began to socialize with other friends who were childless or who had older children where kids weren't the centre of attention. They said they found it difficult to be in settings with lots of children. The experience of adopting or fostering children confirmed that being a parent was different. Parenting was described by both men and women as opening a whole new social world of birthday parties, meeting neighbours with kids etc. Being a parent, according to one male respondent, gave him a 'ticket' into a different social world.

Respondents also reported avoiding social settings they knew would be painful. One man refused to go to any known baby-centred events like showers. One woman talked about a child dedication service where she broke down. They described

friends as not being able to relate or understand how they felt. They found it hard to celebrate others' babies being born.

Most strongly, participants' stories indicated a naivete or ignorance they saw in the general public about infertility. Living in a predominantly fertile world, participants, both men and women, described various social settings that became awkward because of their infertility. Various comments or advice like 'adopt' or 'just relax' were seen as unhelpful, glib, quick solutions for these participants. Some of these comments put blame on the individuals themselves or minimized their pain. Teasing was mentioned as being common, especially from family members who assumed fertility.

The participants articulated that through their experiences they felt that most of society, even their family and friends, assumed fertility and were often not sympathetic nor knowledgeable about infertility. They said in different ways that infertility is a silent disease, that is private and hidden, not understood by the general public, with no public forum.

As a result of its silence, participants talked about the difficulty of 'coming out' to their friends and family. Two male respondents said that it wasn't until they adopted that they were officially 'out'. Women seemed to be able to 'tell' family sooner than their male counterparts and men said they probably told close friends first. Not surprising is that telling or talking for women was important in their healing process and that they initiated the process of telling.

Participants also spoke of the telling as a 'we' event. Greil et al. (1988) said that the infertility process is collective in that being infertile is negotiated between the

couple. One couple had to decide together when to 'be out'. One man and his partner said they found immediate support from family once they told.

The main gender difference in this study was how men and women participants viewed fertility impairment in general and how it affected their identities. Many of my findings are corroborated by studies on infertility and male/female identities. Women participants said they felt asexual, not whole and depressed about their infertility. They said they felt infertility had taken total control of their lives, consuming their thoughts and actions. They expressed a range of emotions including depression, jealousy and anger as a result of this infertility crisis. Women in other studies reported feeling angry, depressed or 'spoiled' because of their infertility (Downey and McKinney, 1992; Draye, Woods and Mitchell, 1988). Women in my study, said they felt infertility had affected their identities as women and reported feeling asexual and not complete as women.

Male respondents in this study were also similar to other males described in the literature. Male participants in my study said they felt infertility was something out of their control or 'not in the cards'. Men in Greil et al.'s study (1988) described infertility as an unfortunate event that was to be put into perspective. Men participants in my study agreed with their female partners that women were more expressive than themselves, more angry and that they somehow 'felt' infertility in a deeper way. Men said infertility was a bigger life crisis for their female partners than themselves. Men in Draye et al's study (1988) also said infertility was harder on their wives than it was on them. Being a mother was identified in my study by participants of both sexes as being more important to women than men, which is also confirmed in Downey and McKinney's study (1992).

Men who were interviewed in my study said it hadn't affected their maleness. Men in Sandelowski et al's study (1990) said infertility did not spoil their identities as intact males. Men interviewed in this study reflected that infertility was somehow outside of themselves; not their primary attributed problems. This is also similar to Sandelowski et al's (1990) and Greil et al.'s study (1988) where men described infertility as an I-have condition they shared with their wives.

Both men and women participants in my study reported that the medical focus was on the female, as has been the case historically. As a result of the medical attention, women respondents seemed to 'assume' the problem. This was true for women in Draye et al's study (1988) where women accepted the stigma of infertility for their male partners. In cases of explained or unexplained infertility, women respondents in my study said they were grateful that their husbands never 'blamed' them for the infertility.

As a result of viewing infertility in different ways, male and female respondents responded or coped differently to this crisis. Men and women respondents acknowledged that they were often at different places or stages from each other. Because men saw infertility as something that was out of their control (i.e. 'if it happens it happens'), they said they tended to avoid or deny that there was a problem. Men in Barbee's study (1993) tended to minimize their problems therefore preventing them from getting help. Men in my study, said that they let 'things ride' longer, hoping things would take care of themselves. They avoided talking or thinking about infertility as reported by female respondents. Male respondents in my study said they didn't need to talk about infertility like their partners did, that they were 'internal' processors. Men in

Monach's study (1993) were also reported as less likely to share their infertility with others.

Being slow to acknowledge that there was an infertility problem, men respondents in my study tended to drag their heels when it came to getting help. Women, however, said they took more action in terms of pursuing the answers for their infertility and for getting help. Other studies have shown that women had more positive attitudes toward psychological help and towards seeking help (Johnson, 1987; Hobfoll, 1980). Despite denying infertility longer, men participants in my study also seemed to accept their infertility sooner than their partners and were quick to 'get on with their lives' and encouraged their spouses to do the same.

A major difference between how the males and females I interviewed coped with infertility was how much they talked about it. Women said, and their partners agreed, that they were more open regarding their infertility. They said they 'needed' to talk about it to heal. Women therefore were seen as having a wider social network as a result of talking more to others. These findings corroborate with literature on social support that indicates women participate in more social interaction, have larger support networks and more resources at their disposal (Barbee, 1993; Stanton, 1992).

Men in this study referred to the idea that being male made it harder for them to talk about their infertility and to ask for help. Barbee's study (1993) agreed with this conclusion and found that being female makes it easier for women to disclose problems.

Despite viewing infertility in quite different ways, men and women also described similar coping mechanisms they used to deal with it. Participants' descriptions of their individual coping mechanisms reminded me of Patricia Johnson's (1980) comment that infertile couples *need* to isolate themselves to do their own 'work', such as redefining what infertility meant to them.

Both men and women participants found it helpful to view infertility from a different perspective. Woods et.al's (1991) study found women using their personal resources like inner strength etc. to cope with infertility. Male participants in my study identified numerous personal resources however no formal studies have recognized this. This meant, for one woman, seeing pregnancy and labour as an experience she won't have a chance to experience in her lifetime. Another woman respondent reminded herself that life was not just a big void because of infertility. Seeing the poverty of others around her, helped one woman put her infertility and pain into perspective. One man said infertility was something like buying the wrong colour of car, or one of those opportunities missed. Both men and women used reframing as a coping mechanism to look at the positives instead of only the negatives of childfree living.

Only women participants, however coped by redefining themselves and learning to accept themselves and their feelings as okay. They used affirmations like, "I am still a whole woman, even if I can't bear children", to validate their experience. One woman also acknowledged that there may not be a final resolution to her grief. Women also protected themselves from some of their emotions or situations that might have been difficult. Female respondents reported using self-care and taking time off work to look

after themselves. They mentioned reading more, pursuing adoption options or just resting from all the energy dealing with infertility took from them. This type of affirmation of their identities is in keeping with women's sense of being both consumed and depressed by their infertility.

More similarities than differences emerged with how men and women participants coped individually with infertility. In addition to a change of perspective both males and females interviewed reported the practical or concrete ways they coped. One woman engaged in collecting dolls as a hobby, another enrolled in a physical activity program as ways to re-focus their lives and give them meaning. Men talked about 'putting their cares away' while playing hockey, journaling or using music as a way to cope.

Olshansky's study (1987) found infertility affecting women's careers. Both men and women interviewed said they used work as a coping mechanism. Women respondents used work and their career outside the home as a way to redefine themselves and their identities. Men also reported putting more energy and time into work as a way to cope and find new challenges. Both genders found work opening up new possibilities for them.

Both men and women found 'ending' the medical tests and treatments as a means of taking some control back into their lives. Both men and women used humour, or black humour, as a way to laugh off the jokes, insensitivities of doctors or their own situations. Both genders found that adopting a child fulfilled the parenting part of their life goals.

Although often emotionally or socially at different 'places' from each other, both men and women respondents named their spouses as important persons in their support network. Reflecting back that infertility is a 'we' experience, it is not surprising that spouses relied on each other. As one woman reflected, she didn't have much choice when it came to choosing her partner. Whether he understood her emotional needs or not, they were in it together.

Women respondents said that the support from their partners was more practical than emotional. Women appreciated the fact that their partners did not blame them for the infertility and were concerned about their health during the course of the medical treatments and procedures. One male respondent found his wife the only safe person he could really talk with about infertility.

Despite unhelpful comments and naive advice, participants reported experiencing support from various people in their social networks. This aspect of the study was particularly unique because no studies that I have found, examined 'support' for persons with impaired fertility. Respondents talked about certain family and friends being supportive, sensitive or understanding. Support was felt and shown in different ways and no specific gender differences were found in how persons described support.

Being sensitive for one man meant not having family tease them about when they were going to start a family or make glib statements about cures for infertility. Support from friends was felt by one male when his friends consciously didn't make their new baby the centre of attention. Knowing family was 'there' for them was helpful to various participants. One woman appreciated having a brother 'share' his sons with her, happy that she could be an important person in their lives.

Participants in general appreciated being asked about how things were going. Male participants in particular commented that friends and family felt more comfortable asking them about adoption not infertility. Other practical support mentioned by men and women respondents was prayer support, help with expensive medication, information from medical friends regarding infertility diagnosis and help with the yard work.

Both male and female participants clearly described needing to be with people who understood those who had been through infertility as well. Peers were said to give both men and women participants the opportunity to talk, feel normal and understood, and not alone. Peers provided a safe place for men and women to explore options, trade secrets or get information.

Women in particular described peers who were role models to them, who validated their experience and with whom they could compare perspectives and options. To walk this journey with peers gave women strength in their own journeys. Role models or peers brought humour, information and friendship. Although not mentioned as often, when male participants were given the opportunity to talk with other men about infertility, it was welcomed. One man described peers as an invaluable resource like no other. Both male and female participants said no one could really understand them, unless they had gone through infertility as well.

The tentative nature of peer support, described by Sandelowski (1988) as a 'deviant subculture' was described by participants when their peers became pregnant or adopted children. Participants described feeling left out when their peers were no

longer part of the 'infertility group'. A woman with secondary infertility didn't know where she fit in, with the fertile or infertile.

Adoption Options was highlighted by both genders as a supportive organization that was helpful in terms of linking up with other peers. A suggestion was also made for an Infertility Resource Centre. Women respondents said a conference on infertility and adoption was very helpful and a place to link up with others.

Despite women's need to talk and their need for peer support it was surprising that many female participants did not want a formal support group for infertility. I thought a support group for infertility would be the place to meet peers, but both men and women participants seemed to shy away from groups and find their own peer support networks. Women said they were reluctant to go to a support group for infertility because of the private nature of the topic. They said they preferred one-on-one counselling. Because men respondents generally said they did not need to talk about infertility, it was not surprising that they said they did not want to be part of a group for infertility.

It is obvious that the medical profession failed in providing psychosocial support to these participants. One may argue that this is not the job of physicians, but many stories were told where physicians were part of the problem. Physicians were said to have assumptions about fertility and gave advice and unhelpful comments in the midst of treatment. Some respondents related situations in which physicians offered support and helpful information.

Overall the experience with physicians or the medical system was described as not positive for participants interviewed. Mostly women spoke of the unhelpful

comments physicians made, but men, too were annoyed with the disrespect shown by physicians at being rushed, providing incorrect test results, feeling like research was a priority not them, and spending little time investigating them as males. Women participants in particular complained of doctors who didn't take time with them. This lack of time, understanding and emotional support by the medical system, and society in general points to a great need for some type of psychosocial formal support system.

Women respondents in this study were more open to formal supports in general than their male counterparts. More women saw counsellors or psychiatrists and described them as helpful, accepting and supportive. Men respondents, in general, said 'no' to counselling because they didn't want to share such a private topic with a stranger and because they said they didn't need outside help to deal with this.

Most of the female participants said 'yes' to social work and most of the men said 'no'. Needleman (1992) and Miall (1989) see the roles of social work as being those of educator and counsellor. In keeping with participants' thoughts on the importance of really being understood, both men and women said a social worker working in the area of infertility should have personal and/or professional experience in infertility.

One woman participant said seeing a social worker should be a routine part of the medical work-up for infertility, that is, the clinic should not only focus on the medical but assume the social process of the infertility is important too. Greil's study (1988) recommended that social work should be a routine part of all infertility treatment. One particularly useful example of a ritual to recognize the unborn child was a memorial service that was helpful in one woman's grieving process.

Recommendations

Overall, it is apparent from this study that society or the general public, made up of friends and family of persons with fertility impairments need to become aware of infertility and its' effect on the individual and the couple. Information needs to be available that educates and informs potential support persons. This study is an attempt to conscientize family, friends and formal helpers like social workers, pastors and counsellors of the needs of individuals facing infertility.

Professionals like social workers, pastors, counsellors and health care staff could work to educate the public by including the topic of infertility as a health issue. Issues in reproductive health should include infertility in its agenda. Information on infertility should be available at every OB-GYN office since many obstetrical physician treat infertility 'on the side'.

Social work seminars and discussion groups could include infertility as a topic of discussion to educate potential helpers in the health field. Following is a written resource for friends and family of a fertility impaired couple is a list of dos and don'ts compiled by Patricia Johnson (1980):

"You Can Help!

Whatever the outcome of their experience with infertility for the couple you care about--whether they do become pregnant, or whether they choose the option to adopt, the option to use donor insemination, embryo transfer or hiring a surrogate, or whether they choose to become childfree--the chances are likely that you will see in them as they follow the resolution road great changes. They will have, after all, come through a major passage in their lives.

Infertility is just plain hard work - emotionally, physically, financially. Some guidelines for ways in which you can support this work include:

1. Do be ready to listen when one or the other partner or both need to talk. Don't, however, offer unsolicited advice unless you are absolutely sure both that your advice is factual and needed and you are prepared for the possibility of being seen as a meddler.
2. Do be sensitive. Infertility is a very personal issue and is very important to most couples whom it affects. Don't joke about it in any way, particularly in ways which would negate its importance.
3. Do let the couple know that you realize that infertility can be a difficult problem and that you care about them.
4. Do be patient. The infertile couple's two week cycles of hope followed by disappointment may bring mood swings.
5. Do be flexible. At some points couples will find child-centered activities welcome and will want to be involved. At other times they may need to be allowed to isolate themselves. Don't impose your own behavioral expectations on them.
6. Do be realistic. Don't continue to deny the problem or its diagnosis in an attempt to be kind and optimistic. Support the decision to take time out from treatment or to stop it entirely.
7. Do be supportive. Having satisfied yourself that the couple has access to expert medical care as it is defined by RESOLVE or another infertility organization, don't impugn their decision making abilities by implying that you know a better doctor. Don't put down the couple's chosen treatment or alternative.

8. Do be truthful. Don't try to hide your own pregnancy or that of another friend or family member out of "kindness". Instead respect the infertile couple's need to be told as others are learning of it and try privately to acknowledge that you know that the pregnancy may be difficult at times and you are willing to be understanding of this.

9. Do be an advocate. As you hear other family members and friends react to the infertile couple insensitively, do educate these other "carers" to the pain of infertility.

10. Do let the couple know if you are finding it difficult to know what to say rather than saying nothing at all when you cannot find the right words.

11. Do remember that infertility is a highly individual condition. When, how, and if the infertile couple react to the stages that have been described here will depend largely upon their own circumstances. It is not at all abnormal for some reactions to be quite severe. These people are grieving.

12. Do recommend RESOLVE and other groups like it to the couple who may not be aware of them. Consider as well that such volunteer-run and donation-supported groups need YOUR financial support as well as the memberships of infertile couples and the professionals who work with them if they are to continue to be able to provide a full range of services.

Somewhere today is an infertile couple luckier than are many others. Someone who loves them - YOU - has chosen to learn more about their condition and what might be done to lighten their load. The fact that you have cared enough to read this booklet speaks well of your potential to be of help to that couple. Remember that neither you nor they are alone." (Johnson, 1980, p. 22-24).

Based on my research findings I would add one don't to Johnson's list.

13. Don't assume all persons dealing with infertility use social support in the same ways. There are many individual coping strategies which are important in helping individuals cope with infertility.

Based on the differences in how men and women in this study respond to infertility, indicates that there needs to be a range of services available to persons with infertility. Considering the needs of the participants in this study, one-on-one counselling would be utilized more readily by females. A number of male participants, however, indicated that they would seek counselling if their partner wanted it. Having a counsellor specialized in the area of infertility would be highly preferred by either sex. A social worker utilized by either gender would need to be knowledgeable about infertility, preferably someone who had also experienced infertility.

Social workers made available at the infertility clinic could give information regarding medical treatment options and counselling for the psychosocial issues particularly around dealing with issues of loss. A few participants mentioned needing to work through their 'infertility issues' before adopting a child. Because cost was also mentioned as an issue in access to counselling services, this would also need to be considered in implementing formal psychosocial support for persons dealing with infertility.

Other professionals like pastors could also be potential supports for persons with fertility impairments. A pastor who was knowledgeable about the issues surrounding infertility would be invaluable to a congregation. Prayer support was also highlighted by the participants as beneficial. Because rituals like child dedication, mother's day and father's day traditionally are celebrated within a church setting,

church leaders should consider remembering the unique situation persons with infertility face attending these services. Churches and society in general need to broaden their definition of family to include persons with and without children.

Health care workers including social workers can help persons who have lost children through miscarriage, stillbirth or infant death grieve by organizing memorial services or a similar event for these families.

From the data given in this study, it appears that a formal support group would not necessarily be that widely used with this group of participants. Presently there is a support group in Winnipeg for persons dealing with infertility for those who prefer a group setting. The Infertility Awareness Association of Canada provides facilitation of the support group and various literature on infertility which is presently located in someone's home. An Infertility Resource Centre including up-to-date information on infertility and adoption in one location would be an excellent resource for many persons with infertility.

Participants spoke strongly of needing to be with persons who had also experienced infertility. Conferences on infertility or adoption were mentioned and social work could play an important role by linking persons together, be it through a conference on infertility, or linking patients at the infertility clinic together. Adoption Options is one organization that is already linking peers of infertility together through their workshops on adoption.

Miall (1989) sees a greater role for social work which is to confront the larger issues of infertility, including society's view of adoption as second best. I would argue, that in addition social work needs to confront attitudes regarding fertility. Based on the

voices of these participants, infertility carries with it a stigma and isolation for both men and women. Women's identities in particular are negatively affected by infertility.

Naive advice, comments and assumptions are not helpful, but further isolate couples from necessary supports. Social support has been said to have psychological benefits and participants reported that family and friends who were sensitive, educated and understanding were appreciated and important in their healing.

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Appendix 1 Interview Consent Form

Interview Consent Form

This certifies that I, _____
agree to participate in the research study conducted by Yvonne Stoesz, a Masters student at the University of Manitoba. This study is being supervised by Tuula Heinonen, who is a professor of Social Work at the University of Manitoba.

I understand the objectives of this project are to explore the social support systems involved in men and women's experience of infertility.

I understand that I am eligible to participate in this project because I have experienced infertility for at least 1 year, and am able and willing to speak of my experiences.

I understand that participation in this project will include at least one interview and one follow-up meeting or contact. The follow-up session, which allows for my response to the initial interview, will occur a week to 10 days after the initial interview and may happen, dependent upon my preference, over the phone or in person.

I am aware that there may be some emotional risks or benefits from being a participant. This interview could raise painful issues and feelings. I understand the researcher is aware of resources in Winnipeg if I should need any follow-up support or counselling.

I will participate in the interview and follow-up session under the preceding conditions:

1. I will allow the interview to be tape recorded. I understand that the interview is being taped so that nothing is missed and so my words are not changed or misunderstood. I can turn off the recorder anytime during the interview.

2. I will be able to choose the place of the interview to assure confidentiality.
3. I have the right to withdraw from the project without prejudice.
4. I agree to allow Yvonne Stoesz to use the information from the interview in the research project, report and publication.
5. I understand that my anonymity, privacy and confidentiality will be protected by applying code numbers to names and disguising any other identifying information. Code numbers and names shall be kept in separate locked drawers. All this master information will be destroyed upon the completion of this project.
6. I am aware that raw data shall be reviewed by two assistants and the thesis committee, who will not be informed of my identity.
7. I understand that I will receive a written transcript of the interview to review and may then suggest modifications for accuracy, clarity, or new information.
8. I understand that I will receive a copy of this consent form.
9. I understand that I will receive a written report of the findings of this project upon its completion if I so wish.

If I should have any questions, I am aware that I may call Yvonne Stoesz, at 783-9317.

My signature below indicates that I have read and understand the preceding information and am willing to participate in this study.

Signature _____ Date _____

Appendix 2 Interview Questions

Interview Questions

I have approximately one hour to interview you. I know that won't cover all of your experience with infertility. I am particularly interested in the social support aspect of your experience with infertility.

1. Tell me about yourself (e.g. age, career, family composition, ethnicity).
2. Describe briefly your process with infertility (the medical system, options etc.).
3. How did infertility affect you socially? How soon did you share with people you were having fertility problems? Who did you tell and when? Do you remember any social settings in which you were aware of or affected by your infertility? Did infertility affect your career? Did it affect your friendships? Who? How? When? Did it affect your relationships with family? Who? How? When?
4. What ways have you coped with infertility?
5. Did you use informal social supports? Who? How? When?
6. Did you use formal support services? (i.e. counsellors, infertility support group etc.) Who? How? When? Would you have seen a social worker had you been offered their services?
7. Do you think you handled your infertility differently from your spouse? How? Did you have different needs? Did you seek help/support differently?
8. How has infertility affected you as a male/female?
9. Draw your social network map as it pertains to your experience with infertility.

Appendix 3 Resources in Winnipeg

Resources in Winnipeg

In the study of infertility and social support, I found it useful to identify what formal psychosocial supports were available to persons dealing with impaired infertility in Winnipeg.

The only formal organization addressing issues of infertility and social support is the Infertility Awareness Association of Canada (I.A.A.C.) which has a Winnipeg Chapter. I interviewed Gail Leknes, the executive director of the Winnipeg chapter, who gave me written information about IAAC (see attached).

I also spoke with Liz Wall, a nurse from the clinical practice unit (i.e. the Infertility Clinic) at the Health Science Centre in Winnipeg. Liz said she is one of two full time nurses who is available to patients for test results, information about treatment options and psychosocial support.