

**Misguided hope: a narrative analysis of
couples' stories of childlessness despite
treatment with assisted reproductive
technology**

May 2006

A thesis presented as the requirement for the degree of Doctor of Philosophy (PhD),
in the Faculty of Health Sciences – School of Nursing and Midwifery,
at the Flinders University of South Australia

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TABLE OF CONTENTS

ABSTRACT	V
DECLARATION	VII
ACKNOWLEDGEMENTS	VIII
GLOSSARY AND ABBREVIATIONS	IX
TRANSCRIPTION GLOSSARY	XII
CHAPTER ONE: SETTING THE SCENE	1
INFERTILITY AND ITS TREATMENTS	3
<i>Women and ART</i>	3
<i>Men and ART</i>	4
<i>Nursing and ART</i>	6
<i>Couples and ART</i>	7
ART ‘SUCCESS’ RATES	9
PROCREATION FOR FAMILIAL STATUS	9
SITUATING MYSELF IN THE RESEARCH	13
AIMS OF THE STUDY	15
USING FEMINIST NARRATIVE METHODOLOGY	15
<i>Thesis Overview</i>	16
CONCLUSION	18
CHAPTER TWO: INFERTILITY, ITS TREATMENT AND SEQUELS.....	20
INTRODUCTION	20
PROCREATION AND THE SOCIAL FAMILY	21
<i>Children denoting family</i>	21
<i>Motherhood and non-motherhood</i>	22
<i>Motherhood as denoting maturity</i>	27
<i>Fatherhood, masculinity and infertility</i>	28
<i>Men coping with ART</i>	32
STIGMATISATION: IMAGINED OR REAL?	36
<i>Women to blame</i>	40
<i>Men and infertility</i>	41
<i>Couples and infertility</i>	42
<i>Negative language</i>	44
<i>Medicalisation and Stigma</i>	46
<i>Infertility as a disability</i>	48
THE INFERTILE COUPLE AND TREATMENT FAILURE	48
<i>Representations of ‘success’ in ART</i>	49
<i>Grief and loss in infertility</i>	51
<i>Alternative means of parenting</i>	52
<i>Infertility, childlessness and relationships</i>	54
CONCLUSION	56
CHAPTER THREE: VALUING THE STORYTELLER.....	58
INTRODUCTION	58
FEMINIST PERSPECTIVES	59
<i>Personal is political</i>	59
<i>Self-disclosure</i>	60
<i>Reciprocity</i>	62
<i>Oppression</i>	63
STORIES	64
NARRATIVE	68

INCLUSION CRITERIA	69
RECRUITMENT	70
CONVERSATION/INTERACTIVE DISCOURSE	73
<i>Conversing with participants</i>	74
<i>Venues for conversations</i>	78
<i>Conversational triggers</i>	79
MEETING THE STORYTELLERS	80
<i>Greg and Andrea</i>	80
<i>Alex and Sarah</i>	81
<i>James and Rosemary</i>	81
<i>Carl and Aimee</i>	82
<i>Derek and Anna</i>	82
RIGOUR	83
<i>Reflexivity</i>	83
<i>Credibility</i>	84
<i>Rapport</i>	85
<i>Auditability</i>	86
ETHICAL CONCERNS	86
<i>Confidentiality</i>	86
<i>Transcription</i>	88
<i>Consent</i>	88
<i>Participant autonomy and privacy</i>	89
<i>Emotional considerations</i>	90
<i>Researcher burden</i>	91
ANALYSIS.....	92
CONCLUSION	96
CHAPTER FOUR: TREATMENT HISTORIES	97
INTRODUCTION.....	97
THE FIRST LIFE PLAN	99
INFERTILITY AND THE PROGRESSION TO ART.....	100
<i>Great expectations</i>	103
<i>A disappointing experience</i>	108
<i>Watching the discomfort and the damage</i>	110
THE CATALYST TO CEASING ART.....	116
<i>Making the decision</i>	128
DISCUSSION.....	131
<i>Shared hope and expectations</i>	131
<i>Technology: the ‘solution’ or part of the problem?</i>	134
<i>Ambiguities of ‘success’</i>	137
CONCLUSION	141
CHAPTER FIVE: RECOGNITION/REALISATION	143
INTRODUCTION.....	143
THE NEGATIVES OF ‘CHILDLESSNESS’: ITS GUILTS AND FAILURES	144
<i>Living in different worlds</i>	151
<i>Being misunderstood</i>	155
<i>Don’t give up!</i>	158
<i>Carrying a heavier load</i>	159
PARENTHOOD? OR NOT?	160
OUTSIDE THE TRADITIONAL FAMILY.....	168
<i>Parental disappointment</i>	168

<i>Perpetuating a name</i>	171
<i>Growing older</i>	173
DISCUSSION	175
<i>The distinction between biological and other forms of parenting</i>	175
<i>Guilt and failure</i>	177
<i>Societal values and isolation</i>	179
CONCLUSION	181
CHAPTER SIX: TRANSITION.....	183
INTRODUCTION	183
COMMITTING TO A NEW LIFE AND REDIRECTING CREATIVITY	184
<i>Filling the gap</i>	184
<i>Achievable goals</i>	189
<i>Making a difference</i>	191
<i>Something to nurture</i>	192
JUSTIFICATION FOR CHILDLESSNESS	192
<i>Developing one-liners</i>	192
<i>Dealing with questions</i>	194
<i>Self-preservation</i>	196
<i>Presumptions and criticisms</i>	197
POSITIVE ASPECTS OF CHILDLESSNESS	200
<i>The best of both worlds</i>	200
<i>The strong dyadic bond</i>	201
DISCUSSION	205
<i>Grief</i>	205
<i>Adversity</i>	207
<i>Resilience</i>	208
<i>The dyadic relationship</i>	212
<i>Stigmatisation</i>	214
CONCLUSION	216
CHAPTER SEVEN: CONCLUSION	217
SUMMARY	217
SUGGESTIONS FOR CARE	222
<i>Hope and the promise of technology: realistic chances of ‘success’</i>	222
<i>Imparting information</i>	224
<i>Independent counselling</i>	225
<i>Available counselling</i>	226
<i>Nurses as counsellors</i>	227
<i>Follow-up care</i>	228
<i>Accountability and Consent</i>	229
LIMITATIONS OF THE STUDY	232
FURTHER RESEARCH.....	233
RECENT RESEARCH	234
CONCLUSION	235
APPENDIX 1	237
APPENDIX 2	238
APPENDIX 3	239
APPENDIX 4	241
APPENDIX 5	242
APPENDIX 6	243
REFERENCES	244

Abstract

Societal expectations for procreation often result in infertile couples accessing assisted reproductive technology (ART). In the current state of this technology, the successful outcome of the birth of a child does not always occur. This study contributes to nurses' understanding of what it is like for couples to remain involuntarily and permanently childless after infertility treatment has ended, and aims to bring about change in attitudes and practice towards this group. Literature that acknowledges individuality as well as shared experience for couples who remain childless after infertility treatment is scarce. Health professionals may therefore encounter difficulties in providing this group with appropriate support.

This research used a qualitative approach informed by feminist perspectives to gather stories of five couples' experiences of childlessness after accessing ART. Individual conversations with both members of the marital partnership were recorded, transcribed and analysed.

The study found that due to the societal expectation of procreation, and the falsely elevated 'success rates' of ART, couples often delayed decisions about whether they should persevere with treatment, hence reducing the possibility of exploring alternative methods of parenting. As well as highlighting the ambiguity of the term 'success', the study suggests that the hope that technology brings childless couples prolongs decision making and simultaneously serves to compound the sense of failure experienced by these couples. The couples' engagement with ART, as well as their inability to conform to the normative family of parents and their biological children, also contributed to periods of isolation. Following the

decision to remain childless, the participants found that setting achievable and challenging goals assisted in re-building their self-esteem, and enhanced the process of adapting to their life without children. Although participant couples expressed obvious grief at remaining childless, they also showed resilience by managing attached difficulties and stigmatisation, and by creating positive future outcomes. For these childless couples, the strength of their relationships was seen as critical in the process of overcoming adversity. This study suggests ART clinics should provide more realistic information to individual couples regarding the likelihood of taking home a baby. Further to this, independent counselling support is recommended for couples prior to and during ART treatment, and when this treatment is ceased.

Declaration

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Kathleen Peters

Acknowledgements

I must first acknowledge the unwavering support, encouragement and love from my best friend and husband, Sam, throughout the journey of my PhD. Thank you for believing in me.

I thank my supervisors, Associate Professor Trudy Rudge and Professor Debra Jackson, for their patience, wisdom and exceptional supervision. I very much appreciate the constant motivational words, your friendship and the nurturing offered throughout my candidature.

I extend my thanks to my family who always made time to listen to me and to engage in dialogue about my work.

I thank Pamela Newman for the poetry she wrote and shared with me which provided a constant source of inspiration throughout my doctoral studies.

Above all I would like to thank the men and women who shared their stories so that I was able to undertake this research. I admire your courage and the capacity you have shown to successfully shape your lives despite the adversity you have encountered.

Glossary and abbreviations

Artificial insemination (AI): injection of semen into the vagina, uterus, or fallopian tube to assist fertility.

Assisted reproductive technology (ART): all treatments and procedures that include the *in vitro* handling of human oocytes, sperm and/or embryo with the intention of establishing a pregnancy.

Azoospermia: Absence of spermatozoa in the semen.

Biochemical pregnancy: pregnancy evidenced by raised levels of urine or serum human chorionic gonadotrophin (hCG).

Bromocriptine: (trade name Parlodel) a dopaminergic drug prescribed for men with hyperprolactinaemia. Found to be successful in reducing prolactin levels in these men, thereby enhancing sperm production.

Clinical pregnancy: Any type of pregnancy, apart from those diagnosed only by elevated β hCG levels, including ectopic pregnancy, blighted ovum and spontaneous abortion

Clomiphine Citrate: (trade names Clomid, Serophene) a drug that indirectly stimulates secretion of FSH and LH by blocking receptors for oestrogen and testosterone in the hypothalamus. Prescribed for both male and female infertility. In men it aims to enhance sperm quality and production. In women it is used to correct irregular ovulation, stimulate ovulation and increase oocyte production.

Controlled ovarian hyperstimulation (COH): Treatment with medications that induces the development of multiple ovarian follicles to obtain multiple oocytes for aspiration. Also referred to as a stimulated cycle or 'stim' cycle.

Dilatation and curettage (D&C): Surgery where cervix is dilated to allow curettage of the endometrial lining. Commonly performed after miscarriage to eliminate retained products and prevent infection.

Embryo transfer (ET): Procedure whereby one or more embryos is placed into the uterus or fallopian tube.

Endometriosis: The presence of endometrial tissue outside the endometrial cavity.

Euspermic: normal sperm count.

Gamete intra fallopian transfer (GIFT): A procedure that transfers both oocytes and sperm to the fallopian tubes.

Human chorionic gonadotropin (HCG): The hormone that maintains the corpus luteum for the first three months of pregnancy.

Intracytoplasmic sperm injection (ICSI): IVF procedure in which a single sperm is injected into an oocyte.

In-vitro fertilisation (IVF) – Fertilisation of an oocyte by a sperm in-vitro.

Live birth: A birth in which a foetus is delivered with signs of life after 20 weeks gestation.

Oligoasthenospermic: Low sperm count.

Oocyte: Ovum, an unfertilised egg.

Ovarian hyperstimulation syndrome (OHSS): A potentially fatal complication of ovarian hyperstimulation in which there is an enlargement of the ovaries, a large fluid shift from the vascular space into the peritoneum, increase in blood viscosity resulting in thrombosis, possible renal compromise and pulmonary oedema. Forms of this syndrome may be mild to severe.

Polycystic ovary syndrome (PCOS): A chronic syndrome or disorder characterised by the presence of multiple benign cysts on the ovaries.

Preimplantation genetic diagnosis (PGD): Examination and screening of cells from embryos prior to embryo transfer in order to detect genetic/chromosomal disorders.

Tamoxifen: a selective oestrogen receptor modulator, administered selectively to males with idiopathic oligospermia to increase levels of testosterone, luteinizing hormone and follicle stimulating hormone and therefore enhance sperm numbers and function

Viable pregnancy: A pregnancy of at least 20 weeks gestation.

Zygote: The cell that results from the fertilisation of an oocyte by a sperm.

Zygote intrafallopian transfer (ZIFT): A procedure in which a zygote is placed into the fallopian tube.

Transcription glossary

Participants have been provided with pseudonyms to ensure confidentiality

Participants' stories directly quoted from interview transcriptions are presented in italics and take the form of the example below:

Rosemary (p. 2-3): I had my pregnancy confirmed on 19 December, I remember that.

[] square brackets indicate words or phrases that have been substituted for the names of people, places and other identifying material.

() parentheses indicate words or phrases inserted into the transcripts for clarification and/or to indicate emotions such as laughter or tears

Bold italics indicate words emphasised by participants

... three dots indicates a pause of approximately two to three seconds