RESOLVING INFERTILITY: AN EXPLORATORY STUDY OF THE EXPERIENCES OF AFRICAN AMERICAN COUPLES

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LESLIE GRIFFIN, B.S., M.S.

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To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Leslie Griffin entitled "Resolving Infertility: An Exploratory Study of the Experiences of African American Couples." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Studies.

Joyce Armstrong, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:

Jeremiah Blanc Gillam

Rhonda R Buckley

(Department Chair)

Accepted:

Dean of the Graduate School

DEDICATION

To my husband and best friend, Clorenzo Griffin, I thank God for you every day!

Thank you for believing in me when I was unsure of myself and for

loving me even when I was unlovable.

You are amazing!

I love you!

To my mother, thank you for instilling in me the value of education and for

teaching me to persevere.

I love you!

To my grandfather, your love and support motivates me more than you'll ever know.

I love you!

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ABSTRACT

LESLIE GRIFFIN

RESOLVING INFERTILITY: AN EXPLORATORY STUDY OF THE EXPERIENCES OF AFRICAN AMERICAN COUPLES

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The purpose of this study was to explore the lived experiences of African American couples who have resolved their infertility. Using the Family Stress Model as a theoretical framework, the researcher examined the stress of infertility as experienced by nine African American couples. The researcher also examined the perception of the couples regarding what they had experienced and the resources they utilized to help them reach a resolution. Finally, the researcher explored the meaning the couples applied to their experience at the time it occurred as well as the current meaning applied to what they experienced.

Semi-structured interviews were conducted in the participants' homes. All nine interviews were audio-taped and transcribed verbatim. Each couple was asked to answer one introductory question and seven interview questions. Seven major themes emerged from the data. They included (a) taking conception for granted, (b) thoughts of inadequacy, (c) emotional highs and lows, (d) spiritual highs and lows, (e) spousal empathy, (f) thank goodness for supportive family and friends and, (g) pain with a purpose. Limitations, implications and recommendations were included.

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CHAPTER I

INTRODUCTION

Infertility is medically defined as the inability to conceive a child after twelve months or more of unprotected intercourse or the inability to carry a pregnancy to live birth (National Center for Chronic Disease Prevention and Health Promotion, 2009). For women over the age of 35, infertility can be diagnosed after six months of unsuccessful attempts at conception (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2005). According to the American Society of Reproductive Medicine (ASRM), one-third of infertility cases are a result of female reproductive problems, one-third are male reproductive problems and, one-third are either unexplained infertility cases or a combination of both female and male factors (ASRM, n.d.). The National Survey of Family Growth (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2005) reported that infertility affects approximately seven million men and women of reproductive age. Consequently, one in eight couples will experience difficulty conceiving a child (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008b). Infertility is a medical condition that impacts individuals and couples of all ethnic backgrounds, socioeconomic statuses, political perspectives and religious affiliations. However, African Americans represent a large percent of the undertreated infertility cases (Greil, 1997; Jain, 2006).

Solutions to infertility vary based on the patient's diagnosis, age, available resources, and willingness to consider alternative options (Gordon & DiMattina, 2008). Medical treatments for infertility range from minimally invasive procedures such as acupuncture and ovulation stimulation, to highly invasive procedures such as reproductive surgery. According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (2008b), Assisted Reproductive Technology (ART) is a popular method used to overcome reproductive challenges. Reports showed that in 2005, a total of 134,260 ART procedures were performed resulting in 38,910 live-births (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008b). These findings revealed a dramatic increase since1996 when only 64,691 ART procedures were reported (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008b). Additional solutions to infertility include surrogacy, adoption, and child-free living. Significant changes in social ideologies have made the latter three resolutions viable options for couples affected.

Surrogacy is defined as "an arrangement in which a woman is inseminated with the sperm of a man who is not her partner in order to conceive and carry a child to be reared by the biologic (genetic) father and his partner" (ASRM, n.d.). A surrogate can also be called a "gestational carrier" which means that the biological mother provides the egg and the biological father provides the sperm that makes an embryo to be transferred into the surrogate's uterus (Resolve, 2010). Surrogacy is different from adoption in that an adoption involves the legal transferring of a non-biological child to a parent or parents other than those to whom the child was born (Resolve, 2010). Little is known about

African American perceptions of surrogacy or the frequency for which they occur, however earlier studies revealed that adoption is highly acceptable and frequently occurs informally, often between members of the same family (Hill, 1977; McAdoo, 1988; Billingsley, 1992). Finally, a couple's choice to live child-free suggests that though they are involuntarily childless, they have resolved that life without children can be an equally satisfying experience (Daniluk, 1996; Kraaij, Garnefski, & Vlietstra, 2008).

Statement of the Problem

According to family development theorists, parenthood is a normative stage of progression that couples experience as they systematically move through the life cycle (Duvall, 1957; Glick, 1957). Hart (2002) stated, "There is a societal assumption that all couples have children" (p. 35). In Western cultures, childrearing is a highly valued role as children are considered a source of emotional and psychological fulfillment for parents (Hoffman & Manis, 1979; Zelizer, 1985). In the African American community, parenthood provides a sense of immortality, legacy building, and pride (Billingsley, 1992; McAdoo, 1988). As such, reproductive health problems pose a threat to the overall life satisfaction of African American couples and families.

Furthermore, an infertility experience can be the source of both physical and psychological distress (Schneider & Forthofer, 2005). It can produce prolonged feelings of grief, anger, and resentment (Hart, 2002) which often manifest into mood and anxiety disorders that are evidenced by physical symptoms such as changes in appearance, sleeping patterns, eating habits, and/or weight fluctuation (American Psychiatric Association, 2000). Feelings of stigmatization and alienation can also accompany an

infertility experience (Slade, O'Neill, Simpson, & Lashen, 2007). In a recent study, Turner and Nachtigall (2010) interviewed 145 Latino men and women, including 39 couple dyads, who had experienced infertility and found that "fear of social marginalization had a strong resonance with study participants" (p. 28). Studies have also shown that an infertility experience can impede emotional (Basson, 2003) and sexual intimacy (Nelson, Shindel, Naughton, Ohebshalom, & Mulhall, 2008) and can reduce overall martial satisfaction (Che & Cleland, 2002; Lee, Sun, & Chao, 2001).

Research examining the psychological impact of infertility has garnered attention; however, investigation into couples' adaptation, adjustment, and resilience as related to infertility is lacking. Studies exploring the topic are dated and culturally invariable. With regard to African Americans, the researcher was able to find only one study examining resilience among infertile African American couples which was published in 1998. The researcher was unable to find any retrospective studies involving African American couples who had resolved their infertility.

Finally, scholars agree that an infertility experience is a major stressor that impacts the mental, physical, and relational well-being of those diagnosed. However, limited knowledge about affected couples' perceptions of infertility, effective coping mechanisms and a clear understanding of useful resources employed by couples to help them reach a satisfying resolution could prevent medical professionals, mental health practitioners, family members, and friends from providing adequate support. Consequently, couples could potentially be left to navigate the challenges and stresses of

infertility alone thereby reinforcing feelings of isolation and despair, placing them at greater risk for family crisis.

Purpose of the Study

The purpose of this study was to explore the lived experiences of African American couples who have resolved their infertility. Using the Family Stress Model as the theoretical framework, the researcher examined (a) the stresses of infertility as experienced by African American couples, (b) the perception of couples regarding what they were experiencing, and (c) the resources they utilized to help them adapt, adjust and ultimately reach a physical and psychological resolution. The researcher also explored the meaning the couples applied to their experience at the time it occurred as well as the current meaning applied to what they experienced.

Significance of the Study

Research examining infertility from a qualitative perspective is limited in number and scope. As a result, the richness of data that comes from qualitative inquiry is absent from the literature. Furthermore, quantitative studies exploring infertility tend to focus on the physical resilience of infertile participants such as the body's response to treatment (Baazeem, Belzile, Ciampi, Dohle, Jarvi, Salonia, Weidner, & Zini, 2011; Cai, Wan, Huang, & Zhang, 2011) or the adverse psychological impact of infertility on individual and/or couple functioning (Kirkman, 2003; Van Rooij, Van Balen, & Hermanna, 2007) as opposed to exploring positive psychological or emotional outcomes for individuals or couples diagnosed. As previously mentioned, the researcher also found that existing studies lack the diversity necessary to fully understand the experience of infertility.

According to Inhorn and van Balen (2002), cultural background heavily influences the way infertility is experienced. Similarly, Ridenour, Yorgason, and Peterson (2009) reported that "cultural issues are becoming recognized as important in understanding couples' experiences of infertility" (p. 37); however, the literature is slow to reflect such recognition. Becker (2000) reported that upper-middle class white women are overrepresented in the literature as they are more likely to have the resources and/or a desire to seek medical solutions making them more readily available for participation. Additional gaps in the literature giving significance to this study are the lack of current research emphasizing the couple as the unit of analysis and the lack of retrospective inquiry.

Theoretical Framework

Resiliency is a concept used to describe an individual or group of individual's ability to overcome adverse circumstances (McCubbin, Thompson, Thompson, & Futrell, 1998). Over the past several decades, resilience has evolved from a mere construct to a solid theoretical framework used by social scientists to explain positive outcomes for families facing crisis. As such, the researcher has chosen the Family Stress Theory as the foundation for this study.

The idea of "family resilience" came about during the 1940s as researcher Reuben Hill began studying the coping mechanisms of families impacted by war. What he sought to explain was a family's ability to survive despite experiencing high levels of stress. Hill's (1949) scientific discoveries lead to the development of a widely adopted family stress model known as the ABCX model. He and other researchers were able to

identify stress as a normal occurrence that aids families in maintaining its balance (Hill, 1949; McCubbin & Patterson, 1983). According to this theory, a family's ability to adapt to stressful situations is dependent upon the following four factors: (a) the presenting stressor, (b) resources available to the family, (c) the meaning applied to the stressor, and (d) the family's reaction to the stressor (Hill, 1949; McCubbin & Patterson, 1983). They explained that stress becomes problematic for families when one or more of its members are unable to adjust to the perceived stressor (Lavee, McCubbin, & Patterson, 1985). Failure to adjust or maladaptation leaves families vulnerable to further stressors. As more stressful events begin to compile, the probability of a family crisis dramatically increases. As such, families are actively working to balance family demands with family capabilities thereby enabling members to effectively adapt to the changing environment (McCubbin & Patterson, 1983).

Family Stress Theory has become foundational to the study of resilience because it reveals what appears to be a "process" of resilience (Ridenour, Yorgason, & Peterson, 2009). According to McCubbin and McCubbin (2005) "the central outcome of the resilience process is adaptation and growth" (p. 27). Other trends in resiliency research show an overwhelming emphasis on risk and protective factors (Steinhardt & Dolbier, 2008; Simões, Gaspar De Matos, Tomé, & Mafalda, 2008; Feinstein, Baartman, Buboltz, Sonnichsen, & Kim, 2008). For example, Werner and Smith (2001) suggested that resilience occurs when positive internal and external factors such as family support and positive self-esteem, act as a buffer to or balance the potential impact of an identified risk. Similarly, Sesma and Roehlkepartain (2003) found that the more protective factors

that are present in the lives of those "at-risk" the more likely they are to have positive outcomes. These findings support Hill's idea that the avoidance of a family crisis depends upon the family's perception of the stressor and their ability to identify useful resources.

Finally, research suggesting that biological factors may account for an individual's ability to overcome adversity has appeared in the literature. For example, studies have found that gender may play a vital role in an individual's level of resiliency (Boardman, Blalock, & Button, 2008; Kim-Cohen, Mofffitt, Caspi, & Taylor, 2004). Mouton (2000) and Denby (1996) suggested that one's ethnic background can be used to predict resilience while Cicchetti and Blender (2006) proposed that "resilient functioning" is dependent upon the brains ability to recover from trauma. Whether resilience is biologically inherent, the result of teaching and learning or a combination of both, Hill's theory can be used to explore resilience among couples seeking to resolve their infertility.

Research Questions

The following research questions were addressed in this study:

1. What are the infertility-related stresses experienced by African American couples?
2. What are the perceptions of African American couples regarding their infertility experience?
3. What resources do African American couples utilized to help them resolve their infertility?
4. What meaning do African American couples apply to their infertility experience?

Assumptions

The researcher assumed the following about this study:

1. The participants were not coerced into sharing their experiences.
2. The participants were open and truthful with the researcher.
3. Infertility is a sensitive subject and a difficult situation for couples to experience.
4. An infertility experience is stressful.
5. Couples who are able to resolve their infertility are resilient.
6. African American couples who have resolved their infertility have a shared experience that will yield similar themes despite their unique perspectives.
7. The researcher's background shaped the interpretation of data (Creswell, 2007).

Definition of Terms

1. Assisted Reproductive Technology (ART): Fertility treatments in which both eggs and sperm are handled in a laboratory (ASRM, n.d.).
2. Clomide: Fertility medication used to induce ovulation (Resolve, 2010).
3. Donor Options: The use of donor eggs, donor sperm or donor embryos (Resolve, 2010).
4. Endometriosis: A condition in which endometrial tissue, which normally lines the uterus, develops outside of the uterine cavity in abnormal locations such as the ovaries, fallopian tubes, and abdominal cavity (ASRM, n.d.).
5. Female Infertility: Infertility caused by a problem in the female, for example, inability to produce an egg or an egg is unable to travel to the womb (ASRM, n.d.).

6. Gestational Carrier: A woman who agrees to have a couple's fertilized egg (embryo) implanted in her uterus. The gestational carrier carries the pregnancy for the couple, who usually has to adopt the child. The carrier does not provide the egg and is therefore not biologically (genetically) related to the child (ASRM, n.d.).
7. Fibroids: Benign (non-cancerous) tumors of the uterine muscle wall that can cause abnormal uterine bleeding (ASRM, n.d.).
8. Infertility: The inability to conceive a child after 12 months of unprotected sex (6 months for women over the age of 35) or the inability to carry a pregnancy to live birth (CDC, 2009).
9. Infertility Experience: Diagnosis, treatment and resolution of infertility.
10. In-Vitro Fertilization: A method of assisted reproduction that involves combining an egg with sperm in a laboratory dish. If the egg fertilizes and begins cell division, the resulting embryo is transferred into the woman's uterus where it will hopefully implant in the uterine lining and further develop (ASRM, n.d.).
11. Involuntary Childlessness: Without children due to infertility issues rather than by choice.
12. Male Infertility: Infertility caused by a problem in the male, for example, inability of ejaculate or insufficient number of sperm (ASRM, n.d.).
13. Miscarriage: A spontaneous pregnancy loss. Also known as a spontaneous abortion (ASRM, n.d.).

14. Ovulation: The release of a mature egg from its developing follicle in the outer layer of the ovary (ASRM, n.d.).
15. Parenting status: Childless or parenting a biological and/or adopted child.
16. Perception: The meaning applied to an occurrence or event as evidenced by one's thoughts and reflections about what they experienced.
17. Physical Resolution of Infertility: Currently parenting or living child-free.
18. Psychological Resolution of Infertility: Mentally or emotionally resolving thoughts and feelings that arose as a result of an infertility experience.
19. Primary Infertility: A condition in which a woman or man has never had a pregnancy after attempting to conceive (ASRM, n.d.).
20. Reproductive Surgery: A wide range of operations designed to increase fertility. For example, tubal reversal, varicocele repair or vasectomy reversal (ASRM, n.d.).
21. Secondary Infertility: A condition in which a woman or man is unable to conceive or a women is unable to carry a pregnancy to term after successfully and naturally conceiving one or more children (ASRM, n.d.).
22. Stressor: A life event or transition that places unusually high demands on a family system (McCubbin & Patterson, 1983).
23. Surrogacy: An arrangement in which a woman is inseminated with the sperm of a man who is not her partner in order to conceive and carry a child to be reared by the biologic (genetic) father and his partner (ASRM, n.d.).

Delimitations

1. This study focused on heterosexual, African American couples who are legally married in the United States.
2. This study involved couples who self-identify as having experienced infertility after being married to one another.
3. The study focused on couples having experienced primary infertility (neither individual had children at the time of their infertility experience).
4. This study was limited to couples who self-identify as having resolved their infertility, both physically and mentally, a minimum of two years prior to their participation in this study as research indicates that psychological resolution could take two or more years (Kraaij et al., 2008; Pepe & Byrne, 1991; Schwerdtfeger & Shreffler, 2009).

Researcher as a Person

According to Patten (2005), the qualitative researcher is a part of the research process. Therefore, it is important to note that the researcher was a 31 year old, African American, married female with no children. The researcher had been medically diagnosed with Polycystic Ovarian Syndrome and had undergone fertility treatments in the past. As a result of the researcher's personal experience with infertility, the researcher kept a detailed journal describing how she was thinking and feeling prior to and after each interview. Creswell (2007) suggested that keeping a reflexive journal helps to reduce any potential researcher bias. It should also be noted that the researcher holds a Masters degree in Marriage and Family Therapy and was a Registered Marriage and

Family Therapy Intern in the state of Florida. Thus, the researcher's clinical knowledge and experiences working with couples and families may have impacted the interview process. At the time of this study, the researcher was a Graduate Teaching Assistant at Texas Woman's University, in Denton, Texas and a full-time Family and Consumer Sciences Teacher at a high school in the Dallas-Fort Worth metroplex.

Summary

The Centers for Disease Control and Prevention (2010) has identified infertility "a public health priority." It is reported that one (1) in eight (8) couples will experience some form of infertility while attempting to conceive a child (CDC, 2008). Further, African Americans are at greater risk for experiencing unresolved infertility as they are less likely to seek medical treatment and/or psychosocial support (Jain, 2006; Greil, 1997). Research suggests that infertility is a gender neutral medical condition that crosses all ethnic and social boundaries, but produces similar physical and psychological consequences. Advancements in reproductive technology and changes in social perspectives have made it possible for couples to physically resolve their infertility, however the psychological impact of the experience can linger. Particularly if a couple's journey to parenthood does not end how they had hoped or envisioned. Exploring the experiences of African American couples who have overcome the challenges and stress of infertility can provide insight into effective strategies for helping couples reach a satisfying psychological resolution despite the physical outcome.

CHAPTER II

REVIEW OF THE LITERATURE

Infertility research has gained a considerable amount of attention over the past few decades as the landscape of reproductive medicine has evolved. Fresh concerns regarding legal and ethical dilemmas such as embryo transfers, disposal procedures, donor usage, and third party disclosure are beginning to emerge (Horowitz, Galst, & Elster, 2010). These secondary stressors support the use of Family Stress Theory as a foundation for the present study.

In addition to examining the secondary stressors of infertility, reproductive health research has revealed a more holistic approach to the exploration of infertility as scholarship in the area of mental health and well-being are increasingly more common (Pepe & Byrne, 1991; Peterson, Newton, & Rosen, 2003; Smith & Smith, 2004) as is the use of qualitative methodologies (Griel, 1997). Quantitative studies, however, still represents the large majority of published articles, particularly those involving African Americans. Comparative studies exploring risks and highlighting disparities between African Americans and other ethnic groups are popular. Again, these studies tended to focus on the physical aspect of infertility such as (a) the causes and types of infertility most commonly diagnosed in African American men and women, (b) responses to treatment modalities, (c) the frequency and duration of an infertility experience, and (d) access and barriers to treatment (Feinberg, Larsen, Catherino, Zhang, & Armstrong,

2006; Friedman & Bloodgood, 2010; Jain, 2006). Further, much of the infertility-related data on the African American population is obtained through national surveys involving little to no direct contact with the study population.

As mentioned in chapter one, the researcher was able to find only one published article highlighting the "lived experiences" of infertile African American couples (Phipps, 1998) that was dated and did not involve couples who had resolved their infertility. Consequently, this review of literature highlights the stress of infertility as experienced by other ethnic groups, their perceptions of what they experienced and the resources they utilized to help them cope and ultimately reach a satisfactory resolution. This literature review also highlights the significance of one's role as a parent within the African American community.

Significance of Parenthood in the African American Community

The significance of parenthood in the African American community is well documented. This section will highlight existing literature examining African Americans as parents.

Childrearing is a highly-esteemed and well-respected role in the African American community (McAdoo, 1988). So much so that when a biological parent is absent or uninvolved, another African American adult will assume the responsibility of caring for a child even if the child is not biologically theirs (Billingsley, 1992). Grandparents, for example, will often step-in on the behalf of their children acting as primary caregiver to their grandchildren (Burton, 1992; Fuller-Thomson & Minkler, 2000; Ross & Aday; 2006).

Younger African American women demonstrate pride in parenting through their actions, as many are raising their children alone. According to the U.S. Census Bureau (2006), over 50% of African American children are being raised in female-headed households. Despite the fact that many African American fathers are not living in the home, they too demonstrate pride in parenting through their actions. According to research, both residential and non-residential fathers reported being proud of their ability to financially provide for their children (Cazenave, 1979; Roy & Dyson, 2010). Further, McAdoo (1988) and McAdoo (1986) suggested that African American mothers and fathers demonstrated pride in parenting through their parental decision-making and disciplinary approach. As mentioned in Chapter I, parenthood provides a sense of immortality and legacy building in the African American community (Billingsley, 1992; McAdoo, 1988). As such, reproductive health problems pose a threat to the overall life satisfaction of African American couples.

Infertility as a Major Stressor

Ample studies have supported the classification of infertility as a major stressor. This section of Chapter II is a synthesis of literature highlighting those studies.

Research examining involuntary childlessness and levels of distress are comparable. Studies indicate that psychological distress is a common occurrence among individuals and couples who struggle to become parents (Kirkman, 2003; Mahlstedt, 1985; Daniluk, Leader, & Taylor, 1987). For example, Peronance, Boivin and Schmidt (2007) measured the mental and physical health of 250 Danish men using a nine-item mental health and energy-vitality subscale and found that after 12 months of failed

fertility treatment, the mental health of study participants declined. Participants reported feeling psychological symptoms such as despondency and irritation in addition to physical symptoms such as muscle weakness and chest pain. Similarly, Terzioglu (2004) measured the state and trait anxiety levels of men who had undergone genetic testing for ART and found that such testing significantly increased the state anxiety levels of study participants. A secondary data analysis from the Study of Marriage, Family and Life Quality (Schneider & Forthofer, 2005) revealed that infertile patients suffered stress over the course of their infertility experience, but that predictors of stress change over time. At baseline testing, for example, stress was highly related to participants' self-esteem, perceived health and anticipated cost of treatment. During the 12 and 24-month follow-ups, reported stress was related to the total number of treatments, spousal support, and the importance of having biological children (Schneider & Forthofer, 2005).

In addition to the intrapersonal stressors experienced by individuals with fertility problems interpersonal distress is often reported (Daniluk, 1988; Leiblum, Aviv, & Hamer, 1998). In a study involving 746 married or cohabitating couples who had successfully conceived after ART treatments, Repokari, Punamaki, Unkila-Kallio, Vilska, Poikkeus, Sinkkonen, Almqvist, Tiitinen and Tulppala (2007) found that among other variables, treatment related factors negatively impacted the marital satisfaction of study participants. For example, "women who had experienced spontaneous abortion and men with a lengthy infertility experiences (6 years or more) reported lower marital satisfaction than did other study participants" (p. 1487). Nelson, Shindel, Naughton, Ohebshalom, and Mulhall (2008) conducted a study involving 121 couples being

assessed for infertility at medical centers in the Northeast and Midwest. They found that the women were high-risk for sexual dysfunction as measured by the Female Sexual Function Index (FSFI) and were experiencing low relationship quality based on the results from their Self-esteem and Relationship Quality Survey (SEARS). Using the Infertility Questionnaire (IFQ), Van Rooij, Van Balen and Hermanna, (2007) compared the sexual functioning of infertile Turkish and Dutch couples and found that most participants experienced sexual problems as related to their infertility, though Turkish men and women rated higher.

Other research examining the impact of infertility on couple relationships reveals similar sexual problems, but positive relational outcomes (Pasch, Dunkel-Schetter & Christensen, 2001). Griel, Porter and Leitko (1990) studied the impact of infertility on sexual satisfaction and marital intimacy using 22, American couples living on the east coast. Qualitative interviews revealed that although there were negative implications as related to their sex lives (i.e. scheduled sex); couples reported experiencing greater marital closeness because of their infertility experience. Likewise, participants from Lee, Hui-Choi, Chan, Chan and Ng's (2009) study reported that their infertility experience had "created an opportunity for them to strengthen their marital relationship and appreciate their spouses" (p. 1924). Finally, couples involved in Phipps' (1988) study reported that their marriage was "stronger" and that their infertility experience left them feeling "more united" (p. 251) than ever before, despite the fact that some reported considering divorce sometime during the course of their experience.

Perceptions of Infertility

Perceived stigma of persons experiencing infertility is also highlighted in the literature. Studies reveal conflicting data regarding social perceptions of involuntary childlessness as opposed to voluntary childlessness. For example, Kopper and Smith (2001) explored 661college students' perceptions of childless couples and found that childlessness due to infertility was viewed more positively than childlessness-by-choice or childlessness-without- explanation and elicited feelings of compassion and empathy. Conversely, LaMastro's (2001) study involving a sample of 274 college students revealed that childlessness is considered a negative attribute whether voluntary or involuntarily. Both studies required students to read descriptions of couples that included personality characteristics and/or employment status.

Letherby (2002) provided a critical review of social perceptions of infertility from a feminist perspective. She suggested that the dominant discourse makes women feel powerless and feeble as society views them as despairing victims who experience extreme suffering and mental anguish (Letherby, 2002). Interestingly, infertility-related stress is often the result of personal perceptions about social stigma. Gonzales (2000) examined the meaning of infertility to 25 infertile women who were receiving medical treatment. The sample included 22 Caucasian women, two Hispanics, and one African American woman. Most of the women were college educated. All of the women were married and had an income between $30,000 and $100,000+. The five major themes that emerged were (a) failure to fulfill a prescribed social norm, (b) assault on personal identity, (c) mourning, (d) transformation, and (e) restitution. The researcher found that

perceived stigma "emerged in the form of negative self-perceptions as a woman, negative self-perceptions related to feeling alienated from society and negative interpretations of the behaviors of other such as belittlement, non-empathy and cruelty" (p. 624). Phipps' (1998) study revealed similar findings as external pressure to conceive left couples feeling "isolated and not fitting in" (p. 253). Consequently, these couples decided to remain private about what they were experiencing.

Research points to clear gender differences among men and women relating to perceptions of infertility. Men are particularly hesitant about disclosing their infertility to others. In 2007, Slade, O'Neill, Simpson and Lashen sought out to compare the levels of perceived stigma, disclosure patterns and social support among men and women who were in the diagnostic phase of their infertility experience. They hypothesized that higher levels of perceived stigma, would be associated with lower levels of disclosure and perceived support. The study showed a significant negative correlation between stigma consciousness and number of people disclosed to for men and a negative relationship between stigma consciousness and perceived social support for both men and women. Overall, women reported higher levels of fertility-related stigma then men, but also higher levels of disclosure. Mahlstedt (1985) implied that infertile women experience higher levels of perceived stigma because motherhood is central to the female social identity. This was corroborated by the Gonzales study mentioned above.

Resources for Coping with Infertility

Resources for coping with infertility vary among ethnic groups. This section of the literature review discusses some of the coping mechanisms utilized by infertile individuals and couples alike.

Physically and psychologically resolving infertility can be long and tremulous process. Thus, identifying and utilizing internal strengths and external resources can aid couples in managing the stress of infertility and increase the likelihood of reaching a desired resolution. For example, Covington and Burns (2006) found that proper coping mechanisms and emotional support have been associated with positive treatment outcomes and overall patient well-being. Other studies show that couples who found effective coping strategies early on and were able to communicate openly about their experience were less likely to experience fertility-related stress and were more likely to experience positive emotional and relational outcomes (Peterson, Pirritano, Block, & Schmidt, 2011; Pasch, Dunkel-Schetter, & Christensen, 2001; Callan, 1987). Abedinia, Ramezanzadeh, and Noorbala (2009) even found that couples who had participated in psychiatric interventions to help them deal with the psychological stresses of infertility were more likely to get pregnant than those in the control group. Results showed a 15.2% pregnancy rate in male factor, 32.1% in female factor, 20.8% in multiple factor and 57.1% in unexplained factor infertility groups.

Methods of coping with infertility are as varied as the individuals and couples diagnosed. Peterson, Newton, Rosen, and Schulman (2006) studied the coping mechanisms of 420 couples, referred for ART, over a 7-year period. Couples were

assessed using the Ways of Coping Questionnaire (WCQ), the Fertility Problem Inventory (FPI), the Dyadic Adjustment Scale (DAS) and Beck Depression Inventory (BDI). Peterson et al. found that couples engaged in three main coping patterns, (1) distancing, (2) self-controlling and (3) accepting responsibility, which had significant implications for partner reports of fertility related stress, marital adjustment and depression. Tuschen-Caffier, Florin, Krause, and Pook (1999) studied the impact of Cognitive Behavioral therapy (CBT) on infertile couples and found that couples who participated in therapy had decreased levels of marital distress, and thoughts of helplessness as well as higher rates of live-births at 6-month follow-up.

Spiritual practice is often used as a strategy to aid couples in copying with the challenges and stress of infertility. Smith and Smith (2004) conducted a study to examine the effectiveness of CBT on infertile couples who regularly practiced their faith. What they found was that common strategies used in CBT such as cognitive restructuring, relaxation techniques, ignoring myths, etc. were especially helpful for study participants. Phipps' (1998) study had similar faith-based implications. In separate semi-structured interviews, eight infertile African American couples were asked to answer the following question, "what it is like as a man or a woman not to be able to have a child when they wanted to?" After individual interviews, couples were brought together and asked "what is it like for you as a couple not to be able to have a baby when you want to?" (p. 248). Phipps found that couples experienced emotional and relational distress, but were able to manage the stresses by "supporting one another, focusing on other aspects of living, adopting a positive approach and having faith in God, God's timing and provision" (p.

256). Numerous studies support Phipps' findings that African Americans use their spirituality as a resource to overcome other stressful events (Ahrens, Abeling, Ahmad, & Hinman, 2010; Washington, Moxley, Garriott, & Weinberger, 2009; Moore & Miller, 2007; Arnold, Avants, Margolin, & Marcotte, 2002).

Outcomes for Couples Experiencing Infertility

Outcomes for couples who have experienced infertility are inconclusive. This section of Chapter II addresses some of the relevant research findings.

As previously mentioned, the psychological well-being of individuals and couples affected by infertility has been under examination. Studies have shown that the experience of infertility is similar to models of bereavement (Seibel & Taymor, 1982) and that it takes a few years before psychological resolution is achieved (Kraaij et al., 2008; Pepe & Byrne, 1991; Schwerdtfeger & Shreffler, 2009). Researchers are finding that therapeutic treatment and social support can be beneficial for emotional restoration (Hart, 2002; Sabatelli, Meth & Gavazzi, 1988). For example, Kirkman (2003) studied the infertility experiences of Australian women through narrative inquiry and found that the lack of meaningful alternative goals, poor social support and the dominant discourse regarding motherhood were barriers to moving past their infertility. Kirkman (2003) suggested that "revising their autobiographical narrative" (p. 258) might be helpful in reaching psychological wellness for individuals impacted by infertility.

Couples are physically resolving their infertility by conceiving in both "traditional" and "non-traditional" ways. Statistically, 50-60% of infertile couples will overcome their infertility through natural childbearing (Domar, Zuttermeister, Seibel, &

Benson, 1992). That is, delivering a biological child by way of traditional pregnancy or surrogacy. For the infertile couple, natural conception often requires medical intervention. As reported in chapter one, thousands of babies are born through the use of assisted reproduction (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008). However, studies reveal that African American women are less likely to utilize ART to accomplish their parenting goals (Jain, 2006).

Adoption is a popular method used by couples to resolve their infertility. According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (2008a) there were over 120,000 children adopted annually in the years 2000 and 2001. Surprisingly, men between the ages of 18 and 44 were twice as likely as women to adopt (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008a). Though not all adoptive parents have experiences with infertility, the study reports that women who have problems conceiving are more likely to consider adopting a child (U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2008a). Daniluk and Hurtig-Mitchell (2003) conducted a qualitative study involving 39 infertile couples who had adopted one or more children as a result of their infertility. Study participants reported that "adoptive parenting helped them heal the hurt of being infertile" (p. 81) and that the decision to adopt was ultimately a pleasant one.

Child-free living is an additional option for couples who are experiencing infertility. Studies examining involuntary childlessness reveal that although it is not the preferred resolution, couples are coming to terms with the fact that they may not make

the transition to parenthood (Callan, 1987; Daniluk, 1996; Letherby, 2002; Su & Chen, 2006). For example, Kraaij, Garnefski, and Vlietstra (2008) surveyed 169 people, including 62 couples, who were childless due to infertility. Participation was limited to couples who had no desire to parent through adoption or surrogacy and the majority of the couples involved had no hope of having biological children via medical intervention. Though only 99 people participated in the 2-year follow-up, Kraaij et al. found that depressive symptoms as measured by the depression subscale of the Symptom Checklist (SCL-90) and cognitive coping strategies, as measured by the Cognitive Emotion Regulation Questionnaire (CERQ), had decreased over time. Findings from the study imply that positive adjustment to involuntary childlessness can ultimately be achieved.

Summary

Researchers have identified infertility as a major life stressor that yields both individual and interpersonal consequences. From its onset to its resolution, infertility can significantly impact the physical, emotional and relational well-being of affected persons. As a result, research scholars are taking a more holistic approach to the exploration of infertility. However, studies examining the resilience of infertile African American couples are rare. Moreover, the published study that exists is dated. Nonetheless, this literature review provides an overview of existing data examining the significance of parenthood in the African American culture as well as the stresses, perceptions, copying mechanisms and methods of resolving infertility as a foundation for the present study.

CHAPTER III

METHODOLOGY

Qualitative Research

The decision to use a qualitative research design was solely based on the research questions identified in chapter one. Using the Family Stress Model as a theoretical framework, the researcher's goal was to explore the stress-related experiences, perceptions and meaning-making of African American couples who have resolved their infertility. A qualitative approach has an advantage over a quantitative approach in this particular study because of the intent of the inquiry. According to Weiss (1994) "developing detailed descriptions" and/or "describing a process" (p. 9) are two of several reasons to undertake a qualitative interview study. Shank (2002) suggested that the purpose of qualitative research is "insight, enlightenment and illumination" (p. 11). Though the goals of qualitative research are numerous, the overall justification is that qualitative inquiry allows the researcher to collect and interpret textual data that might not otherwise have been gathered.

Phenomenology

Phenomenology is one of several qualitative approaches used to study human experiences, perceptions and meaning-making (Moustakas, 1994; Weiss, 1994; Shank, 2002). According to Moustakas (1994), the key components of the phenomenological research process are: (1) epoche/bracketing, (2) phenomenological reduction (3) imaginative variation, and (4) synthesis. Creswell (2007) defined epoche as "the setting

aside of experiences, as much as possible, to take a fresh perspective towards a phenomenon" (p. 59). Phenomenological reduction requires the researcher to "describe what appears exactly as it appears" (Giorgi, 1970, p. 162). Imaginative variation is a psychological process by which the researcher derives structural themes through varied frames of reference and perspectives (Moustakas, 1994). Finally, Moustakas (1994) described synthesis as the culmination of meanings and essences as depicted by study participants.

According to Creswell (2007), the phenomenologist is "a researcher concerned with understanding the commonalities of individuals who experience a certain phenomenon" (pp. 58). He also stated that the purpose of phenomenology is to "reduce individual experiences with a phenomenon to a description of universal essence" (p. 58). Similarly, Bogdan and Knopp-Biklen (2007) suggested that phenomenological research is "concerned with understanding the point of view of the subjects" (pp. 274) and since the goal of this study was to describe the lived experiences, meaning-making and perceptions of the research participants, a phenomenology approach was most appropriate.

Interview Method

The researcher used semi-structured interviews as the method of data collection. Semi-structured interviews require that each participant is asked the same general questions or topics (Bogdan & Knopp-Biklen, 2007). The choice to conduct semi-structured interviews arose from the researchers desire to allow participants an opportunity to freely express themselves while at the same time ensuring that the research questions are addressed from a neutral perspective in a non-threatening manner. Bogdan

and Knopp-Biklen (2007) suggested that apart from unstructured interviews, semi-structured interviews are the most conversational and flexible style a researcher can employ.

Trustworthiness and Dependability

In qualitative research, trustworthiness represents the credibility and validity of the research study (Patten, 2005). Careful attention to the trustworthiness and dependability helps to demonstrate the quality and rigor of the research design. Triangulation, reflexivity and, member checking was utilized to increase the trustworthiness and dependability of this study.

Triangulation is a strategy used to substantiate the descriptions and themes identified by the researcher (Creswell, 2007). Therefore the researcher solicited two research team members to substantiate the researcher's findings by providing feedback regarding coding and identification of themes. Both research team members were given a hard copy of the interview transcripts, excluding demographic information, and were asked to thoroughly read through the data to determine patterns and themes. Transcripts were coded with a number so that the privacy of study participants was maintained. Finally, the researcher met with the research team members individually to discuss the data and compare emergent themes and patterns.

Reflexivity requires a conscious awareness of the "biases, values and experiences the researcher brings" (Creswell, 2007, p. 243) that might impact the research process. Therefore, the researcher kept a reflexive journal throughout the research process to document personal values and beliefs as related to the research topic. Further, in chapter

five of the research manuscript, the researcher describes how her assumptions, values and experiences may have come into play during the research process.

Member checking is a form of participant feedback that allows the researcher to correct and clarify data for improved accuracy and credibility (Patten, 2005). Therefore, the researcher asked each couple to participate in the member checking process. Study participants were given a hard copy of their interview via email and were asked to review it for accuracy. Transcripts were revised, in consultation with study participants when necessary. Consultations were done both in person and via telephone.

Recruitment of Participants

Snowball sampling was used to recruit 9 couples. Snowball sampling is a method by which the researcher finds one study participant and asks him/her to introduce or recommend other study participants based on the identified criteria (Patten, 2005).The researcher also emailed a request for participation by attaching the recruitment flyer (see Appendix A) to the following email message and sending it to the email contacts in her online address book: "Please view the attached flyer regarding my dissertation research and forward the information to your friends and family. Thank you for your assistance! There is a potential risk of loss of confidentiality with any email, downloading, and internet transactions. ~Leslie". The researcher was then contacted by potential study participants and screened using the Suitability for Participation Script (see Appendix B) to determine their eligibility to participate.

Description of Participants

The research participants were heterosexual, African American couples, who are legally married in the United States. Participants self-identified as having experienced and resolved their infertility both physically and psychologically a minimum of two years prior to their interview. The aforementioned description is important to note once again because according to the research, psychological resolution could take a minimum of two years (Kraaij et al., 2008; Pepe & Byrne, 1991; Schwerdtfeger & Shreffler, 2009). Couples who participated in this study also self-identified as having experienced infertility after being married to one another. All of the participants reported experiencing primary infertility and some couples reported having experienced primary and secondary infertility. Participants had no outside children and were at least 18 years old (as required by law to be legally married). There were no restrictions based on parenting status thus, 6 of the participants were currently parenting and the remaining 3 couples were living childfree.

Data Collection

According to Creswell (2007), "participants may be fearful that their issues will be exposed to people outside their community, and this may make them unwilling to accept the researcher's interpretation of the situation" (p. 139). Therefore, in order to build trust between the researcher and the participants, interviews were conducted at a location identified by the participants. By doing so, the researcher attempted to demonstrate her commitment to confidentiality and to increase the participants trust in

her interpretation of their experience. All 9 interviews were conducted at the participants' home.

Interview Process

The researcher contacted potential study participants via telephone to access their suitability for the study. The researcher used the Suitability for Participation Script to complete the phone assessment. After suitability was determined, the researcher requested a meeting time and place for the interview to take place. At the time of the interview each couple was asked to sign a letter of consent (see Appendix C). They were also asked to choose a code name to be used during the interview and analysis process. Only the researcher knew the couple's real names. After choosing a code name, the couple was asked to complete an individual demographic questionnaire (see Appendix D). Once the letter of consent and demographic questionnaires were returned to the researcher the couple was given a referral list (see Appendix E) which included information about relevant books, national and local service person(s) and organizations specializing in mental health counseling, family life education and infertility-related support. Immediately before beginning the interview, the researcher verbally informed each couple that they could chose to stop answering the research questions at any time during the course of the interview and withdraw their participation. The researcher also verbally informed each couple that they could choose to take a break during the interview process if they so desired. As the audiotaped interview began, the couple was asked one introductory question followed by seven interview questions. Though the couple was interviewed together, the researcher solicited a response to each question from both the

husband and the wife. At the conclusion of the interview each couples was asked to participate in a 20-30 minute transcript review and phone consultation with the researcher to insure the accuracy and credibility of the interview. Finally, the researcher thanked the couple for their time and contribution to this research study and gave them an opportunity to ask any questions they may have had.

The following list of questions guided the semi-structured interview (see Appendix F):

Introduction Question:

(1) Tell me how you both met.

Interview Questions:

(1) Tell me about your experience with infertility starting with the point you realized there was a problem and ending at the resolution.

(2) Tell me about the challenges and stresses you experienced as a result of your infertility.

(3) What were your thoughts about what you were experiencing?

(4) How were you able to overcome the challenges and stresses of infertility?

(5) Tell me about the resources you used to help you reach a resolution.

(6) Looking back, what are your thoughts about what you experienced?

(7) What can you add that I did not ask?

A list of probing questions used by the researcher is as follows:

(1) Tell me more about that.

(2) What would you like to add?

(3) Can you give me an example?

(4) I want to make sure I understand. Can you repeat that again for me?

(5) Can you help me understand what you mean by…?

The researcher took minimal notes during the interview process choosing instead to audio record. The researcher completed field notes once she had returned home from the each interview. Further, the researcher kept both hard and soft copies of all data collected in a locked safe at the researcher's home. The researcher also kept her reflexive journal in a locked safe at her home.

Protection of Human Subjects

The researcher followed the guidelines identified by the Internal Review Board (IRB) at Texas Woman's University for conducting this study. Couples who responded to the researcher's request for participation were contacted via phone by the researcher to discuss the purpose of the study and qualifications for participation. Couples who qualified and agreed to participate in the study were given a letter of consent detailing the purpose of the study, possible risks involved in participation as well as the researcher's commitment to confidentiality (to the extent that is allowed by law). The researcher collected the signed consent forms stating that the participants were aware of the possible risks and confidentiality policies also that they were granting the researcher permission to use their information in the study prior to beginning the interview. At that time the researcher also provided the couple with a referral list including books, national and local service person(s) and organizations specializing in mental health counseling, family life education and infertility-related support.

Data Analysis

Interviews were transcribed verbatim from the audio recordings and thoroughly reviewed by the researcher and study participants before the coding process began. The researcher also listened to each audio-recorded interview prior to beginning analysis. As informed by Creswell (2007) and Moustakas's (1994) phases of analysis, the researcher first "horizontilized" the data (Moustakas, 1994, p. 94) then used imaginative variation to create "textural and structural descriptions" (Creswell, 2007, p. 60-61). By color coding common words and statements, the researcher was able to used participants' statements to identify themes. As described above, the researcher met individually with two research team members who were given a hard copy of the interview transcripts, excluding demographic information, and asked to thoroughly read through the data to determine patterns and themes. The researcher and team members discussed the data and compared emergent themes and patterns. From there, the researcher was able to synthesis the findings and formulate "composite descriptions" (Creswell, 2007, p. 159) of the participants lived experiences.

Summary

This chapter summarizes the research methodology, data collection and analysis processes that occurred during the course of this study. The researcher solicited study participants via snowball sampling, flyers, email and word of mouth. The researcher contacted potential study participants to determine eligibility and provide information about the study. If a couple met the specified qualifications and agreed to participate in the study, the researcher scheduled an interview. A letter of informed consent was signed

before the interview began detailing their right to terminate the interview or to take a break at any time during the interview process. Couples also received a referral list prior to beginning the interview at which time the couple was given the opportunity to ask any questions. Data were analyzed and handled using the steps described in this chapter as approved by the Texas Woman's University Institutional Review Board.

CHAPTER IV

RESULTS

The purpose of this study was to explore the lived experiences of African American couples who had resolved their infertility. Using the Family Stress Model as the theoretical framework, the researcher examined the stress of infertility as experienced by African American couples, the perception of couples regarding what they were experiencing and the resources they utilized to help them reach a resolution both physically and psychologically. The researcher also explored the meaning the couples applied to their experience at the time it occurred as well as the current meaning applied to what they experienced. The researcher interviewed 9 couples who volunteered and were eligible for the study. This chapter presents a detailed description of the sample and a detailed description of the 7 emergent themes including 4 sub-themes.

Sample Description

The sample sized consisted of nine, African American couples who ranged in age from 28-53. The average age of the husbands was 39.56 and the average age of the wives was 38.89. The couples ranged in years married from 4-18 years. The mean years married was 11 years. The researcher conducted interviews in three different geographical locations in the United States. Two couples lived in the Southeast region, three couples lived in the South-central region and four couples lived in the Midwest. Six couples were currently parenting and three couples were living child-free. All six parenting couples had biological children and 1 of the 6 parenting couples also adopted a child. Annual

household incomes ranged between $20-40,000 and $120,000+. All nine husbands and five wives reported working full-time, two wives reported working part-time and two wives reported being unemployed. The education levels ranged from "high school diploma/GED" to "masters degree." Infertility diagnosis also ranged among couples. Three of the 9 husbands and 5 of the 9 wives had been medically diagnosed with infertility. One couple had not been medically diagnosed with infertility, but had experienced several miscarriages while trying to conceive. That couple was currently living child-free. Although, infertility diagnoses ranged among couples, 78% (7) of the couples reported seeking medical treatment for infertility. None of the couples reported seeking counseling for infertility-related issues. There was little variation in religious affiliation as 8 of the 9 husbands and all nine wives reported being Christians. The following three tables provide more information about the sample demographics.

Table 1
Demographic Characteristics of Husbands (n = 9)

Characteristics	Number of Participants (%)
Highest level of education:	
Some high school	
High school diploma/GED	1 (11)
Some college	3 (33)
Associate degree	
Bachelor degree	4 (44)
Masters degree	1 (11)
Doctoral degree	
Employment status:	
Full-time	9 (100)
Part-time	
Unemployed	
Religious affiliation:	
Christian	8 (89)
Catholic	
Jewish	
Muslim	
Other (specified)	
None	1 (11)
Medically diagnosed with infertility:	
Yes	3 (33)
No	6 (67)
Medical diagnosis:	
Low sperm count	3 (33)

Table 2
Demographic Characteristics of Wives (n = 9)

Characteristics	Number of Participants (%)
Highest level of education:	
Some high school	
High school diploma/GED	
Some college	3 (33)
Associate degree	2 (22)
Bachelor degree	2 (22)
Masters degree	2 (22)
Doctoral degree	
Employment status:	
Full-time	5 (56)
Part-time	2 (22)
Unemployed	2 (22)
Religious affiliation:	
Christian	9 (100)
Catholic	
Jewish	
Muslim	
Other (specified)	
None	
Medically diagnosed with infertility:	
Yes	5 (56)
No	4 (44)
Medical diagnosis:	
Polycystic Ovarian Syndrome	4 (44)
Endometriosis	1 (11)
Damaged Fallopian tubes/Scar tissue	1 (11)

Table 3
Demographic Characteristics of Couples (n = 9)

Characteristics	Number of Participants (%)
Number of years married:	
2-5	1 (11)
6-10	4 (44)
10-15	1 (11)
16-20	3 (33)
20+	
Annual household income:	
Below $20,000	
$20,000-$40,000	2 (22)
$41,000-$60,000	
$61,000-$80,000	2 (22)
81,000-$100,000	2 (22)
$100,000-$120,000	1 (11)
$120,000 and above	2 (22)
Sought medical treatment:	
Yes	7 (78)
No	2 (22)
Attended counseling:	
Yes	
No	9 (100)
Number of children:	
0	3 (33)
1	3 (33)
2	2 (22)
3	1 (11)
Avenue in which children were gained:	
Natural	5 (56)
Adoption	1 (11)
Surrogacy	
In vitro fertilization	2 (22)
Other (specified)	
Living child-free	3 (33)

Couples at a Glance

This section of Chapter IV provides an overview of the couples who participated in this study. It details their age, family composition and their personal experience with infertility.

Victor and Noel

At the time of their interview Victor and Noel were 34 and 40 years old and had been married for 7 years. They had struggled with infertility for 11 months before becoming pregnant with their first child who was born prematurely. Victor and Noel were pregnant with their second child and described themselves as being overjoyed.

Renato and Maria

At the time of this study, Renato and Maria were 41 and 40 years old and had been married for 17 years. They learned about their infertility 7 years after they were married. They had had several miscarriages before adopting their first child. Maria naturally became pregnant with their second child soon after adopting their first. They described themselves as proud parents of two healthy and happy children.

Thad and Angelina

At the time of their interview, Thad and Angelina were 40 and 39 years old and had been married for 15 years. They learned about their infertility 2 years after they were married and had their first child through in vitro fertilization. They were the parents of three children (two of which were conceived naturally). They described themselves as being blessed with three beautiful children.

Omega and Dunjee

At the time of their interview, Omega and Dunjee were 53 and 45 years old and had been married for 18 years. Omega and Dunjee were not medically diagnosed with infertility, but they realized that they were having difficulty conceiving a child after having 3 miscarriages. Omega and Dunjee had considered adoption, but never followed through with the process. Thus, they were living child-free. They described themselves as a loving couple that will continue to cherish one another.

Cliff and Claire

At the time of their interview Cliff and Claire were both 28 years old and had been married for 4 years. They learned about their infertility early on and sought medical treatment immediately. Through the use of the fertility drug Clomid they had one child who was born prematurely. They described themselves as being the parents of a happy and healthy child despite the complications of a premature birth.

Bob and Pam

At the time of their interview Bob and Pam were 44 and 43 and had been married for 8 years. Bob and Pam were medically diagnosed with infertility and had not been able to conceive. They had considered adoption, but did not follow through with the process. As a result of their decision not to pursue adoption, they were living child-free. They described themselves as optimistic about the future of their family.

Johnny and Tiffany

At the time of their interview Johnny and Tiffany were both 38 years old and had been married for 16 years. They learned of their infertility 5 years after they were married

and immediately sought medical treatment. Through the use of the fertility drug Clomid, they had two children who they described as a blessing.

Murphy and Tina

At the time of their interview Murphy and Tina were 36 and 39 years old and had been married for 7 years. They had not been medically diagnosed with infertility, but noticed they had a problem conceiving after several years of unprotected intercourse and never conceiving a child. They described themselves as hopeful about their future.

Tony and Lisa

At the time of their interview Tony and Lisa were 42 and 38 years old and had been married for 7 years. They learned about their infertility 1 year after their marriage and sought medical treatment immediately. Through the use of in vitro fertilization they had one child. In a previous IVF cycle they delivered two fraternal twins who died due to complications of an early birth. They described themselves as being closer than they have ever been to one another and to God.

Findings

The purpose of this study was to explore the lived experiences of African American couples who had resolved their infertility. Although the focus of the study was broad, the researcher sought to answer four specific research questions listed below:

Research Question 1: What are the infertility-related stresses experienced by African American couples?

Research Question 2: What are the perceptions of African American couples regarding their infertility experience?

Research Question 3: What resources do African American couples utilized to help them resolve their infertility?

Research Question 4: What meaning do African American couples apply to their infertility experience?

The following list of interview questions was used to solicit data from the research participants:

Introduction Question:

(1) Tell me how you both met.

Interview Questions:

(2) Tell me about your experience with infertility starting with the point you realized there was a problem and ending at the resolution.

(3) Tell me about the challenges and stresses you experienced as a result of your infertility.

(4) What were your thoughts about what you were experiencing?

(5) How were you able to overcome the challenges and stresses of infertility?

(6) Tell me about the resources you used to help you reach a resolution.

(7) Looking back, what are your thoughts about what you experienced?

(8) What can you add that I did not ask?

A list of probing questions used by the researcher during the interview process is as follows:

(1) Tell me more about that.

(2) What would you like to add?

(3) Can you give me an example?

(4) I want to make sure I understand. Can you repeat that again for me?

(5) Can you help me understand what you mean by…?

The researcher analyzed the participant's experiences by listening to the audiotaped interviews and reviewing the transcripts thoroughly. Similar quotes were grouped together to support the following 7 themes: (a) taking conception for granted, (b) thoughts of inadequacy, (c) emotional highs and lows, (d) spiritual highs and lows, (e) spousal empathy, (f) thank goodness for supportive family and friends, and (g) pain with a purpose.

Theme One: Taking Conception for Granted

Several of the couples in this study reported taking conception for granted. They assumed that once they got married having a child would be the natural progression. One husband reported that having children was part of the reason he married.

> Murphy: "I would love to have a child, that's why I got married, hopefully – with hopes to start a family. I know she did too, you know." I never gave thought to any biological or medical problems that may persist, but those questions did start to loom as time went by…"
>
> Renato: "You know, we were a young couple, and it was always like okay, when we're ready to start a family we will. It's like, that's what you do and that's what we were seeing all of our friends do. So, we just assumed I think."

Some couples said that in retrospect, they would have done things a little differently. Many reported that they would have started the process of trying to conceive earlier on in their marriage or they would have explored other family building options.

Noel: "I regret not starting sooner. We got married at 32 and 27 and we wanted to travel."

Dunjee: "If I could go back in time, I would have paid attention to my ovulation and I would have set a time to focus on getting pregnant. We were so busy living, having fun and hanging out. So if I could go back, I would have been more careful about planning a family."

Theme Two: Thoughts of Inadequacy

Although each of the couples described a different experience with infertility a common theme among participants, specifically the spouse who identified themself as being the "cause or source" of the infertility, was thoughts of inadequacy. Several of the participants reported feeling "damaged" or "less-than a man or woman." Similar statements from participants are listed below:

Tiffany: "We talked a lot, you know and I just explained to him, I felt, as a women, you feel kind of like inadequate, you know, if you can't have a child, that's how I was feeling and I was just so overwhelmed with this guilt, will I ever have a child, you know, and everybody else around you is having the child, I wanted to be able to be a mother and have that experience to teach my child, something to have to contribute to the world and to grow and things like that, you know. We all hope for that and I think I really felt inadequate."

Bob: "You sit back and you're like damn, I raised some kids, I raised my sister's kids, I've changed plenty of diapers so, it kind of challenged me in the sense as my manhood, like wow."

Noel: "For me it was just an emotional roller coaster and very painful because it was just a challenge on my femininity. I felt like a loser. I felt like I had the scarlet L on my forehead."

Dunjee: "You know it's like feeling like a failure somewhat."

Participants also discussed thoughts of inadequacy when being questioned by others as to why they were taking so long to have children.

Bob: "People would ask, 'hey what's wrong with your ass, when are you going to have a baby?' I use to say, oh yeah we'll have one, but now I just say, we can't and move on."

Dunjee: "When I was in my late 20s or early 30s someone asked if I had kids. I said no and they said, 'cause your selfish' and I got upset. I think as long as we don't have kids we'll always have to deal with it- feeling like something is wrong with you."

Johnny: "You're hearing the voices in the back of the mind [of other people] saying don't wait until yall get too old, don't wait until yall get too old, you know…"

Theme Three: Emotional Highs and Lows

When asked about some of the challenges they experienced as a result of their infertility, all 9 couples described similar statements of "being on an emotional

rollercoaster." Lisa stated, "...I think it was definitely very, very emotional, more so than anything else..." Noel and Pam described feelings of anger toward their husbands not as a result of their [husband's] infertility, but because they didn't think that their husbands were making an effort to do anything about it. Two sub-themes emerged under the theme emotional highs and lows. They included (a) anger, helplessness and despair and (b) hopefulness, happiness and gratitude.

Anger, helplessness and despair. Many couple described feelings of anger, helplessness, depression and despair during their course of their experience. Bob described himself as having been in "a rut" at some point during their experience. Noel and Claire reported being "very sad." Pam and Dunjee reported being in a "dark state." Some of their statements are included here:

> Tina: "It was disappointing like why can't I have any kids. You know, it's like you have this dream you are like okay, I found the man I love and I married and you know, we went to college, we've graduated, we are doing well, we bought our home and we got the room here for our kids we are ready to get on with the second stage of life. And it was just – it was very depressing."
>
> Pam: "... it became overwhelming for me 'cause it was always a constant thing and it just took years and years and consuming my life. Then when I would find out that friends and family were getting pregnant it was just like darkness for me. I mean years of depression, gaining weight out of control, crying, I mean it was just horrible. It took a lot of energy out of me really, so I kind of just gave up to a certain extent."

Dunjee: "…I never claimed depression. I only assumed that's what it was because it was dark… the blinds were shut for weeks. I was on my own. I didn't want to be bothered by Omega and nobody else. I just wanted to be left alone."

Claire: Me? I was just scared because I really wanted a baby and I couldn't have one. And then I would get super, super depressed seeing little kids – like young kids and parents that weren't taking care of their babies. It used to make me so mad, but that was rough.

Tony discussed the helplessness he felt once his twins were born. He stated, "… and when the children were born [4 months early] just watching the whole thing and being helpless in the whole process you know, we tried to get through it as best as we possibly could and you know, there was a lot of tough decision to make throughout that whole ordeal and I think that weighed on my mind more than anything else…"

Hopefulness, happiness and gratitude. Couples remained hopeful about parenthood despite several disappointments along way. Their optimism was apparent because they would say things like, "we never gave up hope" or "we stayed positive." Two of the couples who had had their children prematurely reported being grateful even though their children were born early and had to remain hospitalized.

Pam: "Still, we kept hope. We kept trying and trying…"

Thad: "When we weren't doing anything that's when you felt like -- well, all hope is lost. As long as we were in the process of going forward, doing things going forward that gave us the ability to stay positive."

Noel: "On the other hand I was grateful because some people can't even have one and although I did have a preemie I was very blessed and fortunate to be able to become a mom."

Tiffany: "…we're so grateful that we hung in there through our journey and didn't give up after those five years, you know."

Theme Four: Spiritual Highs and Lows

All 9 couples discussed their faith in relation to their infertility experience. All 9 wives and 8 husbands reported that they relied heavily on their faith to help them overcome the emotional ups and downs of their experience. Two subthemes emerged under the theme spiritual highs and lows. They included (a) questioning faith and (b) relying on faith.

Questioning faith. Almost all participants reported thinking that they were being "punished by God." Many couples felt as if their faith was failing them. They reported thinking, "How could God let this happen?"

Noel: "I felt that God had you know kind of let me down…"

Lisa: "…I remember saying to him [Tony] why would God allow us to go through all of this to be pregnant and then not be able to bring home a healthy baby? I just couldn't understand, why let us get this far for us to not be successful in the end and be able to bring home a healthy child and so forth. You hear it all the time, you know that everything happens for reason, but when you are going through

something you don't really want to hear that [laughing], you are like well why does this have to happen to me?"

Bob: "Is this what God has planned for me, I can't have kids? And I see all this out here. People not taking care of kids…"

Dunjee: "I don't remember a whole lot about it, but I do remember thinking that damn it, God knows best. You know, questioning myself and my abilities. Is it because He knows best that He's protecting me from something by not allowing me to produce my own children? Is there something in me that He's protecting this little one that isn't going to ever- You know what I'm saying? It's like, does He know? Of course He knows something I don't. I was trying to figure out what is it. Am I bad? Is something inside of me rotten? You know questioning my character, my spirituality, everything is questioned. Am I not mentally strong enough to endure parenting? What? I questioned myself in every way you can imagine."

Relying on faith. Despite the fact that couples reportedly questioned their faith several times throughout their experience, they also stated that their relationship with God and spiritual practices is what "got them through" the emotional ups and downs of infertility.

Claire: "Prayer - religion is what got us through. Just really believing God that something was going to happened."

Maria: "I was like, okay Lord. You have sustained me this long. You've got to get me through the next stage because there's nothing I can do."

Dunjee: "Pure faith. I mean I know this may sound cliché but it's the truth. I take everything to God and prayer. Everything! So that's how I cope. We pray and we stay faithful. And that's how we get over day by day."

Omega: Then I would say whatever God has planned for us is sitting there for us.

Tiffany: "We prayed in church and you know we basically kept saying, God will bless us, if we continue to do all the right things."

Johnny: I kept going to the doctor to get checked and everything was fine. After a while, I just left it in God's hands, you know. Then like I said, a miracle happened."

Tina: "I use prayer a lot, that's just part of my life, so I use it a lot."

Theme Five: Spousal Empathy

Spousal support was extremely important to all of the couples involved in this study. Although some couples reported feeling "disconnected" from their spouse at some point, they realized that they "had to rely on each other" and "support one another."

Cliff: "…I just wanted what she wanted because I knew that losing a baby or anything like that was just, how hurtful that can be. To just know how much she wanted, I just wanted to be strong for her. I don't know just being there for her. I knew that she wanted a baby, I wanted a baby and I just had to be strong for her."

Dunjee: "A lot of marriages would have crumbled because somebody would have been upset at the other one and blaming them for not being able to produce children. I know I heard a lot of horror stories where men tell women, 'oh you're less than a woman. You can't have a baby.' My husband has never ever, ever

treated me that way; always with support. So it's not that there was any pressure coming from him. It was just me kind of beating up on myself. That's what I feel."

Maria: "I think at the same time we felt for one another. I wanted him to be a father and he wanted me to be a mother. We did not use it as a lash out or to attack one another."

Tiffany: "Johnny was there every step of the way with each pill we took we prayed together and just talked it out, you know, he was very concerned and very understanding and knew that we were in this together, you know and we just had to know that we're in this together and that's what helped us to a get through the tough times."

Theme Six: Thank Goodness for Supportive Family and Friends

Research participants often discussed how grateful they were to have the support of close family members and friends. Renato stated, "We talked to some friends of ours that were having some pregnancy issues and they had adopted so they recommended this agency to us and from a work perspective, I had very supportive managers and co-workers. Some of them had adopted. My manager was just like, 'hey, take as much time as you need." Thad and Angelina's experience was similar. They reported, "We have a lot of good friends. We had a real good support network." Lisa remembered, "I was is in the hospital for probably about three weeks and my friends were there every day, my family was there every day you know, coming to check on us, just to encourage us. We definitely had a good support system and we had one throughout the entire process." Cliff

and Claire said that they relied heavily on Claire's mom and sister when their child was hospitalized. They also described how "relatives were just coming and praying as well as people from the church."

Theme Seven: Pain with a Purpose

Another commonality was a sense of "knowing that there was a purpose" for what they were experiencing. Murphy said, "…I know that things do happen for a reason you know, and whatever reason we're not able to have any children is unknown to us at this time, but hopefully it will be known to us…" Angelina reported knowing that God's plan for her was not to remain childless and that this would just increase her faith and determination. Lisa stated that, "Everything used to always work out for me and I never had any real challenges in my life. This was the first one and so it thought me, you know, it really increased my faith and my understanding of God and how things work out, you know. Whether it's sometimes in your favor, and sometimes, it's not. But in reality, it all of it ends up in your favor. So I think that's what I've learned the most out of the experience."

Many of the couples involved in the study reported that their experience had been a positive one. They described what they had gone through as a process of "growth and development" both as an individual and as a couple.

> Angelina: "I think for me it helped me know who I am and what I will stand for and what I will not stand for. I know that if I can get through that, I can get through just about anything else. With fortitude I can get through it."

Lisa: "I know in the end it brought us closer together, it brought our family close together, our friends close together because they were all there with us…"

Thad: "Overall of course it was -- it was a great experience because it brought us closer together."

Almost all of the couples involved in this study reported knowing that part of the purpose for their experience was to share their story to help another couple. Maria used the word "testimony" to describe sharing her experience with others.

Maria: "I think it's important to open yourself up to others because you don't know who has been through what."

Renato: "For me it was just learning and becoming stronger and helping other people that are going through, we can share and say, okay if you're going through this, these are the type of doctors you need to see. Or if you do decide you're going to adopt, then these are the things you look out for, you know."

Summary

This chapter provided a summary of the findings from this study. The first section of the chapter discussed the sample demographics and gave a detailed description of each couple. The second part of this chapter discussed the 7 major themes and 4 sub-themes that emerged from analysis of the audiotapes and transcripts. The researcher used the participants own words to glean themes and sub-themes. The 7 major themes were: (a) taking conception for granted, (b) thoughts of inadequacy, (c) emotional highs and lows, (d) spiritual highs and lows, (e) spousal empathy, (f) thank goodness for supportive family and friends, and (g) pain with a purpose. Within the 7 major themes, the

researcher identified 4 sub-themes which included: (a) anger, helplessness and despair; (b) hopefulness, happiness and gratitude, (c) questioning faith, and (d) relying on faith.

CHAPTER V

DISCUSSION

Family Stress Theory implies that a family's ability to resolve stressful life events and avoid crisis is dependent upon three main factors; the presenting stressor, the resources available to the family and the meaning applied to the stressor (Hill, 1949; McCubbin & Patterson, 1983; McCubbin & McCubbin, 2005). Findings from this study support the premise that families can adapt and adjust to major stressors ultimately becoming stronger and more cohesive. Furthermore, the results from this study support previous research suggesting that infertility can causes emotional distress and perceived stigma. It also supports research suggesting that African American families value parenthood and heavily rely on faith to overcome adversity. A discussion of the results, conclusions, implications and future recommendations are included in this chapter.

Results in Relationship to the Research Questions

The overall goal of this study was to describe the lived experiences of African American couples who had resolved their infertility. However, the researcher sought to answer 4 specific research questions that were directly related to the tenets of Family Stress Theory. A discussion of the findings in relation to the research questions is below.

RQ1: What are the Infertility Related Stresses Experienced by African American Couples?

Aside from trying to manage their emotional highs and lows, couples reported several secondary stresses as a result of their infertility. The most commonly recalled

stresses were the financial commitment of treatment or the lack of finances to move forward with treatment and the questions and expectations of others. For example, Pam reported that lack of finances caused her and Bob to "give up trying." Tina reported that lack of finances was one of the reasons she had not attempted to seek medical advice. Further, all three childless couples reported being overwhelmed by family member and friends who would constantly ask them about their intentions to become parents or express their wishes for them to become parents. Tina stated, "I know my mom wants a grandchild from me. I'm her only girl. I have 3 brothers and they all have kids. "

RQ2: What are the Perceptions of African American Couples Regarding Their Infertility Experience?

The perception of couples who had experienced and resolved their infertility was the second research questions to be answered. All 9 couples expressed their thoughts about what they had experienced and the findings were overwhelmingly similar. The most commonly expressed thought about what they were experiencing was that of inadequacy. As mentioned in Chapter IV, the spouse that felt "responsible" for the couple's infertility reported thinking that they were "broken" or "damaged." Several couples reported thinking they were being "punished by God" for something they had done or failed to do. As they moved through the process of resolving their infertility, couples reported thinking that their faith would "get them through" the emotional highs and lows. Many of the spouses reported thinking that they needed to "get on board" and "become a part of the process." They made statements like, "I was confident that we

would get through this together" and "I needed to be there for her." Some of the couples reported thinking about how they had "taken the miracle of conception for granted."

RQ3: What Resources do African American Couples Utilized to Help Them Resolve Their Infertility?

All 9 couples reported using internal resources to help them overcome the challenges and stresses of infertility. Internal resources were defined by the researcher as resources within the couple relationship. Spousal empathy, personal finances and spirituality were the most commonly used internal resources. Victor, Maria, Cliff, Thad, and Tony reported being extremely empathetic to their spouses at the time. Victor stated, "Every month I can remember, seeing her in her disappointment and being like hey she's not pregnant again." Tony described similar feelings of empathy. He said, "Seeing my wife on bed rest, hoping and hoping and hoping, and listening to the doctors tell us that it's a bad pregnancy and coming to grips with that fact was difficult."

Though personal finances were not discussed as much as spousal empathy and spirituality all couples who had received treatment and/or adopted reported using personal finances to fund the process. Some couples used a more significant portion of their personal finances than others. Angelina reported, "We had to take some money out of our retirement in order to pull this all together and we did that and then we were like, oh, my gosh! We're on our way. It did happen the first time, thank God."

The research participants also described making use of external resources during their infertility experience. External resources were defined by the researcher as resources outside of the couple relationship. The most commonly used external resources couples

utilized to help them reach a resolution to their infertility were medical intervention, adoption agencies and supportive family and friends. Bob stated, "We reached out to adoption agencies we just never followed through." Similarly, Omega reported that he and Dunjee "started talking about adoption, but we never did really go through with it."

RQ4: What Meaning do African American Couples Apply to Their Infertility Experience?

Couples responded to the researcher's questions regarding the meaning they applied to what they had experienced using similar phrases such as "it brought us closer together" and "it made us stronger." The overall meaning that couples applied to their infertility experience was that "it served a purpose." Couples that relied heavily on their faith reported thinking that God used their infertility to "deepen" their faith. Many of the participants reported that one of the major purposes of their experience was to share what they had been through with someone else. Lisa stated, "I can tell someone else that it's okay. You're not the only one. There is hope. It is possible. If you truly believe, then keep going." She continued, "If I had found that, it would have meant the world to me at that time so I'm just honored that we can do that for somebody else." Likewise, Renato stated, "we are able to kind of shed some light at least for other people. So, looking back, I wouldn't change a thing. It was a great learning experience across the board, even with the trials, it was a learning experience."

Relationship of Current Results to Previous Research

The relationship between the current results and previous research are presented in this section. Findings from this study are analogous to what researchers have

discovered about the impact of infertility on marital dynamics (Repokari et al., 2007) and emotional wellbeing (Hart, 2003; Schneider & Forthofer, 2005). Seibel and Taymor (1982) described the emotional highs and lows of infertility as being similar to models of grief. Most of the participants in this study reported moving through a number of emotions ranging from anger and despair to hope and acceptance. Some of the participants in the study specifically reported feelings of sadness and depression. Further, marital distress was apparent for at least 3 of the couples in the beginning of their infertility experience. However, 7 of the 9 couples reported being conscious of the potential risk of "lashing out" or "blaming one another." Tiffany responded for example, "I mean, we stayed with communication and didn't blame each other. You just really have to be there when one is falling behind, you have to say look we're going to do this, let's try this and sort of pick the other one up, because they are sleepless nights and frustrations, but you just have to be there to pick the other up and just keep going until you can get there."

All couples involved in this study reported some personal "stress" during their experience with infertility. Renato stated, "It was very stressful. You're trying to go to work to support the family but you can't concentrate because you're worried about your wife's physical condition or mental condition." Johnny reported similar feelings of distress in terms of his and his wife's infertility. He stated, "There were challenges. It was very challenging, you know, I mean, sleepless nights, tossing and turning. Am I ever going to be a dad, you know, all of that stuff kind of goes through your mind."

Findings from this study also supported research suggesting that parenthood is a natural progression for married couples (Duvall, 1957; Glick, 1957) and that couples who do not have children are negatively viewed by others (LaMastro, 2001; Letherby, 2002). One couple who participated in the study was quoted as saying, "I'm a woman. I'm supposed to be able to have a baby." Another couple reported being called "selfish" for not having children. Yet another couple was quoted as saying, "We just expected to get pregnant when we were ready." Additionally, the African American couples in this study fervently emphasized their desire to parent thereby supporting previous findings that childrearing is highly valued within the African American culture (McAdoo, 1988; Billingsley, 1992). For example, Johnny was quoted as saying, "Basically, I was thinking, I want to see a little junior running around eventually, you know. It's like my brother had kids, my cousins had kids, so it's like the American dream…"

Another corroborating finding from this study was that infertility "created an opportunity for couples to strengthen their marital relationship and appreciate their spouses" (Lee, Hui-Choi, Chan, Chan, &Ng's, 2009, p. 1924). Thad stated that, "It kind of solidified our relationship. We talked a lot about it. We cried about it a lot. We did all those things together so that kind of laid a very solid foundation for where we were going forward." Tony responded, "This experience gave me a greater appreciation and respect for my wife and for all women for what they have to go through."

African Americans' use of faith and spiritual practice as a coping resource during times of stress was highlighted by this study. Similar to what Elder, Xirasagar, Miller, Bowen, Glover and Piper (2007) found with Hurricane Katrina survivors, the couples

who participated in this study remembered relying on their faith to help them overcome the challenges and stresses of infertility. Some of the common phrases among participants were, "I prayed," "I told God," "I gave it to God," "God had a plan," and "I knew that God would bless us."

Finally, the results from this study were both in support of and in contrast to previous research suggesting that African Americans are at greater risk for experiencing unresolved infertility as they are less likely to seek medical treatment and/or psychosocial support (Jain, 2006; Greil, 1997). Seven out of 9 couples who participated in this study sought medical treatment and/or diagnosis. However, 2 of the African American couples who had not sought the advice of medical professionals, displayed unresolved emotions as related to their infertility. Further, it appeared that all 3 childless couples had not fully resolved their infertility as they repeated statements like, "we haven't given up hope" and "you never know what might happen." Murphy stated, "I haven't really overcome it, I just move on, burry it, you know, I just pushed it in the back of my mind, it's always there, you know what I mean." Thus, it may take longer for childless African American couples to psychologically resolve their infertility even if a physical resolution has been achieved.

Conclusions

Some of the conclusions drawn from this study were:

1. The African American couples in this study took their conception for granted.

2. The African American couples in this sample experienced infertility in similar ways.
3. Resolving infertility is a complex process.
4. Infertility can draw couples closer together.
5. Spousal empathy was essential for these African American couples to resolve their infertility.
6. Social support was important to the African American couples in this study who had experienced infertility.
7. The African American couples in this study were open to alternative family building options.
8. These African Americans relied heavily on their faith to overcome the challenges and stresses of infertility.
9. The African Americans couples in this study desired to use their experiences to help others.

Other studies involving African American couples with similar backgrounds may yield similar conclusions.

Implications of the Results

The results from this study revealed stark implications for African American couples and families, clergy members, researchers and practitioners. Some of the inferences are listed in this section.

Infertility is a medical issue that occurs within the African American community more than is talked about. African Americans need to be educated about the reality of

infertility and the impact it can have on couples and families. As the participants in this study demonstrated, social expectations about marriage and parenthood can negatively impact a couple's perception of themselves when they are experiencing involuntary childlessness. Well-meaning individuals can cause couples to feel isolated and marginalized. Further, as the church is source of support for African American people (Billingsley, 1992), faith-based organizations need to address infertility more comprehensively and offer the proper guidance and encouragement. Thad and Angelina was the only couple who sought group support and they described having the following bad experience:

> Angelina: We went to church --
>
> Thad: Yeah, because they had a support group --
>
> Angelina: They had an infertility -- that's in quotes. I want you to remember that. Infertility support group and so I was all hyped up about it. I was praying like oh God, thank you. This is right what we were asking for and everything so we went. I think we went once, didn't we? We went once and they said -- they were basically saying that you have other options. You can adopt or --
>
> Thad: Foster or maybe it's not God's will for you to --
>
> Angelina: For you to have them. So they have these little programs and stuff for you to learn how to go through adoption, learn how to accept it's God's path for you. I was just boiling hot the whole time I was sitting there and --

Thad: Hence, to this day we didn't go back.

Angelina: Yeah, we didn't go back then and I was really, really upset with that because who's to say -- I'm like, what kind of support is that? They weren't even saying where are you in the infertility process? What have you gone through? Have you been seeing the infertility doctor? Here we have some -- none of that, just straight up, 'oh, it didn't happen the regular way so –'

Thad: 'Might not be in the cards for you.'

Angelina: I just -- I have a very strong feeling about certain things and that was one of those things and I was just like, no, that's not the route that God is telling me. I'm just going to have to do something else but for us to not have children that, wasn't the route that was intended.

As a precaution, couples should discuss plans to expand their family early in their marriage even if the plan is to wait several years. Examining one's personal and family medical history would help couples identify any potential reproductive health problems they may face in the future. It would also be wise for couples to discuss their perspective on alternatives to natural conception including the use of ART, surrogacy and adoption. Findings from this study revealed deep regret from couples who had taken their fertility for granted or had "not fully explored all of the options." Furthermore, couples who are involuntarily childless should talk openly with one another about their thoughts and feelings. Findings from this study and previous literature suggested that couples who kept

open communication and demonstrated spousal empathy were more likely to adapt and adjust to the stresses of infertility ultimately avoiding a major crisis such as divorce.

The findings from this study also suggested that couples who were able to identify resources and transform negative thoughts about infertility into more positive and optimistic thoughts were more likely to reach a satisfactory physical and psychological resolution. Thus, social scientists should continue to examine the applicability of Family Stress Theory in promoting resilience among infertile couples. Further, counselors, clergy persons and other helping professionals can use the ABCX Model, as detailed in Chapter I, as a guide for assessing couple's perceptions about infertility and for helping couples identify resources which will ultimately move them towards resolution.

An additional implication from an ecological perspective is that employers should consider offering, as a benefit to their employees, financial assistance for fertility treatment and/or adoption. For some couples, the expenses associated with treatment or adoption act as a barriers to resolution. Renato recalled that the company he was working with at the time of his infertility experience "had very good benefits." He reported that "they not only paid for the treatments Maria was going through, but they also helped us kind of get through the adoption stuff. That made things easier on us." Research shows that employers who are "family-friendly" are more likely to retain hard-working, dedicated employees (Grover & Crooker, 1995).

Medical professionals should also consider offering resources to help couples alleviate the financial burden of fertility treatment. This could reduce the number of unresolved infertility cases particularly for lower-income African American couples. For

example, providing access to the unused medication of former patients could assist a couple who might not otherwise have the opportunity to physically resolve their infertility. It might also reduce the amount of secondary stress experienced by couples seeking treatment. Two couples from the current study described the benefit of passing along unused medications. Maria recalled, "Yeah, that was one of the things; really expensive drugs. I mean they're so expensive to where my doctor would say, 'If you have anymore and you are no longer using them, would you please bring them to the office.' And I was like, of course, I would not mind helping out another person." Lisa stated, "Well, the whole procedure was seven to nine [thousand], but the medication would cost us a lot. What was so great was that I would get some leftover medicine from my co-work who didn't finish hers."

Finally, while remaining hopeful about parenthood is important, it may be equally as important for African American couples to explore their options and seek support. This would require reaching out to medical professionals, mental health counselors, adoption specialists, clergy persons, family members and friends. According to the research, it is unlikely that couples will reach a physical or psychological resolution without it.

Limitations of the Study

Limitations of this study were identified and are described below. These factors limit the generalizability of the study.

In an attempt to eliminate researcher bias, the researcher utilized a reflexive journal to capture her personal thoughts and feelings prior to and at the conclusion of each interview. She also used the bracketing technique during the analysis process

further attempting to set aside any personal bias. Despite the researcher's efforts to remain objective, her personal experience with infertility may have influenced the interpretation of the results.

Another limitation was that the researcher did not conduct a pilot study to determine if the interview questions or style of questioning was adequate and appropriate for answering the research questions. Additionally, the sample consisted of 9 African American couples who were not randomly selected. Furthermore, a majority of the couples involved in the study were middle-class and fairly well educated. A final limitation was that the researcher was asking the participants to discuss their experience retrospectively.

Recommendations for Future Research and Practice

Recommendations for future research include, but are not limited to the following:

1. As infertility can have a profound impact on the physical, spiritual and emotional lives of African American couples from onset to resolution, it would be helpful to interview couples who are in the process of resolving their infertility.
2. It is also important to consider the fact that infertility has effects over a long period of time. Thus, a longitudinal design involving African American couples must be considered.
3. Consideration should be given to cohabitating African American couples as this study was limited to those that were legally married.

4. Consideration should also be given to lower-income African American couples as the couples in this study were of higher socioeconomic status.
5. Since this study was limited to African Americans, it would be helpful to explore similarities and differences between couples of different ethnic groups.
6. A combination of qualitative and quantitative methodologies involving African American participants would add to the body of literature regarding infertility.
7. None of the participants in this study reported attending counseling however research involving couples who have attended counseling for infertility related issues would contribute to the body of literature and provide a connection between research and practice.

Summary

Chapter V provided a detailed discussion of the research findings. The first section of the chapter summarized the results of the study in relation to the research questions. The second section of the chapter provided a summary of the findings in relation to previous literature. The last few sections of the chapter detailed conclusions, study implications and research limitations. Recommendations for future research and practice were also included in this chapter.

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APPENDIX A

Recruitment Flyer

Research Participants Needed!

For a Texas Woman's University Dissertation Research Study on Resolving Infertility

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The purpose of the study is to explore the experiences of African American couples who have overcome infertility.

General Participation Requirements:

- Legally married, African American couples who have experienced infertility.
- Must be at least 2 years since reaching both a physical and psychological resolution
    - ✓ Physical resolution = parenting a biological or adopted child or deciding to live child-free.
    - ✓ Psychological resolution = emotionally resolved your thoughts and feelings that arose as a result of experiencing infertility.
- Willing to participate in a 60-90 minute confidential interview?

If you are interested in participating in this study, please contact Leslie Griffin at (954) 560-2119 or lgriffin@twu.edu*. You may also contact the research advisor Dr. Joyce Armstrong at (940) 898-2690 or jarmstrong@twu.edu*.

Your participation in this study is completely voluntary, and you are free to withdraw at any time, for any reason. Thank you for your time and consideration!

*There is a potential risk of loss of confidentiality with any email, downloading, and internet transactions.

APPENDIX B

Suitability for Participation Script

Suitability for Participation Script:

1. Are you and your spouse African American?
2. Are you and your spouse legally married in the United States?
3. Did you or your spouse have any children before you were legally married?
4. Have you and your spouse every experienced difficulty conceiving a child or carrying a child to term?
5. Did you or your spouse have any difficulty conceiving a child or carrying a child to term before you got married?
6. Did you and your spouse reach a physical resolution to your infertility (such as parenting naturally or through adopting or deciding to live child-free)?
7. Did you and your spouse reach an emotional resolution to your infertility (meaning you resolved the thoughts and feelings that arose as a result of an infertility experience)?
8. Has it been at least two years reached a physical and emotional resolution?
9. Are you and your spouse willing to participate in a 60-90 minute confidential interview?

If yes, to all questions:

- Can we set up a meeting time and place to conduct the interview?
- Collect contact information.....

If no, to any question:

- Thank you so much for your time and consideration, but unfortunately you do not meet the requirements for this particular study. One of the guidelines for participation is that couples …. (whatever they said no to). Again, thank you for your time and consideration. Have a great day.

APPENDIX C

Letter of Consent

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Resolving infertility: An exploratory study of the experiences of African American couples.

Investigator: Leslie Griffin.....lgriffin@twu.edu 954/560-2119
Advisor: Joyce Armstrong, PhD.....jarmstrong@twu.edu 940/898-2690

Explanation and Purpose of the Research

You are being asked to participate in a research study for Mrs. Griffin's dissertation at Texas Woman's University. The purpose of this research is to explore the experiences of African American couples who have overcome their infertility. You have been asked to participate in this study because you are a legally married, African American couple and have identified yourself as having experienced and resolved infertility. For the purposes of this study, resolving infertility means that you have reached both a physical and psychological resolution. A physical resolution to infertility means that you are currently parenting or have decided to live child-free. A psychological resolution means that you have emotionally resolved your thoughts and feelings that arose as a result of experiencing infertility.

Description of Procedures

As a participant in this study you will be asked to spend 60-90 minutes of your time in a face-to-face interview with the researcher. The researcher will ask you questions about your infertility experience and your thoughts about that experience. You and the researcher will decide together on a private location, where and when the interview will happen. You and the researcher will decide on a code name for you to use during the interview and analysis process. No one but the researcher will know your real name. The interview will be audio recorded and then transcribed so that the researcher can be accurate when studying what you have said. You will be asked to participate in a 20-30 minute transcript review and phone consultation with the researcher to insure the accuracy and credibility of the interview. The maximum time commitment for this study is 2 hours. In order to be a participant in this study, you must be at least 18 years of age or older and be legally married.

Potential Risks

The researcher will ask you questions about your infertility experience. The researcher will also ask you questions about your perceptions of what you experienced and the resources you used to help you reach a resolution. A possible risk in this study is emotional discomfort with these questions you are asked. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with a list of resources.

Another risk in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. The interview will be held at a private location that you and the researcher have agreed upon. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name. The tapes and the transcripts will be stored in a locked safe in the researcher's home office. Only the researcher, her advisor, and the research team will hear the tapes or read the typed interview. The tapes and the transcripts will be shredded within 5 years after the study is finished. The results of the study will be reported in scientific magazines or journals but your name or any other identifying information will not be included.

_____
Initials

A final risk in this study is the potential for coercion. Coercion means to use force or intimidation to obtain compliance. By signing this letter of consent, you are confirming that your participation in this study is voluntary and of your own free will. You are also aware that you may terminate the interview at any time, for any reason without penalty.

The researcher will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and the researcher will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Though you may not directly benefit from this study your participation will contribute to the overall body of knowledge regarding the resolution of infertility. If you would like to know the results of this study the researcher will mail them to you.*

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researcher or her advisor; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

_____ _____
Signature of Participant Date

_____ _____
Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____
or
Address:

_____

_____

_____

APPENDIX D

Demographic Questionnaire

Demographic Questionnaire

Directions: Answer the question below by filling in the information or circling the letter next to the statement that applies to your current situation. Please be sure to answer every question. Thank you for your time and effort!

1. Code Name:_____
2. Place of residence (zipcode only): _____
3. Date of Birth: _____
4. Highest level of education:
    a. Some high school
    b. High school diploma/GED
    c. Some college
    d. Associate's degree
    e. Bachelor's degree
    f. Master's degree
    g. Doctoral degree
5. Employment status:
    a. Full-time
    b. Part-time
    c. Unemployed
6. Annual household income:
    a. Below $20,000
    b. $20,000-$40,000
    c. $41,000-$60,000
    d. $61,000-$80,000
    e. 81,000-$100,000
    f. $100,000-$120,000
    g. $120,000 and above
7. Religious affiliation:
    a. Christian
    b. Catholic
    c. Jewish

d. Muslim
e. Other (specify) _____

8. Month and year you married to your current spouse: _____

9. Month and year you learned of your/your spouse's infertility: _____

10. (a) Where you medically diagnosed with infertility: ___Yes ___No
(b) If you answered yes to 9(a), please list the diagnosis:

_____

11. (a)Was your spouse medically diagnosed with infertility: ___Yes ___No
(b) If you answered yes, please list the diagnosis:

_____

12. (a) Did you and/or your spouse seek medical treatment for your infertility:
__Yes __No
(b) If you answered yes, please list the treatments you and/or your spouse underwent:

_____

_____

_____

13. (a) Did you attend counseling during your infertility experience?
___Yes ____No
(b) If yes, for how long:

_____

14. Number of children you currently have: _____

15. Please check the avenue in which you gained your child(ren).
a. Natural
b. Adoption
c. Surrogacy

d. In vitro fertilization
e. Other (specify): _____
f. I am child-free

Thank you!

APPENDIX E

Referral List

Referral List

Local Counseling:

American Psychological Association
Find a counseling specialist in your area
at: http://locator.apa.org

Local Support Groups:

The National Infertility Association
Find an infertility-related support group
in your area at: http://www.resolve.org

National Organizations:

RESOLVE: The National Infertility Association
http://www.resolve.org
1760 Old Meadow Rd., Suite 500
McLean, VA 22102
Phone: (703) 556-7172
Fax: (703) 506-3266

American Association for Marriage and Family Therapy
http://www.aamft.org
112 S. Alfred St.
Alexandria, VA 22314
Phone: (703) 838-9808
Fax: (703) 838-9805

National Council on Family Relations
http://www.ncfr.org
1201 W. River Parkway, Suite 200
Minneapolis, MN 55454
Phone: (763) 781-9331
Fax: (763) 781-9348

American Society for Reproductive Medicine
http://www.asrm.org
1209 Montgomery Highway
Birmingham, AL 35216
Phone: (205) 978-5000
Fax: (205) 978-5005

Websites of Interest:

http://www.inciid.org
The International Council on Infertility Information Dissemination, Inc.: Provides infertility related support and information to person(s) having difficulty conceiving.

http://www.childwelfare.gov/adoption
Child Welfare Information Gateway: Provides resources on domestic and international adoption including information about searching for birth relatives and helping adopted children cope with grief and loss.

Books of Interest:

Aronson, D., & the staff at RESOLVE. (2001). *Resolving infertility*. New York: Harper Resource.

Domar, A., & Kelly, A. L. (2002). *Conquering infertility*. New York: Viking.

Domar, A., & Dreher, H. (1996). *Healing mind, healthy woman*. New York: Dell.

Fulwiler, C. (2009). *Hopeful heart peaceful mind: Managing infertility*. USA: Fraser Davis Press.

Manterfield, L. (2010). I'm taking my eggs and going home. Redondo Beach, CA: Steel Rose Press.

Schover, L. R., & Thomas, A. J. (2000). *Overcoming male infertility*. New York: John Wiley & Sons, Inc.

APPENDIX F

Interview Guide

Interview Guide

Participant's Code: _____ Date of Interview: _____

Introduction Question:

1. Tell me how you both met.

Research Questions (RQs)	Interview Questions (IQs)	Probing Questions (PQs)
RQ 1: What are the infertility-related stresses experienced by African American couples?	IQ 1: Tell me about your experience with infertility starting with the point you realized there was a problem and ending at the resolution. IQ 2: Tell me about the challenges and stresses you experienced as a result of your infertility. IQ 7: What can you add that I did not ask?	Tell me more about that. What would you like to add?
RQ 2: What are the perceptions of African American couples regarding their infertility experience?	IQ 3: What were your thoughts about what you were experiencing?	Can you help me understand what you mean by…?
RQ 3: What resources do African American couples utilized to help them resolve their infertility?	IQ 4: How were you able to overcome the challenges and stresses of infertility?	Can you give me an example?

	IQ 5: Tell me about the resources you used to help you reach a resolution.	
RQ 4: What meaning do African American couples apply to their infertility experience?	IQ 3: What were your thoughts about what you were experiencing? IQ 6: Looking back, what are your thoughts about what you experienced?	I want to make sure I understand. Can you repeat that again for me?