

**One in Eight: A Grounded Theory Analysis of Communication Surrounding
Female Infertility**

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ABSTRACT

This study presents a grounded theory analysis of semi-structured, in-depth interviews with 10 women who have experienced female factor infertility. The study sought to inquire about participants' experiences related to emotional support during infertility. Five overarching themes were identified: concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational change, and desiring validation but receiving invalidation. Although past studies have indicated infertility is a dichotomous experience, connections were drawn in the current findings that indicate infertility is a cyclical process. Participants cycled through each of the five themes at some point in their infertility journeys, often experiencing each theme more than once at different times in their battle.

Keywords: infertility, grounded theory, emotional support

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CHAPTER I

INTRODUCTION

Infertility affects a growing number of men and women in the United States population. It remains one of society's taboo topics even though it impacts one in eight couples – or 12% of women – trying to become pregnant, according to Resolve, the National Infertility Association (“Fast facts,” n.d.). Some studies report that up to 15-17% of male-female couples trying to conceive have faced infertility (“Female infertility,” 2018; “Fertility FAQs,” n.d.; Mayo Clinic Staff, n.d.).

Going through times of infertility can be devastating for women, and the effects are lasting. Women are often isolated, lack self-esteem, and feel inferior to other women (High & Steuber, 2014). When fertility treatments are unsuccessful, women might experience feelings of sadness, anxiety, depression, loss, and bereavement. The psychological distress brought forth is even said to be similar to that of cancer patients and individuals undergoing cardiac rehabilitation, and women use phrases such as “freak” and “odd one out” to describe themselves and how they feel in their situation in relation to others around them (Hinton, Kurinczuk, & Ziebland, 2010, p. 438). As a result of the psychological distress brought forth by infertility, women can be left desiring emotional support that falls short of their expectations when others do not fully comprehend the extent of their pain. This study seeks to bridge the gap between the emotional support

desired by infertile women and the support that women receive from close friends and family members.

Rationale

Although infertility is fundamentally a relationship stressor, women turn to other family members, friends, healthcare providers, and online venues when seeking support to help cope with the distress brought forth by infertility (High & Steuber, 2014).

Because of the uncertainty that infertility introduces to social networks (High & Steuber, 2014), there is often a gap in the support women desire versus the support they receive.

Providing and receiving support is a communicative act which intends to provide assistance to someone with a perceived need (Burleson & MacGeorge, 2002). However, even with helpful intentions, Xu and Burleson (2001) found that those who attempt to provide support do not always meet the needs or desires of those needing and seeking support. Past studies have shown that upwards of 80% of messages intended to be supportive in nature do not match the desires of those receiving support (Davidowitz & Myrick, 1984; Lehman, Ellard, & Wortman, 1986). This notion is applicable to cases of infertility. Specifically, pineapl, a company that is gearing up to launch an infertility support mobile app, found that 54% of its followers avoid discussing their infertility with friends and 63% avoid discussions with their family members because of challenges they have experienced in those discussions (pineapl, 2019). Pineapl's finding is similar to that of Sormunen, Aanesen, Fossum, Karlgren, and Westerbotn (2018), who surveyed nearly 200 infertile women and found that roughly 75% of participants had tendencies to keep their feelings to themselves. Women typically have tendencies to withhold their experiences from others because disclosure can be accompanied by pressure rather than

genuine support, which can lead to feelings of self-doubt (Bouchez, 2005; Gameiro, 2016; Peterson, 2018).

This study further explored the communication surrounding the phenomenon of female infertility, primarily through a social support lens, in an effort to explain how women are impacted by the support provided and messages used by their support systems regarding their infertility. Researching infertility from this perspective offers women a platform to share their stories, illustrate the impact that infertility has, and process the nature of support they received compared to the support and validation they desired. It provides a space for more dialogue about the impact that infertility has on couples trying to conceive and can inform friends and family on ways to better support their infertile loved ones.

Infertility

Infertility is defined as the inability to become pregnant after a year or more of trying to conceive, or six months or longer for women over the age of 35 (“Infertility,” 2019; Mayo Clinic Staff, n.d.). Though most individuals may subconsciously associate infertility with female factors, females are only solely responsible for approximately one-third of infertility cases (“Fast facts,” n.d.; “Female infertility,” 2018). Male factors comprise another third of all cases, and the remaining third of cases are caused by either a combination of male and female factors or have unexplained causes.

Further, there are two types of infertility: primary and secondary. According to MedlinePlus, a website produced by the National Library of Medicine, primary infertility refers to those who are unable to become pregnant after a year or more of trying to conceive (six months or more for women over 35), and secondary infertility refers to

couple who have successfully conceived at least once but are now unable to (“Infertility,” n.d.).

Even though infertility is a relationship stressor, partnered women tend to feel the psychological effects more so than partnered men. Infertility can be distressing and emotionally taxing on women. It can lead to feelings of isolation and cause women to feel powerless and defective, even though it affects 1.5 million partnered women in the U.S. (Nicolero-SantaBarbara, Busso, Moyer, & Lobel, 2018). Infertile women are often uncertain and scared, and those who seek treatment ultimately face moral and emotional dilemmas (Nicolero-SantaBarbara et al., 2018) and potentially discontinue treatments due to emotional anguish and adverse impacts on their relationships with their partners (Domar, 2004).

Grief and Loss

Bereavement is an emotionally painful experience that brings physical, psychological, and social complications. Although a sense of bereavement is particularly prevalent in women who have experienced a miscarriage, any women who have undergone unsuccessful fertility treatments may also experience a sense of bereavement. With bereavement comes grief, which includes an array of psychological and physiological symptoms that can change over time (Shear, 2015). At the loss of a loved one, a miscarriage, or with an unsuccessful round of fertility treatment, women can begin to experience the effects of acute grief. They have a “strong yearning, longing, and sadness,” and there is sometimes confusion in regard to identity and their social role (Shear, 2015, p. 153).

Those experiencing grief often become disengaged from their typical social activities and are in a state of disbelief and shock. Symptoms of grief may also include dysphoria, anxiety, depression, and anger. Grieving individuals might be unable to accept the reality of the situation, whether it be the death of a loved one, a miscarriage, or unsuccessful fertility treatment. Self-blame is also prevalent surrounding the loss of a child. Grieving individuals may spend a significant amount of time ruminating on the emotions, anger, and the associated guilt and self-blame they experience (Shear, 2015). The difference in grief associated with infertility is that it is recurring – month after month, negative test after negative test, unsuccessful treatment after unsuccessful treatment, women are reminded of their infertility.

Adapting to loss or childlessness can be exhausting as emotions rise and fall, most often unpredictably, and some grieving individuals often feel ashamed of the intensity and persistence of their grief (Shear, 2015). However, Laakso and Paunonen-Ilmonen (2002) suggested that grief should be considered normal as loss is a part of life. Although the intensity of such emotions, symptoms, and feelings may begin to diminish over time, they may reappear during specific points in time such as family holidays and group celebrations (Shear, 2015). Regarding grief surrounding infertility specifically, these emotions may reappear during particular family gatherings, at baby showers and gender reveal parties, and even at children's birthday parties.

Patient-Provider Relationships

Those facing infertility view relationships with healthcare providers as critical. Yet, patient-provider communication is often seen as insufficient (Klitzman, 2018). Such relationships tend to be more doctor-centered rather than patient-centered. Perhaps this is

because doctors tend to focus more on evidence-based solutions and medicine, whereas patients are more concerned with their own personal needs and experiences (Berwick, 2009). Patients want to be treated in such a way that makes them feel as though they are respected and that their needs are valued. However, that isn't always the case.

Klitzman's (2018) study explored the nature of patient-provider relationships and found that experiences vary among patients and providers. Although some clinics are welcoming and make patients feel valued, some patients experienced a lack of empathy from the entire staff at a clinic. Even within the walls of the same clinic, women can have two different experiences, with different providers, that are polar opposite in nature. Klitzman (2018) recounted the following experience from a participant at a fertility clinic:

I had an old-fashioned nurse. . . . "Here are some needles. Go do this" . . . With the [intrauterine insemination], I felt she tried to give me false hope. With the miscarriage, I started bleeding. She said, "It happens. Just don't worry about it. Come in for an appointment." Another nurse, the first time I met with her, spoke about all the nuts and bolts, but said, "I just want you to know that I'm really sorry that this has happened to you." . . . I thought, "Thank God, somebody understands." (p. 5)

These particular conversations highlight how vastly different one experience can be from another; while one provider seemingly dismissed the heartbreak of miscarriage, another provider at the same location showed compassion and understanding. This is also reflective of women's experiences outside of clinics, in regard to the varying nature of conversations with friends and family. Klitzman (2018) ultimately suggested that all

fertility clinics should be patient-centered, which Berwick (2009) defined as providing patients an experience of transparency, individualization, and respect. Sherrod and Houser (2013) suggested that healthcare providers should prepare women for the array of conversations and dialogue that will spark in their social environments. Perhaps such preparation would also help women process and navigate varying experiences with nurses and doctors at clinics and hospitals.

Support Systems – Friends and Family

Being able to cope with the stresses that come with infertility is dependent in part upon women's social environments – coworkers, friends, acquaintances, and families – and the daily interactions that accompany that environment. The aforementioned study conducted by Sormunen et al. (2018) indicated that a large number of women experiencing primary or secondary infertility “were able to discuss infertility-related subjects only with close friends and family” (p. 341). Hinton et al. (2010) reported that friends are a key source of support for women, but that support is often complicated, particularly if a close friend is, or becomes, pregnant. Women feel that those in their social circles often do not quite know how to provide support because they cannot empathize or understand. However, other than their partners, women most often turn to their family members for support even though that support is often short of expectations and needs.

Similar to friends and those within social circles, family members can sometimes be insensitive and lack understanding, which makes it difficult for women to talk to their families about their experiences; some women even indicated that their family and friends can be tactless, and some feel that “unless your friends and family have been

through it they just won't get . . . the raw pain of [it]" (Hinton et al., 2010, p. 439). When friends and family members are unable to connect, it can further isolate women from their loved ones, and it can make it even more difficult for women to open up and disclose details of their situation, emotional or otherwise.

Although support from friends and family is essential in coping with and processing the emotions that accompany infertility, little research has been done to describe the nature of such communication and support between infertile women and those within their social environments, particularly their families. Past research has found that during the vulnerable time of infertility, women often receive pressure – rather than support – from their families. They are told to relax or not to stress so much (Bouchez, 2005; Peterson, 2018), a statement commonly accompanied by anecdotes of other infertile women who conceive after discontinuing fertility treatments or beginning the adoption process (Wischmann, 2003). Gameiro (2016) highlighted the self-blame that often stems from such stories, suggesting that the stories falsely promote the idea of women's stress and anguish being responsible for failed treatments or inability to conceive and only amplifies those feelings.

The present study sought to further explore the essence of communication and support surrounding female infertility. In such an effort, the following question was explored:

RQ: How are women affected by the way their friends and family communicate with them about infertility?

A proposal for the study was submitted to the Institutional Review Board on April 15, 2019 and full approval was received on May 17, 2019.

Chapter Outline

Chapter II: Literature Review

The literature review that follows provides a more in-depth look at the research regarding social support, family communication, and the distress that comes with infertility. Specifically, it provides a solid foundation of the topic at hand and sets the stage for the study and the analysis and discussion that are to come.

Chapter III: Method

The method section includes a detailed description of the grounded theory approach. This study specifically adopted the methods of Charmaz (2006), which includes coding and analysis of semi-structured, in-depth interviews with participants who have experienced a common phenomenon.

Chapter IV: Results

The results section displays findings from participants' interviews. Codes, categories, and themes identified during analysis and verification are presented and detailed.

Chapter V: Discussion and Conclusion

In this section, the findings are discussed in further detail in order to provide an in-depth understanding of the theory that emerged. Additionally, this section includes acknowledgement of the study's limitations and suggestions for future research.

CHAPTER II

LITERATURE REVIEW

Infertility is one of many conditions that comes with societal stigmatization, even though studies show it impacts up to 15-17% of couples trying to conceive (“Female infertility,” 2018; “Fertility FAQs,” n.d.; Mayo Clinic Staff, n.d.). Because of the stigma surrounding this phenomenon, it can be difficult to talk about, even with close friends and family members. Infertility is a “rollercoaster ride of emotions” that brings forth chronic stress, unpredictability, hope, anxiety, jealousy, and blame (Hämmerli, Znoj, & Berger, 2010, p. 776). It is sometimes even viewed as a dichotomous experience – harmful in that it is threatening to life goals, yet beneficial in that the tough times can strengthen a relationship; uncontrollable in that couples cannot always easily conceive, yet controllable in that couples have the power to decide when to begin/withdraw from fertility treatments and/or assistive reproductive technology (Hämmerli et al., 2010). Communicating with others through infertility has proven to be difficult. Hämmerli et al.’s (2010) findings indicate that infertile women have a “great need to communicate” about their experience and the emotions brought forth by their situation (p. 777). Yet, one of the greatest challenges infertile women face is *how* to navigate the communication surrounding their infertility with family and friends because those conversations can be accompanied by uncomfortable, often uninformed, questions and feelings of guilt (Sormunen et al., 2018). When others do not fully comprehend the experience, women

can expend a great amount of energy trying to explain the ups and downs, and it is often easier to remain silent. Sormunen et al. (2018) indicated that some women may look to social media (e.g., blogs) for infertility-related support and discussion with others in similar situations. Further, Bute (2009) indicated that childbearing and infertility are topics that are “treated as public information” (p. 753). As such, women are faced with direct, unsolicited questions about their plans to have children, whether they received help becoming pregnant, and who is at fault for fertility troubles (Bute, 2009). When faced with such pointed questions, women often have an internal struggle as they determine whether to respond, how detailed they want to be, and with whom they want to share such details. As women manage this internal battle, they are often stuck dealing with the immense pain of infertility on their own, particularly when are unable to rely on others to support them through it.

Grief and Loss

The grief that accompanies infertility and miscarriage brings forth an array of evolving emotions and feelings. Those who are grieving can experience a sense of failure and might withdraw from social activity. It is also common for those in grief to enter a state of disbelief and experience symptoms of anxiety and depression, both emotionally and physiologically, and grieving individuals are sometimes “ashamed of their persistently intense grief” (Shear, 2015, p.156). Infertility is an ongoing cycle, an emotional rollercoaster. The feelings of grief and loss are persistent over months and years, which can lead women and their partners to feel overwhelmed and worn out. Those feelings are then projected onto their friends and family members with whom they choose to disclose. Infertile women are aware of the emotional toll it takes, not just on them as

they navigate the experience, but on their loved ones as they support the women through it.

Grieving individuals have tendencies to ruminate in their grief, replaying scenarios over in their minds. Shear (2015) suggested that the symptoms brought forth by grief have a roller coaster pattern and even evolve over time, and infertility-related grief can shatter potential parents' dreams of growing their family, threatening their identities and sense of purpose (Rubin & Malkinson, 2001; Shear, 2015).

Worth noting is the difference in how infertile women and their male partners cope with infertility and process their emotions. Grief can be difficult to work through and overcome. It is a stressful, complex diagnosis for couples, and men and women experience it differently (Nagórska, Bartosiewicz, Obrzut, & Darmochwal-Kolarz, 2019). Nagórska et al.'s (2019) study showed that women are more likely to seek social support and more often talk openly with friends and family members, whereas only about 2% of men reported disclosing details of their experience to those outside of the home. Additionally, women tend to be more stressed throughout the infertility experience than men. However, men tend to feel more helpless, and they often feel excluded throughout the treatment process (Arya & Dibb, 2016; Nagórska et al., 2019). Some men admit to feeling embarrassed because of social norms and societal stigmatization (Arya & Dibb, 2016), which might explain why men are not as likely to divulge details outside of their partnered relationships.

Infertility-related grief places women in a unique situation. Because infertility is something that is present every month, the grief associated is recurring. It is difficult “to wait two weeks and see a negative pregnancy test, month after month. . . . every month is

more devastating than the last when results continue to be negative” (“This is what infertility,” 2016, para. 8). Infertile women are consistently reminded of their body’s inability to conceive, which causes a new wave of emotions each time they face a negative pregnancy test or complete an unsuccessful round of fertility treatments. Women have even reported that they can still feel the emotional effects of infertility 20 years later (Sormunen et al., 2018; Wirtberg et al., 2007), which illustrates the magnitude of the impact of infertility-related grief.

Infertile women have reported feeling uneasy about medical intervention, and the demand for infertility-related medical treatment and procedures has been on the rise (Covington & Burns, 2006; Hämmerli et al., 2010). The medical marathon that more and more couples are subjected to brings forth even more symptoms of mental distress (Hämmerli et al., 2010), which can influence both the outcome of medical interventions and fertility treatments, as well as the decision to continue or withdraw from treatment.

The concept of expressing one’s emotions and feelings can be dichotomous. Talking about traumatic events can increase stress levels and cause a trigger, yet at the same time, that dialogue can be beneficial, offering a path to experience post-traumatic growth (Tian & Solomon, 2018). Having such conversations allows individuals to articulate their stories and provides a space to cognitively process what they have been through. For women facing loss or infertility, communicating with their partner about their situation is both a need (Hämmerli et al., 2010) and a leading means for coping and making sense of the loss or situation (Horstman & Holman, 2018).

Patient-Provider Relationships

The relationships women have with their healthcare providers are viewed as critical by those battling infertility. Yet, these relationships are often complex. Experiences at various clinics, and even within clinics, are largely inconsistent, and patient-provider interactions are often insufficient or impersonal (Klitzman, 2018). Patients sometimes feel like their doctors dropped the ball on how they handled a particular visit or treatment, even if the patients have historically had a positive relationship and experience with their provider.

A lot [of doctors] don't have great bedside manner. The sixth week in the pregnancy, I had a sonogram, and then, two hours later had cramps. They seemed pretty bad, and the doctor made it seem like I was being histrionic. In fact, I ended up with an ovarian torsion and needed emergency surgery. I personally liked my doctor, but he handled that really poorly. (Klitzman, 2018, p. 5)

Stories such as this highlight the disappointment women can feel based on how their providers handle particular aspects of care and illustrate the intricacies of patient-provider relationships.

Researchers have made recommendations to improve patient-provider relationships. Tian and Solomon (2018) suggested that healthcare providers should be more in tune with women's grief and emotions in order to provide encouragement and recommend interventions, should any be necessary, due to suppressed or overwhelming grief. Klitzman (2018) indicated that, although many are sincere, doctors might not be adequately trained on how "emotionally fragile a woman is [when] going through this" (p. 6). Additionally, Klitzman's (2018) study detailed the thoughts going through

women's minds when something goes medically wrong but they were not prepared for it, emotionally or otherwise, leaving women wondering how their doctors are trained in medical school in regard to emotionally preparing women for complications or miscarriage:

Each time, it felt like the writing was on the wall, but nobody told me that the yolk sacs on the ultrasound weren't the right size, or that the heart rate at seven weeks wasn't what it should have been. . . . we weren't told, "Brace yourselves. This is probably not going to go well." Aren't they supposed to tell you that they think you're going to miscarry? Is that medically irresponsible to send a patient out waiting for miscarriage? (p. 7)

Some women feel that doctors are not as forthcoming as they should be. Even though complications or miscarriage are not emotionally easy to digest, women feel that they should be realistically prepared for what will happen.

Support Systems – Friends and Family

One of the challenges infertile women face is whether and how to disclose details of their situation to others. Despite the need to "communicate their emotions surrounding the unfulfilled wish for a child," some women choose not to because the way others react to the news can bring even more stress and uncertainty about disclosing details (Hämmerli et al., 2010, p. 777). Disclosure is often accompanied by uncomfortable questions, and most infertile women are likely to share details of their struggles only with their close family and friends (Sormunen et al., 2018). About 13% of infertile women reported never discussing their inability to conceive with anyone, including close friends and family, and roughly 17% reported that they never discuss their emotional feelings;

women with secondary infertility are even less likely to discuss these topics with anyone (Sormunen et al., 2018). Secondary infertility can be difficult to explain to loved ones, leaving them confused, especially if those women did not experience difficulty conceiving in the past. Additionally, Sormunen et al. (2018) suggested that infertile women must often act as a medical expert when opening up about their experience because their loved ones are not familiar with the medical terminology or procedures involved. This adds another layer of stress because of the emotional strength and energy it takes to provide such information, so they opt to remain silent.

Being able to cope with the stress of infertility often depends partly upon women's social environments and the interactions that occur within. This idea is echoed by the research of Tian and Solomon (2018), who found that supportive communication – active listening, caring, empathizing – can help women process their feelings and emotions, particularly when those feelings are suppressed or overwhelming. Loved ones can sharpen their supportive communication skills during conversations by asking probing questions, employing nonverbal cues, and asking clarifying questions to help women explore their thoughts and emotions. It is important that partners accept, respect, and validate those feelings (Tian & Solomon, 2018). When infertile women feel that acceptance and validation, they do not feel so alone in their feelings of sadness and despair.

Despite the importance of providing consistent supportive communication to infertile women, loved ones can become frustrated or critical and stop checking in. The perceived happiness of the individual in grief is sometimes seen as being inextricably tied to that which they are grieving (Shear, 2015); in this case, the possibility of having a

child. When friends and family members get frustrated because they feel that they cannot help, they inadvertently isolate their infertile loved ones even further.

Support Groups

Infertile women are a tight-knit population who support each other through online venues since they feel that those in their normal social environments cannot completely understand their experience unless they have been there. Hinton et al.'s (2010) study found that online platforms and online communities help normalize the feelings associated with infertility:

And you suddenly feel normal. You feel accepted. You can go on a forum and say, you know, "I've just walked past a pregnant woman and I found myself standing in the fruit and veg aisle bawling my eyes out." And everyone else [outside of the platform] would think, "Oh that's a bit of an overreaction." The girls in the forum were just like, "No I'm with you, I've done that, I've been there." . . . Her real world isolation was increased by a sense that, unless someone has been through infertility, they could not really understand what it is like. (p. 438)

Friends and family members do not fully comprehend the "raw pain" of infertility unless they have experienced it themselves (Hinton et al., 2010). Those who turn to online platforms might do so not only to get insight on treatments and medical interventions from others, but also to gain a unique perspective on how to handle interactions with others within normal social circles (Hinton et al., 2010).

Pineapl is a new online infertility community that is currently developing a mobile app to host the virtual community. It was created by infertile women for infertile

women. Their market research found that 94% of women they surveyed preferred to talk about their experience explicitly with others who have been through it (Pineapl, n.d.); however, 45% of those women indicated that it was difficult to *find* others to connect with while still maintaining a sense of privacy in the digital world. Pineapl's aim is to foster a community that allows women to build a support network with others in similar situations and encourages dialogue about shared experiences (Pineapl, n.d.), similar to the online platforms described in Hinton et al.'s (2010) study.

Women are drawn to these types of platforms because they are able to openly disclose details without fear of judgment, unsolicited advice, and uninformed questions. Online communities and support groups are safe spaces where women draw support and lean on their virtual friends who truly understand because they share a common experience. In addition to learning about the experiences of others in similar situations, these platforms provide a venue for infertile women and their partners to combat feelings of isolation and validate their feelings and emotions.

However, increased utilization of online infertility communities might encourage women to continue withdrawing from offline, real-world interactions because they can receive permission from those in the online community to do so (Hinton et al., 2010). Even though most women have reported their preference to discuss details of their story only with their partners, close friends, and family, the increasing popularity of online platforms indicates that there is a gap somewhere between emotional support desired and support received. This study sought to lessen those gaps by further illuminating how infertile women are impacted by the way their family and friends communicate with them about their infertility.

As indicated by Hämmerli et al.'s (2010) findings, women have a need to communicate with others through infertility in order to process and navigate the grief that accompanies the diagnosis; however, support is often lacking and does not meet women's expectations. When that happens, women can begin to seek emotional support and connection to others in support groups, specifically through online platforms. Although connecting with others in this setting can be beneficial (practical advice, encouragement, connection with others who have been through infertility), it can be problematic in that it does not sufficiently provide the true contact women desire when they seek emotional support from those around them. In an effort to understand the nature of support provided to infertile women by their friends and family, the following question was explored:

RQ: How are women affected by the way their friends and family communicate with them about infertility?

Semi-structured, in-depth interviews were conducted with women who have experienced, or are currently experiencing, female-factor infertility.

Chapter Summary

The current chapter presented a discussion on literature surrounding infertility and the emotional distress it can cause. The following chapter discusses the method used to investigate the research question.

CHAPTER III

METHODS

The present study presents a grounded theory analysis (Charmaz, 2006) of in-depth, semi-structured interviews with women who have faced infertility in order to explain the nature of communication and support surrounding female factor infertility. Data collection and analysis were employed simultaneously and iteratively. This process allowed for a back and forth motion of revisiting interview transcripts and filling in gaps in the emerging theory. Qualitative methods were utilized because qualitative research can help uncover experiences, provide detailed descriptions of those experiences, describe different perspectives, and illuminate meaning within experiences.

Grounded Theory

Grounded theory analyses begin with semi-structured, in-depth interviews with participants recruited through theoretical sampling. Theoretical sampling involves recruiting participants who possess specific characteristics or meet certain criteria. Interviews with participants are driven by open-ended questions which invite participants to engage in detailed discussions with the researcher. The researcher has the opportunity to ask clarifying questions and shift the conversation to get more dialogue from participants. The structure of the interviews also allows the researcher to narrow the range of topics in order to gather specific data and draw from the unique experiences and insight from participants in regard to the phenomenon being studied (Charmaz, 2006).

Once interviews are transcribed, grounded theorists engage in the coding process, beginning with open coding – either word by word, line by line, or segment by segment (Charmaz, 2006). Coding is an interactive process, throughout which researchers actively name and define what is happening in the data. Focused coding allows the researcher to synthesize and explain larger segments of the data, identify the most significant and recurring codes, and determine the emerging process within the data. Comparisons in the data are made at each level of analysis. As transcripts are coded, comparisons are made between codes within each interview, as well as between interviews (Charmaz, 2006).

The driving force behind grounded theory analyses is a memo writing process, which Charmaz (2006) indicated is a pivotal step. Memo writing prompts the researcher to analyze data and the codes within the data early in the process. Memoing keeps the researcher involved and engaged in the analysis, and it makes way for the researcher to develop thoughts about the data, comparisons within and between transcripts, connections between codes, and new ideas and insights about the data and the emerging theory. In short, memoing provides a space and place for exploration and discovery within the data (Charmaz, 2006).

Constructivist grounded theory methods (Charmaz, 2006) allows for exploration and interpretation of implicit statements from interviewees. Participants' statements can allude to an array of meanings and experiences that the researcher can further investigate and analyze during the coding and memoing processes. A common goal of grounded theory studies is theoretical saturation, which happens when the researcher no longer receives new information from participant interviews. Coding, constant comparative

analysis, and memoing are all processes which help to inform the analysis and determine when saturation has been achieved.

Participants

Participants in the present study are women who have experienced and are still facing female factor infertility and were recruited through word of mouth using theoretical sampling. The length of time through which they dealt with infertility ranged from two to seven years; three participants faced infertility for more than five years before they either became pregnant or made the decision to stop trying to become pregnant. The participants ranged in age from 29 to 39 years old, and all women who participated in the study were married to a male partner and now have at least one child.

Although grounded theory analyses typically involve 20 or more participants (Charmaz, 2006), this study only recruited 10. About 20 women initially expressed interest in providing an interview, but roughly half did not follow through with scheduling after being provided with further details on what participation entailed. Perhaps this is because of the sensitive nature of the topic, and though infertility and pregnancy loss are becoming more common topics of conversation, there remains a vulnerability and a sense of taboo that come with any open, social dialogue surrounding this diagnosis.

Data Collection

Data were collected through semi-structured, in-depth interviews with participants because in-depth interviewing allowed for an open-ended, detailed exploration of women's infertility experiences and provided participants with a space and time to reflect on those experiences (Charmaz & Belgrave, 2012). Interviews were conducted over a

span of five weeks. Most interviews took place via phone, and others were conducted in a quiet, low-key location to ensure privacy and comfort of the participants.

Prior to each interview, participants were briefed on the conversation that was to follow, and the researcher shared her personal experience with infertility in order to establish rapport and build trust with each participant. Participants were then asked to tell their story and share about their experience with infertility, which allowed them to frame their own experience and highlight what they considered important pieces of their story without being prompted. Follow-up questions inquired more about support from close friends and family, how the women were affected by the messages used by friends, family, and others, and who they were able to lean on during a time of such grief and uncertainty. They were also prompted to share what they found most surprising about conversations (both invited and uninvited) with others about their infertility, and they were asked what types of communication and/or actions from others they deemed supportive or unsupportive.

On average, interviews took about 34 minutes, with the shortest being about 20 minutes and the longest being 47 minutes long. The audio produced a total of 84 pages of transcripts. The longest transcript was 12 pages and the shortest was five, with an average of just less than nine pages. Pseudonyms were assigned to each participant to ensure confidentiality. Because women who have endured infertility possess strength and bravery as they navigate their experience, 10 names that mean strong, brave, or a variation of the two were chosen. Once the pseudonyms were identified, they were assigned at random to each participant using a random name selector. Because of the sensitive nature of the topic and the emotional risk involved with recounting stories of

infertility, a licensed counselor was available by phone during each interview; no participants needed to connect with the counselor during the interviews. In exchange for participants' time, input, and participation, all were entered into a drawing for a gift basket.

Analysis and Verification

Interviews were recorded on an iPad and transcribed via Otter, a free online transcription service. Audio recordings and text transcriptions were digitally stored and password protected in order to maintain confidentiality. Grounded theory analyses move beyond description and provide a conceptualization of the data. The driving force behind grounded theory is a memoing process, which was used to enrich the process by visualizing codes, categories, and emerging themes. Memo writing creates links in the data and provides substance in the discussion of the results, and it joins the researcher's initial interpretations with the dataset itself. Memo writing was employed throughout the coding process, which included open coding and selective or focused coding. Open coding was used to inform the initial analysis and prompted the researcher to spend time in the interview transcripts, illuminate women's implied and explicit meanings, and make comparisons between and within the data. Selective or focused coding was used to sort, synthesize, and conceptualize the data and represent recurrent themes (Charmaz & Belgrave, 2012). Finally, constant comparative analysis was employed, in which data and categories from the coded transcripts were compared in a back and forth motion to fill in gaps as the results emerged.

Creswell and Poth (2018) recommended that at least two validation strategies be employed in qualitative studies, so data collected in the present study were verified by

providing textual and structural description of participants' experiences and through member checking. A basic outline of the findings was shared with participants so they could confirm authenticity and representation of their stories and experiences. All participants who responded confirmed that the initial findings were representative of what they experienced in regard to support during their infertility battle. A proposal for this study was submitted to the Institutional Review Board, and full approval was received on May 17, 2019.

Chapter Summary

The current chapter outlines the methods of grounded theory analysis that were used to conceptualize data from interviews with women who have faced infertility. This study included 10 participants, who shared and elaborated on their experience. Interviews were recorded and transcribed for coding and analysis. Results are discussed in the following chapter.

CHAPTER IV

ANALYSIS

Infertility is a heartbreaking experience for couples to go through, and this thesis focuses on the experiences of women attempting to conceive. Infertility is like running an endless race; women physically and emotionally endure so much, yet they must keep moving forward if they wish to continue. Trying to conceive becomes less and less like an adventure with each passing day and month. Women's experiences, while similar to each other, can be vastly different, particularly in regard to supportive communication from friends and family.

The current chapter presents an analysis of semi-structured, in depth interviews that were conducted with 10 women who have experienced, or are currently experiencing, female factor infertility. Participants were asked to share details regarding the communication they received from their support systems throughout their infertility experience. Upon completion of the interviews, analysis began with open coding and selective coding of the transcripts. Memo writing was the driving force that led to drawing connections between initial codes and narrowing the analysis down to five overarching themes that explain women's infertility experiences: concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational changes, and desiring validation but experiencing invalidation.

Concealing Feelings

Women going through infertility sometimes find that they can no longer count on those they have always leaned on in times of unyielding grief and sorrow. Infertility is not an experience that most are familiar with, so when loved ones receive this diagnosis, friends and family members often do not know how to be supportive. As a result, women sometimes question their own expectations of support they both desire and need from others (Millicent). They might view infertility as an internal struggle they must face alone *because* no one else understands it (Valerie). All 10 participants in this study indicated and explained that they felt the need to mask their pain and suppress their emotions to some extent. These women began to question the validity of their pain and compare their stories to others'. When that happens, self-doubt takes over as women wrestle with their internal thoughts and question their own worth as a potential mother. Sometimes, the self-doubt, comparison, and feeling the need to mask their grief can lead women to resent those they are closest with because they feel let down by the lack of genuine support.

Masking, suppressing, and avoiding feelings. When women feel unsupported, they often believe it is because their loved ones truly do not know what to say or how to approach the subject. Bridget indicated that when she tried to open up to others about her struggles, all she wanted was for someone to simply be with her in her grief. She wanted her friend to "look beyond herself, see my pain . . . be with me in my 'this isn't fair, this is so hard.' That's all I wanted." She sensed that those in her support system felt the need to "stick something positive on there," adding that "so many people are uncomfortable with other people in pain." The more she realized she was not getting the support she needed, the more she began to hide her pain and grief.

Rainey said when others were uncomfortable or did not know what to do or say, the conversations turned into what *they* needed to talk about. She wanted to be able to talk about what she was going through, but others “tend to shy away from it, and then I feel like I’m a burden or people can’t relate to it.” When that happened, she stopped reaching out and searching for the support she needs. She concealed her own needs because others tended to brush it off when unsure of how to comfort her during her time of grief.

Making Unfavorable Comparisons

At the forefront of masking pain are self-doubt and comparison. Women facing infertility engage in negative self-talk, telling themselves they are exaggerating their own emotions and pain (Millicent). They face an ongoing internal struggle as they navigate their experience and try to balance the array of emotions that is ever present. It becomes easy for women to play the comparison game, telling themselves, “you don’t have it bad as so and so” (Millicent). They feel as if their pain and their struggle is not as important as the pain and struggle that others are facing. Sometimes this self-doubt originates internally and women hold back because they feel as though they are burdening their loved ones when they unload their emotions, like Nina who “always feels like I’m just draining my husband with my emotions when I get upset”; or Andrea, who always felt the need to apologize when she became emotional. Other times, the self-doubt comes from others around them who provide surface-level support while diminishing the magnitude of the pain and emotions infertile women experience. As a result, infertile women can feel the need to mask their pain or suppress their emotions to avoid the

uncomfortable situations of being made to feel as though their struggle does not matter or they are burdening their loved ones.

Valerie found it difficult to process when other women around her would become pregnant. Although she tried not to let it affect her relationships, she was still hurt when it would happen for friends or acquaintances but not her.

We work in the youth [group at church], and one girl ended up getting pregnant, and I got really frustrated with God. This girl, who is young and doesn't have a good family unit is getting pregnant. Why her and not me? It was always [my husband's] dream to have a large family, so it would just be an internal struggle with me.

Valerie felt as though she was letting her husband down, so it was even more gut-wrenching when others would become pregnant. She had the internal battle with herself and the added stress of seeing others obtain what she and her husband so deeply desired.

Infertile women sometimes feel the need to suppress their feelings because they recognize that some of their friends and family members do not quite know how to support those in grief. However, when women feel a frequent need to hide their feelings to spare others, they can begin to develop feelings of resentment. They get discouraged and become upset with their loved ones for not providing the support they expect or desire.

Feeling Resentful

When others do not provide the support that women desire, they become angry and start to develop feelings of resentment toward those who are unsupportive. Carla

never fully expressed her emotions about infertility because she wanted to avoid the questions and comments that always followed.

People who have never been through it are [only] helpful in making them feel better. . . . My best friend used to say, “are you sure you want this?” I held back because *she* was going through a rough time with her toddlers. I try not to punish her for it, but I would want to blow up because I had already went through IUI and a failed IVF and she was still saying, “are you sure?”

Carla held back on disclosing all of her emotions and struggles because she wanted to be sensitive to her friend while she was experiencing a different struggle. However, her friend projected her struggle onto Carla by way of insensitive questions that caused Carla to develop feelings of resentment toward her.

In addition to developing resentment and other negative feelings toward friends, Carla also struggled with feelings of resentment toward her husband. It became a power struggle for the couple, and Carla felt like she had to dance around the topic of treatments.

I’ve done all these things, including being shoved in an MRI tube, injections, an invasive ultrasound, but you can’t take this one test because it’s embarrassing to you as the man? I had emotions I didn’t process because it wasn’t helpful. But it doesn’t matter how I feel because I still have to get things done for the next test.

Carla expressed how vexing it was when her spouse was hesitant to have a test done because of the societal stigma associated with male factor infertility. The thought of male factor playing a role in their infertility caused her husband anxiety. She did not understand why he was so hesitant because, in a sense, she was not allowed to be. In

order to keep progressing with treatments, Carla had to keep pressing on and process emotions really quickly (or suppress them instead) because she needed to be ready for the next round of tests. Instead of communicating her frustrations to her husband, she chose to hold back because she did not see the value in unleashing those emotions.

Gabriella struggled to connect with her friends who became pregnant, and she developed feelings of resentment toward them. It became difficult to open up to those friends. “They would try to be sympathetic, but their responses were not always comforting because they didn’t have to try really hard [to get pregnant].” It was also challenging for Gabriella to be happy for family members who became pregnant.

We were in the middle of trying to conceive, and my husband’s sister calls us.

She said, “hey, we have some big news, put me on speaker phone.” I knew what was coming, I just kind of sensed it. She said, “we’re having a baby,” and then she said something along the lines of, “well, this was definitely God’s timing and not ours because we didn’t plan for it.” So, it was God’s timing for [her] to have a baby when [she] wasn’t planning on it, but not for us when we have been planning on it? I don’t know.

Although it is always difficult to hear of other women announcing pregnancies, it is even more disheartening when those women were not planning to get pregnant. Gabriella also opened up about feeling bitter toward an 18-year-old she knew with an unwanted pregnancy. She said she “shouldn’t resent people for getting pregnant when they’re 18 years old, but I do.” When unwanted pregnancies happen, infertile women feel that it is unfair and sometimes feel unworthy of motherhood, which magnifies the bitterness and the resentment.

It is evident that infertility takes an emotional toll on those trying to conceive. As infertile women navigate their diagnosis, comparison sneaks in and brings forth self-doubt. As women question the legitimacy of their pain and their worthiness of motherhood, feelings of resentment begin to brew. All of this can lead to long-term relational shifts and changes in relationship membership.

Experiencing Relational Changes

All participants indicated relational shifts of some sort, whether it was increasing tension or improving communication in their partnered relationships, being exiled by who were once their closest friends and biggest supports, or leaving other friends behind as they themselves began to grow their families. Five participants discussed relational shifts with friends or other family members, three disclosed details of shifts in their marriages, and two participants opened up about relational shifts both within and outside of their marriages.

Infertility is a unique experience to disclose with loved ones, particularly when support is needed. The recurring nature of the diagnosis forces infertile couples to ruminate on their emotions throughout the process, and women can feel like they are exhausting their support systems. The abrupt end in support and even friendships is blindsiding, and it is “hard to know [that] these people you’ve always leaned on didn’t understand what you were going through” (Millicent). The absence of support leaves infertile women feeling isolated and left behind and leaves room for feelings of resentment to develop. Still, some women will choose to not take it personally and look for a logic or a reasoning behind the way others handle them in their emotional state. Women also acknowledged that they process this experience differently than their male

partners, and even though that can cause hiccups in their relationships, the relationships and marriages often come out stronger in the end.

Getting left behind. Over time, friends and family members will stop checking in as frequently, and eventually some will stop checking in altogether. “They used to ask a lot of questions, and now they just kind of don’t” (Rainey). Although it might seem like women would be relieved to not receive so many questions, it can make them feel like their loved ones do not care as much, which also lends to women suppressing their feelings because they do not want to be a burden, as aforementioned.

Women also feel left behind as they are forced to watch other women become pregnant, have a gender reveal party, or have a baby shower. Andrea said it is “very frustrating when others are pregnant without trying,” and it is heartbreaking to watch others have those experiences. That heartbreak is even more magnified when those getting pregnant are within a woman’s inner circle.

Nina articulated how difficult it was to be outcast by her friend group as they grew their families and she was unable to. Her friends thought it would be too difficult emotionally for her to be present at playdates, so they stopped inviting her to such events and other outings. Even though it was tough, Nina still wanted to be part of their lives and share in their joy as families grew. She opened up to a close friend in the group, but nothing was resolved, and Nina felt even more isolated.

I just laid it all out. I poured my heart out to her and just said, “you know, I want to be part of your life and your son’s life.” She just chalked it up to, “we’re just in different seasons of life.” I’m not super close with a ton of people, but the few

that I am really close with, I hold those friendships very dear. To see those just dissolve and diminish was frustrating.

It was heartbreaking for Nina to feel let down by those she considered to be in her support system, and she was hurt by the fact that they “brushed it under the rug” rather than showing up to support and encourage her. Overall, that experience for Nina was emotionally traumatizing and devastating.

Despite feeling left out, Nina justified their actions, saying, “because part of it was they felt like they were protecting me from those emotions.” Adding a justification to the comments, questions, and actions of her friends that she endured made her feel better because it lessened the likelihood that her friends did not care enough to learn how to include her rather than shutting her out.

Bridget recounted a painful situation in her life that caused her to begin seeking support from other friends. In the beginning of Bridget’s infertility experience, her best friend listened well and was there for her until the best friend became pregnant. Although it was difficult for Bridget, she wanted to be supportive and said, “I want to do your baby shower, but I might be struggling one day so bear with me.” For Bridget, that particular baby shower would not be as emotionally difficult as other showers were since she was in control of the event. Her best friend’s gender reveal party, however, was hard on her but her friend did not show any empathy or understanding.

She just could not understand why the gender reveal would have been difficult.

She said something to her husband, then he emailed me and basically said, “either get on board with us or get out.” So much damage has been done to our

relationship because she couldn't fit into my pain and suffering. That was really hurtful and hard.

Bridget's story explains what can happen when loved ones do not fully comprehend or understand because they have never been through infertility themselves. When they do not understand, they can become exasperated when their infertile loved ones are still in pain each month.

On the flipside of being left behind is leaving others behind when infertile women become pregnant or achieve parenthood by way of foster care, adoption, or other means. Carla was on the receiving end of resentment when she finally became pregnant with her miracle baby. Prior to becoming pregnant, she befriended another woman who was also struggling with infertility. They leaned on each other, and they gave each other advice, insight, and vented about the frustrations brought forth by infertility. Once Carla became pregnant, her friend essentially disappeared out of her life. "I think she felt like I left her behind. She was really pouring her heart out with all her pain, and I think she felt betrayed because I got my joy." Carla's perspective on why her friend bailed on her helps explain why women develop those feelings. It is painful to feel left behind, and it can be easy to feel betrayed by fellow infertile women when they get to step out of their infertility and experience pregnancy.

Andrea said it was a "weird thing emotionally" when she finally became pregnant because "we want to celebrate this [pregnancy], but we have friends that are going through the same thing, and we know how hard that is to see other people get pregnant." Before pregnancy, it was a balancing act trying to navigate the emotions of infertility.

Once she achieved a healthy pregnancy, it was a balancing act in regard to celebrating the pregnancy while being respectful to her friends who were still trying to conceive.

Nina shared a similar story in regard to carefully wading the waters of motherhood while she knows others are still longing to be a mother. Now that she has children through foster care, she is more mindful and tries not to complain about her children or about parenthood because she knows what it is like to be on the receiving end of such complaints. She remembers how hurtful it was, and she remembers the bitter feelings that can develop. “You just don’t know who’s going through that right now,” so she is careful about what she says to others who may be struggling with infertility (Nina).

Shifting intimacy with partners. Participants in the study articulated that their husbands experienced and processed their infertility journeys differently than they did. Men express their emotions differently, and because it might not always be an obvious expression, it sometimes appears as though they do not care as much as women do. Participants acknowledge it was a false perception based on the fact that their husbands didn’t always react the way they wanted them to.

Emerson did not think she and her husband felt the pain of infertility in the same way, so it became difficult to communicate about it. “He’s always told me that he was okay if it was just the two of us.” Emerson cycled between anger, fake acceptance, sadness, and despair throughout her journey. She was “in a limbo state of wanting something that may or may not happen. Not being able to move on from that was probably frustrating for my husband” (Emerson). Sometimes her husband was sympathetic, and other times his frustration was evident. It was challenging for them to keep living through infertility with those unresolved feelings.

Valerie said the relationship that was affected the most during her struggle with infertility was her marriage. Her husband's dream was to have a big family, and she faced a constant internal struggle with not being able to provide him with that. "It was really hard for him to grasp all of the emotions because he didn't understand it" (Valerie). He did not understand what it was like to physically undergo multiple tests and treatments, and he did not understand what it was like to not be able to give your partner what they desire the most in life.

However, participants did acknowledge that their husbands clearly felt the pain of being childless, even if they showed it differently. Andrea said that every morning when she got up, she had to take a pill or take a test or continue waiting for results and answers. Even though her husband was not forced to think about it every morning in the way that she was, she *was* aware that he did think about it a lot and he was grieving just as much as she was, especially when she had her miscarriage. He had hopes and dreams for their unborn child just as she did, and he felt the raw pain of it just as she did.

Millicent recounted a similar experience following a miscarriage. She and her husband were both overcome with emotion, but she felt that emotion a little differently than he did.

Even my husband. He cried with me, and he was torn up, too. But I was carrying a baby and had that emotional connection, all these ideas out in my head. It's just a different experience for the woman than it is for everyone else.

Although her husband experienced loss and was overcome with grief, the emotions were different for him because he was not physically impacted by the loss. Millicent said

nobody else in the world can understand how emotionally difficult it is to miscarry a child unless they have also miscarried.

Going through infertility can be a trying time for couples. The recurrent nature of the experience forces individuals to constantly think about their inability to get pregnant. It is a frustrating time, yet it can bring couples closer together as they discover more about each other and how their partners cope with and process emotions, as participant Andrea explained.

It was trying at first. We're tired of just thinking about this one thing all the time and having to make plans around it and figuring it out. You *have* to think about it all the time, and that just wears on you. But it led to greater communication within our relationship for sure. . . . we leaned on each other because the emotions were so raw for both of us. . . . He let me cry, hugged me, showed me his emotions. That support and being there for each other was the biggest thing.

Couples lean on each other because their spouses are the ones with them on the rollercoaster ride that is infertility. Even though power struggles can develop and emotions are sometimes bottled up, a woman's partner is often the only person who understands what she is going through because her partner is the one who is there in that experience and in those emotions day after day, month after month.

The ups and downs of infertility can provide individuals with a new appreciation for their partners. Despite feelings of resentment toward her husband early in the treatment process, Carla acknowledged her husband's pain and described the strength he possessed as he continued to support her. "He's my rock . . . he's absorbing all the hurt. He can't show it because I'm already crumbling, and he said we can't both be

crumbling.” Her husband saw her pain and validated her, but he did not allow her to remain knocked down. After giving Carla time to process and sit and *feel* her emotions, he picked her up and helped her start moving forward again.

Nina also spoke of her husband’s strength and support. She is able to lean on him when she needs to unload or just cry. “I don’t need to explain. He’s the one I can go and feel at rest with if I’m having an emotional time.” Although infertility is not a desirable path to be on, participants were thankful that it brought them closer to their husbands as they leaned on one another and learned how to better communicate with each other.

Hindsight played somewhat of a role in the participants’ realization that their husbands did, in fact, feel the effects of infertility. Because the pain and grief of infertility are so heavy while going through it, they were not always able to identify their male partners’ feelings and emotions toward the experience while they were in it. And although their paths to motherhood are different (Millicent and Nina have adopted through foster care; Valerie adopted through private adoption; and Andrea, Carla, and Emerson conceived biological children), each woman was able to reflect back and articulate the role their husband played in supporting and carrying them through their grief and their path to parenthood.

Relational shifts and changes in relationship membership seem inevitable for infertile women, as do shifts in intimacy within partnered relationships. Infertility is a complex, complicated diagnosis and experience that takes a toll on those going through it, as well as their loved ones. These relational changes, whether negative or positive, depend on validation or invalidation of emotions received from others.

Desiring Validation but Experiencing Invalidation

Undergoing fertility treatments is emotionally and physically taxing. When women begin to lose hope and need to take a step back, they want and need others to validate them and let them know that it's okay to feel that way and it's okay to take a month or two off and take care of their mental health. Some friends and family members are aware enough to recognize that need and deliver that simple support. Others remain oblivious to the needs of their infertile loved ones and add more stress and pressure by offering half-hearted advice, asking uninformed questions, and making insensitive remarks.

The treatment process takes a physical and emotional toll, and participants articulated that they sometimes needed a break, especially when they began to lose hope. During those times, “you run into some people who just absolutely get it and their support is just phenomenal. And you run into people who just don't know what to say or do and their support is crap” (Valerie). Women simply want an emotional connection to someone and a safe space to truly feel and process all of their emotions (Millicent). When no one understands what they are going through, it can be isolating (Rainey).

Eventually, women's expectations of support begin to change to match the support they actually receive. Bridget's expectations lessened because “it hurt too much to keep getting hurt.” Still, when their expectations are lowered, women are left with an empty desire for validation and connection. They still endure tactless questions and comments, half-hearted advice, and begin seeking support from other places.

Receiving inauthentic validation. Women experience invalidation in a number of ways. One of the most unsupportive things participants said that others do is try to

provide a quick response with no true substance. When others don't know what to say because they cannot relate, they end up saying unhelpful comments or offering poor advice. Valerie said it is not helpful when others "try to fix my feelings about it. It's not something you can put a band-aid on. It's an internal struggle, an internal feeling." Just as putting a band-aid on a scrape does not fix the root of the problem, providing a band-aid response to a grieving individual does not take away their pain.

A common anecdote that participants heard from others is about adoption. Many friends and family members told women to "just adopt" when they learned about their fertility struggles (Gabriella, Valerie, Nina, Emerson), and often that suggestion was accompanied by a story of a couple who had struggled to get pregnant, began the adoption process, and ended up getting pregnant.

People just don't know what to say so they say silly things. Having people say, "well, my sister, she tried for four years. Then she adopted, and as soon as she adopted a baby, she got pregnant." That's what I got. We heard that a lot.

(Valerie)

Adoption is not a fix all for infertile couples, and participants found it demeaning when others would offer it as a solution. Implying that women will get pregnant if they stop focusing on fertility treatment and begin the adoption process adds another level of pressure. It can make women feel as though they are at fault in the first place.

In addition to adoption anecdotes, one of the most irritating comments women received was "just relax." Gabriella explained that hearing that particular phrase "makes you feel like you're doing something wrong." It is not a helpful comment, and infertility is not that simple.

It's kind of like when a family member dies. You don't want to hear thoughtless expressions like, "oh, God just needed another angel in heaven or another angel in his garden." You just want to hear, "I'm sorry. That must be really hard on you." There is no "one size fits all" solution to infertility, and participants in the study wish others realized that seemingly mundane comments such as "just relax" actually add more pressure and cause deeper feelings of anxiety.

Receiving unwanted, inappropriate, and insensitive advice. Arguably, one of the most difficult aspects of infertility is the unwelcome advice, questions, and comments from others, whether they be close friends, coworkers, or social acquaintances. Participants in the present study have been appalled by questions and comments they received, and they were taken aback by the audacity that others have.

I had people tell me, "well, at least it's the good (thyroid) cancer," which is a really crappy thing to say to somebody. I thought a lot about the struggles people go through. Just because someone's appears to be larger than yours doesn't diminish the fact that yours is still a struggle. . . . People can be insensitive when they don't know what you're going through. (Emerson)

Infertility was one of the many medical issues that Emerson was battling. Those who were unaware of her full story made her feel worse about her situation because of the thoughtless comments they made.

Infertility is a heavy, personal topic, and women are put into awkward and uncomfortable situations when others candidly ask about it and expect them to freely discuss their personal details. People often neglect to think about how their comments affect infertile women.

Those comments are hurtful . . . you just want to scream, “oh my gosh, can you please shut up?!” . . . I can’t believe that really came out of someone’s mouth.

“Oh, you don’t have kids?” “Why do you not have kids?” “Can you not have kids?” It is crazy that some people think it’s their business. (Rainey)

Over time, women open up less and less about their struggles to those around them because they feel belittled by the way others respond to their stories or to their pain.

Even those who were open and transparent about their infertility from the beginning were not safe from the insensitivity of others. Valerie and her husband did not hide their struggles, yet they still suffered from the comments and questions, particularly after they adopted their son.

The biggest question I was asked was why we couldn’t have children of our own.

I don’t remember how they worded it, but it was an, “oh, what’s wrong with you” kind of question. It makes me so sad when people ask those questions. I want to say, “what’s wrong with you for asking such a dumb question?”

Questions like this were hurtful to Valerie, and that was not the extent of it. Others would also say, “oh, so he’s not yours,” to which she always wanted to reply, “of course he’s mine, I have the receipt to prove it” (Valerie). She was frustrated by such remarks because in her eyes, they were looking down on her and belittling her for her fertility struggles. Also frustrating, and even discouraging, was having to endure one set of insensitive comments after another, over and over again.

Heartbreaking comments are also present in the workplace, as Millicent detailed. Millicent had suffered multiple miscarriages, and disclosing this to her boss brought forth a shocking, unexpected response. “Even my boss at work, we were pretty close . . . she

said the classic, ‘at least you’re able to get pregnant.’ I got to a point where I wished I couldn’t, just for the false hope.” When women receive comments such as this, they can feel the need to mask their pain. They can be overcome with doubt about their own pain and question whether it is as heavy as someone else’s pain.

Lenna also described a layer of stress that was added by her boss, explaining that her boss needed to be somewhat informed of their treatment protocol because of the short notice each time she needed to go to the clinic.

The day that line says you’re ovulating, you have to go to [the clinic] immediately. Your boss kind of has to know that it’s going to happen. My boss would tell this one person that’s what I was doing. Nobody has permission to talk about this.

Lenna felt betrayed by her boss for disclosing personal details to her coworkers. It was already difficult to navigate conversations with others about infertility, and Lenna’s boss put her in an uncomfortable situation because some of her coworkers now knew personal details that she might not have chosen to disclose otherwise.

Participants were also caught off guard by the harsh comments that friends and family members would say. Lenna was told, “maybe it’s just not God’s plan for you to be a mother.” Emerson was told, “‘well, some people aren’t meant to have kids.’ It made me feel like it was my fault.” Carla was told, “‘it will happen on God’s timing.’ That can be really detrimental to people who have waited for so long to have a baby. We all know children are God’s gift, so I must not be worthy of this gift.” All of these comments take quite an emotional toll on women. These comments are the ones that stick out and echo

in their minds the most. To be made to feel unworthy of motherhood is one of the most hurtful things participants described.

Thoughtless, insensitive comments, uninformed questions, and unwelcome advice appear to be the largest commonality among participants. They are never received well, and they cause feelings of frustration, anger, sadness, stress, and anxiety. It seems to women like no one understands them. Sometimes they justify their loved ones' behavior because it is easier than accepting the fact that their support is lacking, and they instead turn to other women for support.

Overall, participants indicated that the support they desired is simple. They just wanted someone to listen, let them express their emotions, and acknowledge and validate their pain. They never expected anyone to fix their problem or offer solutions; they simply wanted someone to just be there. Bridget said being supportive is "simply a matter of saving space for the person. It comes down to empathy and being with the person." Nina and Rainey echoed that notion, adding that there was not anything in particular that anyone did. They simply understood and listened when they needed to vent.

Carla said those who were supportive were "just there," explaining that she "didn't need anybody to tell me necessarily what to do. It was more or less being validated. That's what I was looking for." She went on to say that those who supported her simply sat and listened when she needed to vent and let out her emotions and frustrations. They were also able to admit that they did not understand what she was going through emotionally, but that they were there to listen.

The support that Emerson desired was similar. She was facing a slew of other health-related issues in addition to infertility, and she felt the most supported when her feelings were simply validated.

I already had cancer. My brain doesn't work properly. And now I am not able to have this either. But this one, this sadness that I felt was not something that I would as graciously accept or be able to endure. It seems that you would rather not have cancer and you would rather have a fixed brain, but that's not how it felt in my heart. . . . My friend assured me that my desire to have children was a natural thing, that it wasn't wrong if I was sad about it.

Emerson's desire to be a mother far outweighed her desire to be cancer-free. This statement from her depicts the deep yearning for motherhood that women have and the sacrifices they would make to become a mother. The most significant validation Emerson received was simply being told that her desires were natural, that it was okay to want to be a mom more than anything.

Supportive friends and family do not always need to be flashy in their support. The little things like simple, quiet messages are what mean the most to women on the receiving end. Andrea recounted a time after her miscarriage, which happened close to Mother's Day, when her best friend showed love and support in a subtle manner. "She just went and got me some Nothing Bundt Cakes and left them on my front porch and said, 'I'm thinking about you.' It meant a lot." Andrea's friends and family didn't make a big deal out of their support. They would occasionally check in, and she could share as much or as little as she desired. If she did not want to talk about it, they did not pressure her to do so. When women are supported in the quiet, subtle ways they desire, it is easier

to navigate the waters of insensitive remarks and uninvited questions and advice that inevitably come from others.

Validation was also derived from mutual support. The infertile community is tight knit. Women tend to lean on and draw support from others who have suffered from infertility because they feel as if one cannot truly understand unless they have been in that situation themselves. Several of the participants were able to draw support from a close relative or friend who had gone through infertility (Lenna, Carla, Gabriella). Other women turned to other acquaintances, such as church members, because they didn't know of any close family or friends who had experienced it. Those they leaned on were able to give insight about the treatment process and what to expect. They also provided a listening ear and gave meaningful, welcomed advice. "You feel so much more heard just because they're going through that experience" (Bridget).

When participants did not know of anyone who had gone through it, close friends or otherwise, they found some sort of solace in books or online forums. "I kind of felt like I could relate to these women (biblical characters) more so than other people around me" (Lenna). Lenna was one of the few participants who did not have anyone close to her to talk to throughout her experience. She relied on her faith, drawing strength and inspiration from biblical characters who endured similar struggles. Bridget, Gabriella, Nina, and Rainey all sought support from online resources. Bridget found support by joining a Facebook group. Through the group, she met her embryo donor (for in vitro fertilization), who is now going to be her surrogate. Nina and Gabriella stumbled upon infertility forums when they were researching about treatment processes. They found the forums to be somewhat helpful as far as dealing with the emotional aspect, but the forums

were not live and thus were outdated and did not provide current advice on the medical aspect. Rainey joined an online infertility book club and has established a bond with other infertile women in the group. They are able to share about their experiences with each other and give each other advice and encouragement.

Providing support to other infertile women was a source of healing. Despite Lenna not being able to turn to anyone around her for direct advice and insight, she wanted to be able to help others by sharing her story, as did Andrea and Nina. After Andrea's infertility nurse shared her experience with Andrea, she knew "it's okay to share your story to help other people. Maybe if others realize my story and need to reach out, they can." Getting to a place where they are emotionally able to be that source for others can sometimes take time. Once Nina's heart had healed and she accepted the fact that she likely would never have biological children, she was able to provide support to a friend who was undergoing fertility treatments.

It's such a taboo subject. My friend just did IVF, and she didn't really know anybody else who had been through infertility. I'm the only person she felt like she could talk to, so I was just really happy that I was in a place emotionally that I could talk to her about it and I'd be fine.

The participants indicated that they found comfort in getting to be a mentor to other women facing infertility. It is an emotional, stressful experience, and they were happy to help others through it and provide support that was sometimes better than they had received themselves.

Although loved ones might feel the need to say the right thing to infertile women, they rarely know what to say that will be truly supportive and not add more pressure to an

already stressful time in women's lives. Those surface level, band-aid responses never help and can sometimes further isolate infertile women. What they truly desire is simple, meaningful support. They need a shoulder to lean, a listening ear, and someone to reassure them that their pain and their desires are normal human feelings, and they gain hope, healing, and sound advice from leaning on and supporting fellow infertile women.

Summary

Infertility is a complicated, heavy, emotional experience to go through. It is laced with recurring grief, constant feelings of heartbreak and sadness, glimmers of hope, and many ups and downs. Leaning on others for emotional support during this experience can often lead to disappointment. Overall, women described the support they received from friends and family as empathetic, lacking, subpar, unpredictable, confusing, thoughtless, inconsistent, and unwavering.

Five overarching themes were identified from interviews with 10 women: concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational change, and desiring validation but receiving invalidation. Additionally, several sub-themes were identified that help explain the larger ideas. Women feel the need to keep their emotions bottled up because they feel like a burden when they emotionally unload. They perceive others to be uncomfortable with their grief and pain, and they can resent others for making them feel the need to suppress and hold back their emotions. Interestingly, infertile women often provide justification for inadequate support from their loved ones, saying they provided abysmal support because they were simply uninformed.

Going through something so emotionally traumatizing causes relationships to be tested. Women can lose friendships and feel isolated and left behind as they are forced to watch others become pregnant and grow their families, and they sometimes grow to resent other women who are able to become pregnant. Partnered relationships and marriages are tested. Women can feel like their partners are not as emotionally invested because they cope with and process emotions differently, but in the end, most relationships come out stronger because they learn to lean on each other during their trying times.

Women often lack the validation that they desire. They want someone to acknowledge that their pain is real and their emotions are justified. Too often, they encounter others who try to provide a “band-aid” response that is not helpful to the women, but instead makes the supporter feel better for trying to help. They endure insensitive, unsolicited, unwelcome comments, questions, and advice from others, which is often frustrating and hurtful because it is uninformed. Even so, infertile women are able to lean on each other. They encourage each other, and they help each other navigate the ups and downs of infertility.

Chapter Summary

The present chapter provided an analysis of 10 semi-structured, in depth interviews with women who have faced or are currently facing infertility. Five overarching themes (concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational changes, and desiring validation but experiencing invalidation) were identified and discussed. The following chapter provides a discussion of the findings and discusses the study’s limitations and suggestions for future research.

CHAPTER V

DISCUSSION AND CONCLUSION

The results discussed in the previous chapter outlined five major themes that explain what women emotionally go through in regard to support as they navigate infertility: concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational change, and desiring validation but receiving invalidation. In addition, sub-themes were explored that helped further explain the experience from participants' perspectives. The current chapter provides a discussion on the results, as well as the study's limitations and suggestions for future research.

Participants in the present study described the overall support they received from friends and family as inconsistent, confusing, subpar, thoughtless, and unpredictable. Even though the support they received was never perfect or quite what they desired, some participants perceived it as empathetic, loving, and unwavering. Despite the positive light that a few participants painted, however, most participants chose a word with a negative connotation to describe their experience. Perhaps this is because infertility is not widely discussed, and it is "kind of shied away from because it's an uncomfortable subject," (Rainey). Although this study does not claim theoretical saturation, the experiences of the participants might also be representative of the experiences of other infertile women.

Discussion

This study sought to provide an explanation of women's experiences with infertility, particularly in regard to emotional support from friends and family, and

responded to the following question: how are women impacted by the way their friends and family communicate to them about infertility? Participants were recruited to share their stories and perspectives on support during infertility, which were outlined in the previous chapter and analyzed using methods of grounded theory (Charmaz, 2006).

Going through infertility takes an emotional toll on women. It is unfair, confusing, heartbreaking, and frustrating. Friendships and relationships are tested, personal boundaries are pushed by others, and support is often lacking but always deeply desired. Participants indicated a gap in the level of support they desired and the support they received, also noted in High and Steuber's (2014) findings. Participants also articulated the highs and lows of the support they received and provided insight that helped explain the support (or lack thereof) during the infertility experience.

Although some studies have deemed infertility a dichotomous experience (Hämmerli et al., 2010), the current findings indicate it is more cyclical in nature. Certain aspects of infertility might be dichotomous (e.g., it is uncontrollable, yet couples can control when and if they proceed with treatment), but participants in the present study cycled through various feelings and emotions throughout their journeys. Every participant cycled through each of the emotional hurdles identified in the previous chapter at more than one point in their journey (concealing feelings, resentment, comparison, relational changes, and receiving invalidation).

When women receive an infertility diagnosis, they might first be overcome with feelings of uncertainty and fear of the unknown. Infertility is not necessarily a hot topic of discussion in our society, so many are unfamiliar with it and the emotional distress it brings. Upon being diagnosed, women and their partners can be unsure of how to

navigate the waters and open up about it to their loved ones. When they make the decision to begin disclosing details, their friends and family members do not always know how to handle it in a manner that is supportive. If friends and family members are unsure of how to provide the support desired by their infertile loved ones, they might offer unsolicited, “band-aid” type responses. That inauthentic support can be harmful to the emotional well-being of infertile women. Participants indicated that when unhelpful comments are offered, they begin to shut down, put up walls, and cycle back to concealing their feelings and emotions, a notion that is mirrored in other studies (e.g., Hämmerli et al., 2010; Sormunen et al., 2018). Cycling back to concealing their emotions can lead women to become frustrated at the lack of genuine support and at their friends and family members for being unaware of how to provide support.

When women receive inauthentic support and revert to concealing their experiences, the door opens up for comparison. Sometimes, the unhelpful comments are stories of other women who struggled to conceive and are now pregnant, or women who were infertile and began the adoption process and then became pregnant. Participants expressed that stories such as these seem helpful in the eyes of those sharing them, but they actually add more pressure to the infertile women on the receiving end, an idea also supported by other researchers (e.g., Bouchez, 2005; Peterson, 2018). When women hear these stories and comments, they have an internal struggle as they begin to compare themselves to other women.

Women who have miscarried have a slightly different internal battle than women who have never become pregnant. Those who have miscarried hear the “at least you know you can get pregnant” comments from others constantly echoing in their minds,

which leads them to diminish their own pain. They tell themselves they do not have it as bad as others, and they feel guilty for feeling down about their miscarriages. Conversely, women who have never experienced a pregnancy compare their stories to those of the women their friends and family tell them of, the women who became pregnant after beginning the adoption process or who suddenly (and unexpectedly) received their miracle baby after years of trying to conceive. Infertile women feel unworthy of motherhood when they hear about other women achieving what they have long desired to obtain. It appears as though some of these comparisons and feelings of self-doubt and unworthiness are projected onto infertile women from others, intentional or otherwise. When friends and family do not know what to say, they inadvertently offer thoughtless remarks which add more pressure and guilt to infertile women.

Once the comparisons set in, feelings of resentment start to brew. As they compare themselves to other women who *are* able to get pregnant and deliver a healthy child, infertile women begin to develop feelings of resentment towards those women. Sometimes, the women they grow to resent are friends from their inner circle or close family members. When close friends or family members become pregnant, those relationships become complicated as the infertile women grapple with their internal struggles and figure out how to manage their emotions (Hinton et al., 2010). As a result, this resentment sometimes leads to relational changes.

Infertile women might stop leaning on their pregnant friends and family members because it is too difficult to watch from the sidelines, stuck in their infertility, as others grow their families and become mothers. On the other side, pregnant friends and family members sometimes leave their infertile loved ones behind and move on without them.

However, a question arises regarding the justification for leaving infertile friends behind. Infertility is emotionally distressing, and infertile women desire support and validation (Klitzman, 2018). Friends and family members might be too quick to move on because they are unsure of how to support their infertile friends while they themselves begin to have children and grow their families. Pregnant women can be in uncomfortable situations as they adapt to their life as a parent while trying to remain supportive of their infertile friends, despite the feelings of resentment and comparison that can develop.

Nina's story of being left behind by her closest friends as they became mothers is important to this argument. Nina desperately wanted to remain in their lives, even though it was emotionally tough to not have the chance to grow her family alongside her friends. She still wanted to be included, and she wanted to be a part of her friends' lives and their children's lives. They abandoned her, but they could have found a way to include her. Even though Nina could not relate to being a mother at the time, she still had her other connections to her friends. Even though it might have been uncomfortable to not know how to support or connect to Nina, her friends could have been transparent about their lack of knowledge to open the door for Nina to communicate her needs.

Relational changes also stem from receiving inauthentic validation. When others continuously ask infertile women "are you sure you want this" and other unhelpful questions, infertile women become exasperated and stop opening up, resulting in infertile women further separating themselves from others. This also leads them back into concealing their feelings in order to avoid uncomfortable situations or to avoid feeling guilty for feeling their true emotions.

As exhausting as infertility can be for women, participants acknowledged that it must also be tiresome for their loved ones, which brings up justification. All participants admitted to justifying the behaviors of their friends and family at some point, whether directly or indirectly. When describing frustrating situations and conversations, participants often added a statement implying that the other person involved did not realize how insensitive they were being. The other person, or people, typically did not know what to say that would be truly supportive, so they defaulted to a “band-aid” response. Interestingly, even though participants tended to offer justifications for unfortunate situations, their frustration and shock at what was sometimes said to them far outweighed their desire to forgive others and offer an excuse or justification. They still expressed their wishes for others to learn how to be supportive rather than defaulting to “band-aid” responses and inauthentic support. These ideas help support the argument that infertile women might offer justifications as a way to make themselves better. They are aware that their friends and family might not always know what to say or ask because infertility is unfamiliar. This acknowledgement leads women to lower their expectations of support, in turn lessening the chances of being hurt by how others handle them, their grief, and their situation.

The inability to find the support they desire from their support system can lead women to seek support and validation from online platforms. Women turn to such venues to gain more information about treatment protocols and what to expect, advice on navigating daily conversations, and to establish a connection with other women who know what it’s like because they have been there or are still there. The inclination to seek online support echoes what is also found in the literature (e.g. Hinton et al., 2010) and

sheds light on the idea that personal support from friends and family is lacking and uninformed.

Although online venues can be a helpful tool for women, they can be problematic in that they are outdated (forums are no longer live, so participants cannot engage in the conversations) and they discourage connection and interaction with close friends and family members. Even though online support groups *can* provide a sense of community, it is still important for friends and family to engage in supportive communication (Tian & Solomon, 2018) with their infertile loved ones. There are resources available that aim to inform friends and family of infertile women on ways they can be supportive without overstepping or causing uncomfortable feelings. Resolve, the National Infertility Association, provides information for family and friends on their website (“For friends,” n.d.). The webpage contains infertility etiquette, complete with dos and don’ts, as well as a list of infertility myths and information on what happens emotionally when an infertility diagnosis is given. It would be sensible and kindhearted for close friends and family of infertile women to familiarize themselves with resources such as those provided by Resolve. Becoming more informed on the topic of infertility and learning how to better support women will go a long way in preventing relationships from crumbling, and it will show their infertile loved ones that they truly care enough to educate themselves.

Overall, infertility is physically and emotionally taxing, and women want others to recognize that it is a difficult experience to constantly live through. Friends and family members can expect their infertile loved ones to cycle through a range of emotions and actions, as previously mentioned: concealing feelings, making unfavorable comparisons, feeling resentful, experiencing relational changes, and desiring validation but receiving

invalidation. The results discussed in the previous chapter outline the ways in which others are not helpful in their attempts to support, as well as the simplicity of the support that infertile women truly desire.

Conclusion

Results of this study contribute to research on support systems and emotional support during times of immense grief, specifically infertility. This study extends what is known about support for infertile women and what they emotionally go through, especially when support is lacking. Infertile women have deeply rooted desires for motherhood. They long to bring a child into the world, and they often grieve what has yet to come. With each passing month, these women grieve the possibility of a being pregnant, of having a child, of being a mother. Every time a treatment cycle fails or there is only one line on the pregnancy test, they feel a sense of loss, grief, and hopelessness.

As women traverse the waters of infertility and the grief it brings, they might cycle through various emotions and emotional hurdles described by the participants of this study. Initially, they might choose to withhold details of their situation because of unfamiliarity our society generally has with infertility. It is not a widespread topic of conversation, and disclosure leads to vulnerability; however, friends, family members, acquaintances, and even strangers might ask questions regarding when a couple will have children. When faced with those questions, some women choose to disclose details in an effort to prevent further questioning. Instead of asking about when, however, this can lead others to ask questions about *why* they were unable to have children and who was at fault. Those questions are often followed by unsolicited comments and ill-informed advice. That inauthentic support launches women into the cycle of concealing their

emotions, comparing themselves to other women, resenting others who are pregnant, shifting relational dynamics, and receiving invalidation. This process is especially frustrating when the support they desire falls short of their expectations and can lead women to lower their expectations for support.

The foundation of this emotional cycle can be used as a springboard for a deeper understanding of what infertile women go through. Continued research on this topic can further inform future infertility support, which will in turn impact the women on the receiving end of that support.

Limitations

Although the study produced valuable information in regard to emotional support during infertility, it was not without its limitations. Grounded theory methods typically involve 20-25 participants, but this study only recruited 10. Even though there were clear connections between each participant's experience, the study could have moved closer to theoretical saturation with more participants; however, it was difficult to recruit a larger number of women. About 20 women initially expressed interest in providing an interview, but many did not follow through with scheduling after learning more details about what the interview would entail. Infertility is a heavy, personal topic, so it is reasonable to assume that played a role in the smaller sample size.

The researcher was not able to recruit women who have experienced or are currently experiencing secondary infertility. Each participant had struggled with primary infertility. Though that is not necessarily a limitation in itself, it would have been interesting to explore the differences in support received by those who struggled with primary infertility versus secondary infertility. Coincidentally, this study did not include

any women who remained childless after infertility. Each participant has achieved motherhood, whether it be through foster care, adoption, or conceiving a biological child. Exploring relational differences between those who are now mothers and those who remain childless would have added more depth to the analysis. Further, there was very little racial or ethnic diversity in the participants. Having a more diverse participant pool would have opened the door to explore cultural differences and evaluate whether those cultural differences impacted the level of support received from friends and family.

Future Research

First, it is recommended that a similar study be conducted with women who remain childless after infertility. It would be worth exploring long-term relational changes, particularly those of partnered relationships. Although participants in the present study indicated that their partnered relationships came out stronger in the long run, it would be interesting to see if that is also true for couples who never “beat” infertility.

Second, several participants mentioned the difference in how their husbands expressed and coped with their emotions throughout their fertility struggles. They also admired their husbands’ strength throughout the process and said their husbands were the rock in the relationship during their tough times. A follow-up study from the male perspective would be worthwhile and would complement this study.

Lastly, it is recommended to view the male perspective from a different lens and approach it in a way that captures what it is like to have to be the rock during infertility. Perhaps some men hold back a little on their emotions because they feel the need to be strong and supportive for their female partners, and it would be noteworthy to explore the emotional toll that alone takes on them.

Closing

The findings and discussion indicate that emotional support is lacking, and friends and family members do not fully understand how to support infertile women as they navigate through the emotions discussed in the current and previous chapters. Participants in the study cycled through five major emotional hurdles throughout their experience (concealing feelings, comparison, resentment, relational changes, and invalidation). Each hurdle was the result of and led to other challenges the women had to work through, often alone because they did not feel like they could fully lean on their support systems. As more research is focused on this population of women and their experiences, conversations about infertility can become more widespread, which will help inform emotional support and provide infertile women with more of the support and validation they desire from their loved ones.

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