

Moving forward together, stronger, and closer: An interpretative phenomenological analysis of marital benefits in infertile couples

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Abstract

Some couples find in infertility the bonding opportunities that reinforce their relationship. Using an interpretative phenomenological analysis, this study examined marital benefits in three couples seeking fertility treatment. Interviews revealed five types of benefits: being engaged in a shared hardship, feeling closer to one another, feeling reassured in the relationship, developing a satisfying communication and support behaviors, and having faith in the couple's capacity to face adversity. A dyadic analysis also illustrated how marital benefits developed in each couple. Marital benefits nourished marital satisfaction, thus underscoring their importance to help couples cope through fertility treatment.

Keywords

couple, dyadic analysis, infertility, interpretative phenomenological analysis, marital benefits

Introduction

Infertility involves a number of aspects that can lead to emotional strains and difficulties for the couples concerned, including loss of control, identity issues, stressful and invasive treatment, and repeated failure and losses (Chachamovich et al., 2010; Glover et al., 2009; Greil et al., 2010; Rockliff et al., 2014; Schmidt, 2006). But these difficulties may also come with positive aspects; that is, some couples find in infertility and its treatment the bonding opportunities that reinforce their relationship. Indeed, quantitative research shows that 20–30 percent of couples undergoing fertility treatment report marital benefits linked to their fertility problems (Peterson et al., 2011; Schmidt et al., 2005). The marital benefits identified in previous

studies have been measured using the following items: “Infertility has strengthened our relationship” and “Infertility has brought us closer.” Yet, these quantitative items remain general and provide little information about the specific nature of marital benefits or the meaning ascribed to the positive relationship changes for couples as they go through fertility treatment.

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Retrospective qualitative studies have also revealed that some couples perceive their relationship to be strengthened or report greater appreciation for each other after ending the treatment. Daniluk (2001) reported on the experience of Canadian couples with regard to the medical aspects of fertility treatment up to 6 years after treatment termination; more than half had adopted a child. Lee et al. (2009) explored the benefits associated with infertility in Chinese men and women 6 months to 6 years after treatment termination, some of whom adopted a child or conceived through natural birth. Peters et al. (2011) investigated the resilience factors identified during treatment in permanently childless couples 6 months to 10 years after treatment termination. However, marital benefits were not the main focus of these studies and were only globally identified through participants' general accounts of their infertility experience several months or years after ending treatment. Hence, no study has targeted marital benefits in order to describe their scope, meaning, and the processes that may be associated with their appearance. Moreover, no qualitative study has specifically focused on marital benefits in couples currently in treatment. These studies rather asked couples to reflect back on their experience once they could see their treatment experience at a distance, when a new life equilibrium and a different perspective on the treatment experience had developed. Finally, no study used a dyadic approach to address partners' interrelatedness in this experience. As in other areas of health psychology, current trends regarding infertility consider the couple's dyadic adaptation to the disease (Pasch and Sullivan, 2017; Regan et al., 2015).

Clinically, a better understanding of marital benefits resulting from fertility treatment bears relevant implications for helping couples who are seeking fertility treatment. That is, these couples often need support when dealing with the impact of treatment on their relationship (Read et al., 2014). Better knowledge of the specific nature of marital benefits, as well as the factors that promote their emergence, could therefore contribute to the development of

interventions specifically designed to generate hope and resilience for couples. In line with this, the use of psychological interventions promoting reflection regarding the meaning of infertility has been recommended (Chan et al., 2012); these interventions could include a discussion on marital benefits. Interventions fostering marital benefits would therefore complement current interventions that are more traditionally directed toward reducing emotional distress and psychological symptoms (Covington and Burns, 2006).

This study first sought to provide a more detailed portrait of the marital benefits derived during the course of fertility treatment in order to expand knowledge of their nature and meaning for each couple. The study also sought to describe each partner's individual point of view within a dyadic perspective that considers the impact of each person's reality on the other. This dyadic approach thus provided access to the relational aspects involved in experiencing infertility as a couple. As such, this study allowed to explore the meaning of marital benefits for each partner individually and also allowed to shed light on this meaning within the dyad. Examining and contrasting each partner's account in a dyadic analysis also allowed an initial exploration of the factors that may have contributed to the emergence of marital benefits within each dyad, hence potentially providing key information about useful intervention targets.

The interpretative phenomenological analysis (IPA) approach (Smith et al., 2009) provided a conceptual and structured approach to conduct this qualitative investigation. IPA is frequently used in health psychology, as it offers an interesting alternative to the biomedical model for understanding how people experience illness and health-related issues (Brocki and Wearden, 2006). This approach is particularly useful for relatively under-studied and subjective research issues where sense-making is important. It allows for a deep idiographic exploration of each participant's experience while also providing the flexibility to examine similarities and differences between each participant (Smith et al., 2009).

Method

Participants and procedures

Participants initially took part in a larger quantitative study on well-being in mixed-sex couples undergoing fertility treatment, recruited in fertility clinics or through social media. Inclusion criteria for this larger study were (1) primary infertility, (2) currently being involved in fertility treatment, and (3) participation from both partners. Couples in which both partners reported high marital benefits on the Marital Benefit Measure (Schmidt, 1996; scores of 4 or 5 out of 5) were eligible for this qualitative study. Participation was mandatory for both partners to allow for a dyadic analysis. To minimize the risk that one partner would feel pressured to join the study, each partner was contacted individually to make sure they freely agreed to participate. Among the six couples meeting criteria, two were excluded (one was pregnant, one was unavailable), one was unreachable, and three agreed to participate and were included in this study. Our goal was not to recruit a representative sample, but to obtain a homogeneous sample of couples (Smith et al., 2009). Our sample size was chosen to gain access to the experience of different couples while also allowing an in-depth phenomenological inquiry and preserving the unicity and specificity of each individual's and couple's experience. Two couples were in active treatment (in between treatment cycles) and one couple had just taken the decision to terminate treatment. Partners of this last couple specifically mentioned that the experience of treatment was still very vivid to them and that they were not yet viewing their treatment experience at a distance. They were, therefore, included in our study as their experience was judged to be more similar to that of the two other couples in our sample than to the experience of the couples that were interrogated months or years after the end of treatment in previous qualitative studies (Daniluk, 2001; Lee et al., 2009; Peters et al., 2011). Participants' information is summarized in Table 1. Ethical approval was granted by the Institutional Research Ethics Board.

Semi-structured interviews

The first author interviewed couples at their home or at the university (interview length: 26–75 minutes). Partners were interviewed separately, allowing them to talk freely and prevent them from holding back information in their partner's presence. We, therefore, had access to the individual's perspective on their own and their couple experience. This choice, however, brought a threat to internal confidentiality (i.e. the possibility that two participants of a study might identify one another; Ummel and Achille, 2016). Because a dyadic presentation of the data was intended, including the reproduction of verbatim from each partner, measures were taken to minimize problems with internal confidentiality: (1) the interviewer did not disclose any information about the participant's interview when meeting with their partner, (2) the potential confidentiality breach was addressed with each participant at the end of the interview, and (3) participants were offered the possibility to withdraw their consent to the use of their interview material. Except from one specific topic in one interview, all the participants agreed to have their interview material used in analysis and publication. Pseudonyms were used to preserve participants' identity.

The semi-structured interview began with an open-ended question about marital benefits ("Could you tell me about what you gained as a couple from this experience of trying to conceive a child?"). Participants were encouraged to reflect widely on their individual experience and its meaning for their relationship. Subsequent questions included the following:

1. Reflecting on your relationship before infertility and the relationship you're describing now, what seems different (or not) to you?
2. How do you understand or explain these changes in your relationship?
3. What are the impacts of these benefits on you and your relationship?

Participants were probed on these topics as they arose, mainly by helping them develop

Table 1. Participant details.

Couple	Pseudonym	Age	Cause of infertility	Number of years in fertility treatment (artificial insemination)	Status of treatment
1	Amy	24	Female factors	<1	Ongoing
	Sam	29			
2	Kate	26	Unexplained	2	Ongoing
	Nick	28			
3	Zoe	36	Male and female factors	4	Recently terminated
	Paul	38			

Pseudonyms were used to preserve participants' identity.

further their answers (i.e. "Could you tell me more about that?" or "Why do you think this felt important/helpful/significant for you?") as suggested by Smith et al. (2009). The interview schedule was pilot-tested prior to the study.

Analysis

The IPA approach followed guidelines from Smith et al. (2009). Transcripts were read several times to ensure familiarity with the data and then analyzed through an iterative process. First, transcripts were coded for thematic content, linguistic specificities, or metaphor use. These annotations were then reanalyzed to identify emergent themes and connections between them. Finally, a detailed account was produced for each participant, supported by interview extracts. The IPA resulted in highlighting divergences and convergences in themes and meaning-making in partners' respective experience.

The analysis was then repeated for each couple with the goal of reaching a couple analysis of the individuals' accounts. Each partner's individual account was read over again with the aim of identifying circularity in the information shared by each partner and reaching a new understanding of their accounts that would result in a global perception of their shared experience as a couple. Such an account was produced for each couple, also supported by interview extracts. This new dyadic understanding was then re-compared to each partner's individual account to confirm the validity of

these new interpretative deductions, with a particular focus on the temporal sequencing of the dyadic dynamics inferred. Overall, this dyadic analysis of the data offered a relational perspective on what went on between the partners and how the marital benefits appeared to have emerged within each dyad.

IPA involves a double hermeneutic. At the first level, the participant is trying to make sense of their own experience; at the second level, the researcher is trying to make sense of the participant's sense-making (Smith et al., 2009). Throughout the analytic process, we were committed to account for each participant's experience fairly and ensured that their stories were not unduly influenced by the researcher's own personal assumptions. To ensure credibility and trustworthiness, commitment, rigor, and transparency were actively pursued, guided by Smith et al.'s (2009) validity and quality guidelines. The first author, who conducted the analysis, kept a reflective journal throughout the study. She especially questioned her interpretations to reflect on other possible meanings, considering the potential impact of her conceptual frame, mainly based on psychodynamic and humanistic approaches. The content of analysis was also audited by an external researcher and the second author to ensure it was supported by the interview material. To ensure transparency, this article displays sufficient data to support each emergent theme regarding the nature of marital benefits and to give access to the interpretations. The extracts were selected to reflect prevalence,

representativeness, and variation within participants' individual experiences (Smith, 2011). They were selected to present both shared themes and divergent ways of expressing their voice, and to give sufficient access to each participant's view and experience.

Results

Two sets of results are presented: (1) emerging themes regarding the nature of the benefits and (2) a dyadic analysis of the marital benefits, along with their development process and ascribed meaning.

The nature of marital benefits

Five categories of marital benefits were identified: (1) being engaged in a shared hardship, (2) feeling closer to one another, (3) feeling reassured in the relationship, (4) developing satisfying communication and support behaviors, and (5) having faith in the couple's capacity to face adversity.

Being engaged in a shared hardship. The considerable challenges experienced by participants resulted in the necessity or desire to share the burden. Some participants perceived their pain to diminish upon realizing that their partner shared their difficulties. For others, it provided an opportunity to learn about their partner's experience, as he or she may have been experiencing the same reality in a different way:

If I had gone through this on my own, I never would have made it through. It would have been insurmountable. But because the two of us were going through this incredible journey together, I really felt reassured. It helped me get through it. (Kate)

Partners sought to confront the adversity together. The resulting partnership reflected their sense that the other had become the person most likely to understand their experience. They felt a strong alliance:

He understands every challenge I have to face, how it hurts. Nobody else could understand that like he does. (Amy)

I tell her "Your problem isn't just your problem [referring to Amy's fertility problem]. It's mine too [...] We'll manage it together." (Sam)

It felt like everything was lining up against us and that the only person I could count on was her. (Paul)

Feeling closer to one another. All participants reported closer ties after going through the infertility ordeal. Some felt a greater understanding toward their partner. This closeness was also expressed in terms of couple unity and feeling of oneness. The communication, support, respect, and mutual sacrifices often contributed to this feeling of becoming closer:

With every challenge or situation, we become closer. We sort of become more like a single person. I feel like there's more [...] more communication. We're closer. Maybe we pay more attention to the other as well. (Nick)

We opened up to each other. I've never confided as much in anybody. I've never trusted anybody that much. (Amy)

Feeling reassured in the relationship. Infertility and its hardships led the participants to question how they felt about their relationship. They faced the possibility, real or imagined, that their partner would consider another relationship to achieve their family goals. But for most, this fear only reinforced the trust they had in their partner. They felt they were being heard and respected. Many reported a greater sense of openness and devotion from their partner. Some participants felt reassured that their partner had chosen to stay despite a desire for children that could not be satisfied with any certainty:

It also teaches you to have a little more trust in the other person. It's like you're always afraid: "Will my partner leave me for someone else?" [...] If I had been the one with fertility problems, and she really wanted children, I know she would have stayed, for me. (Sam)

He said to me: "If we try and it doesn't work, well then, I love you and I'll stay with you." [...] It reassured me as far as that was concerned. (Zoe)

Developing satisfying communication and support behaviors. This benefit refers to any form of support that stems from the experience of infertility. It may involve emotional openness, attention and presence, or new or more comprehensive discussions:

By going through all of that, he really learned to communicate well. We've since learned to say what we mean in our relationship [...] We communicate our emotions, how we feel about all of it. (Kate)

I go everywhere with her, to the appointments, I'm there for her, whether it's a blood sample or an intravaginal ultrasound. I'm always there for her. (Sam)

Having faith in the couple's capacity to face adversity. The participants reported greater confidence in the strength of their relationship and their ability to confront challenges together. Infertility also helped them develop pride and satisfaction regarding the way in which they would confront these challenges:

Describe my relationship? Intense, reliable, solid. I know it's going to last. I can feel it inside me. (Sam)

We take stock of things with a little more distance and think: "My god, what we are going through is insane! And our relationship is amazing. I am amazed that we're able to confront this together." (Kate)

A dyadic perspective of marital benefits and meaning-making for each couple

Describing the five marital benefit categories provided insight into the potential benefits experienced by couples when confronting infertility. The recruitment of couples to further our understanding of marital benefits, however,

provided the opportunity to conduct a dyadic analysis to describe how such benefits appeared to have developed and their meaning for each couple. The second part of our analysis thus used a dyadic approach to consider how one partner's experience influenced the experience of the other and how both partners learned to define their individual and shared experience. Supporting this analysis, a dyadic narrative for each couple is presented in the Supplementary File.

Based on this dyadic analysis, several factors appear to have contributed to the appearance of marital benefits. First, results point out that more empathic sharing within the couple was a key factor—that is, increased openness and responsiveness toward one's partner's experience (although this experience may differ from one's own) resulted in improved fluidity in partners' communication. Second, reinvestment into the relationship of personal benefits resulting from the experience of adversity then contributed to feed marital benefits. Finally, the shared commitment and the resulting partnership appeared to have been made possible through the discovery or the development of satisfying coping experiences and partners' perception of mutual support. Participants' accounts highlight their respect for each other and each other's ways of coping with infertility. This mutual respect left little room for blame, but rather emphasized partners' shared journey in facing a common burden.

Discussion

This qualitative study is the first to examine the scope of marital benefits experienced by the two members of couples who were undergoing or just terminated fertility treatment. Whereas previous retrospective qualitative studies have identified, in a very general manner, that some couples express that fertility treatment has *strengthened* their relationship (Daniluk, 2001; Glover et al., 2009; Lee et al., 2009; Peters et al., 2011), our research provides a more in-depth description of the scope of marital benefits (i.e. in what way is the relationship

strengthened) and how they are integrated in couples' relational narrative and infertility experience (i.e. their meaning). Precisely, we identified five types of benefits: (1) being engaged in a shared hardship, (2) feeling closer to one another, (3) feeling reassured in the relationship, (4) developing satisfying communication and support behaviors, and (5) having faith in the couple's capacity to face adversity. Hence, researchers and clinicians who are interested in marital benefits should now consider assessing these five particular types of relationship gains, beyond simply asking whether infertility strengthened the relationship. Results from this study could also inform the development of a more comprehensive measure to assess marital benefits. In contrast to past quantitative and qualitative studies, our results also show that marital benefits can be found in those currently undergoing treatment or those having just decided to end treatment and not only in couples who have long-ended treatment (Daniluk, 2001; Glover et al., 2009; Lee et al., 2009; Peters et al., 2011; Peterson et al., 2011; Schmidt et al., 2005).

Overall, our results agree with a review by Ying and Loke (2016) that reported a greater sense of "partnership" among those who shared the adversity and hardship of infertility. As with our participants, infertility is often seen as a threat to relationships, while surviving the ordeal together often contributes to relational security (Glover et al., 2009; Phillips et al., 2014). Previous studies did not specifically identify the development of satisfying communication and support behaviors as a benefit, but this component has often been reported as playing a significant and adaptive role in infertile couples (Peters et al., 2011; Schmidt et al., 2005).

Most importantly, the dyadic analysis offered an initial look at the relational dynamics that possibly contributed to the occurrence of marital benefits. This aspect clearly sets this study apart from previous qualitative and quantitative studies. Our dyadic analysis helped us identify four components that seem to promote the emergence of marital benefits during infertility:

(1) satisfying coping experiences, (2) improved communication in a context of mutual openness and support, (3) reinvesting personal benefits into the relationship, and (4) minimizing blame and invalidation between partners.

Satisfying coping experiences

Whereas the goal of our study was not to identify coping strategies, every participant discussed the way in which they handled their treatment and losses. Their accounts recall the positive dyadic coping aspects proposed by Bodenmann (2005). Dyadic coping involves a common response to a shared relationship stressor or to the impact of one partner's stress on the other (Bodenmann, 2005). Our participants reported a sense of partnership when confronting adversity and a sense of a shared experience (common dyadic coping). They also reported greater sensitivity to their partner's needs and a satisfaction in being able to respond to those needs through presence and attention and by taking charge of certain tasks, like hormone injections (supportive dyadic coping). In keeping with the orientation of many health psychology research fields, including cancer adaptation in couples (Regan et al., 2015), our results support the conclusion that stress management and infertility-related distress should be considered through a dyadic perspective. What appears to resemble positive dyadic coping in our participants may, in this case, have contributed to the emergence of marital benefits. Our participants also reported positive relationship communication, along with other aspects that resembled meaning-making and personal growth, but very few avoidance strategies, all of which seem to agree with the coping strategies that have been linked to higher levels of marital benefits in infertile couples (Peterson et al., 2011; Schmidt et al., 2005).

It should be noted that coping strategies and benefits are often interrelated and difficult to separate. Some of the marital benefits that were reported may, in fact, be perceived as coping strategies, such as the effective support behaviors that couples identified as strengths. Since

participants qualified this strategy as resulting from their fertility difficulties, we consider it to be a marital benefit that stems from the adversity involved. The use of the coping method, therefore, becomes the benefit itself, increasing the couple's ability to adapt and build the confidence needed to confront subsequent difficulties.

Improved communication and openness toward the other

Communication appears to have played an active and complex role in the emergence of marital benefits. Communication is often presented as an important adaptive component for couples in the context of infertility (Daniluk, 2001; Glover et al., 2009; Peters et al., 2011; Schmidt et al., 2005). A model of resilience to infertility suggests that positive communication facilitates adaptation to the hardships that result from fertility difficulties (e.g. a diagnosis of infertility or renouncing treatment; Ridenour et al., 2009). For our participants, the benefits gained from improved communication were not limited to the sharing of each other's concerns and needs, nor were they limited to treatment-related discussions and choices. Communication was felt to have improved through positive relational contact and non-judgmental acceptance from a partner who could demonstrate support and commitment toward the relationship. Whereas improvements in communication occasionally represented the first step toward greater marital satisfaction, other marital benefits could also bring about open and non-judgmental communication. For instance, the support and openness perceived by Amy and Sam helped improve communication, which, in turn, promoted proximity and strength in their relationship.

Reinvesting personal benefits into the relationship

Beyond the marital benefits that were stated, individual benefits were reported by every participant. Potential benefits at the individual,

relational, and transpersonal/spiritual levels have been identified in studies focusing on infertility-related post-traumatic growth (Lee et al., 2009; Paul et al., 2010). Our results show that such personal benefits occasionally promote the development of marital benefits in significant ways. For example, Paul's ability to shed new light on his life's priorities while gaining a deeper understanding and acceptance of his own experiences resulted in greater commitment toward his relationship and openness toward Zoe. For Nick, confirming his identity as a positive person and gaining a sense of value by attending to Kate's needs also represented personal benefits that were reinvested into the relationship.

Blame and invalidation between partners

The experience of couples who report marital benefits may differ from that of other infertile couples. Our participants were not specifically asked about their difficulties when confronting infertility or those regarding their relationship. They did, however, call attention to the interrelatedness of hardships and positive experiences, along with the difficulties that occasionally surfaced in their relationship. We also noted a near absence of statements regarding invalidation and blame between partners, often identified in other infertile couples (Steuber and Haunani Solomon, 2008) and deemed detrimental for infertile couples' adaptive process (Péloquin et al., 2017). On the contrary, our participants reported feeling respected and supported in how they experienced hardship. Reassuring discussions were also held regarding the primacy of their relationship over attempts at conception. But the absence of invalidation and blame in the accounts of those interviewed should not serve to conclude that such behavior never took place. We may, however, hypothesize that the possible absence of invalidation and blame promotes a better sense of security within the relationship, along with relational satisfaction and other marital benefits.

Strengths and limitations

For this study, the IPA was chosen due to its idiographic perspective and use of a small sample. Combined with our dyadic approach, it provided greater analytical depth, along with a richer and more dynamic illustration of the experience of certain couples regarding fertility treatment. Using a relatively homogeneous sample like ours, the marital benefits that were identified may be generalized for other couples who share similar characteristics. It should be noted that all three couples were selected after self-reporting marital benefits in a previous study. But all couples do not report marital benefits (Schmidt et al., 2005), and our sample does not necessarily represent all those who do report marital benefits. In addition, one of the couples interviewed had recently decided to terminate treatment, which may have tainted their experience. Our participants also differed with respect to the time spent in treatment; this may have limited the opportunity for some couples to experience or become fully aware of the positive relationship changes that have occurred. They also differed on their relationship duration, which may influence their established sense of relationship and perception of relational changes.

It should be noted that the interview method provides both advantages and limitations. During interviews, participants actively work to organize and share their personal experience. This provides access to their thoughts and sense-making process regarding the experience. But when participants are confronted with these thoughts for the first time, the scope can become limited. By comparison, personal diaries and reflexive blog content regarding the experience of infertility could reveal a more thoughtful, self-directed, and comprehensive personal experience. A longitudinal approach involving more than one interview could also help better understand how marital benefits develop over time.

Clinical implications

Our results show that couples adapt to fertility treatment dynamically and dyadically. Clinicians

who work with this population must, therefore, aim to support the couple, not only the individuals. Our results also suggest that support interventions should emphasize openness toward the other person's emotional experience, as well as mutual expression of feelings, concerns, and needs throughout the treatment process, as ongoing mutual sharing fosters proximity and respect and strengthens emotional bonds between partners (Ying and Loke, 2016). As partners inevitably experience infertility differently, counselors working with couples undergoing fertility treatment should encourage partners' non-judgmental acceptance of each other's unique experience and divergences and help them move away from blame and mutual invalidation (Peterson et al., 2012). Identifying areas of marital satisfaction also appears to have benefited our participants. Thus, interventions targeting infertile couples would benefit from fostering reflexive opportunities that promote greater awareness of the couple's abilities and existing strengths. However, it is important that interventions avoid imposing positivity on couples' experience, as these couples undoubtedly experience distress. All our participants indeed reported hardship and painful losses. Many of them insisted that marital benefits did not annihilate the difficulties involved, but that both were, in fact, interrelated:

It wasn't all sunshine. Yes, it brought us closer as people. Because it's such a tremendous ordeal, it makes us learn about each other and confide in each other. But it wasn't always rosy! (Amy)

In the end, it's because of the ordeal. It's like the two are linked. You get through one challenge, you become stronger. The bigger the challenge, the bigger the result. (Nick)

Nonetheless, identifying even the subtlest of benefits and strengths within the relationship could help trigger a cascading effect, leading to renewed confidence and a more positive individual and relationship adaptation, as it did with our participants.

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Supplemental Material

Supplementary material for this article is available online.

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