

“Living Between Hope and Uncertainty”: A Phenomenological Study of Couples Undergoing Infertility Treatment



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Abstract

Background: Infertility is a distressing life experience that affects couples emotionally, socially, and relationally. Advances in assisted reproductive technologies have improved treatment options; however, the emotional journey of couples undergoing infertility treatment remains complex and insufficiently explored, particularly in low- and middle-income settings.

Objective: To explore and describe the lived experiences of couples undergoing infertility treatment.

Methods: A descriptive phenomenological study was conducted among 15 infertile couples receiving treatment at a tertiary fertility center in Uttar Pradesh. Purposive sampling was used. Data were collected through in-depth, semi-structured interviews with couples and analyzed using Colaizzi's phenomenological method.

Results: Four major themes emerged: *Living with Emotional Duality, Strain on Relationship and Identity, Navigating Social and Cultural Pressures, and Coping, Resilience, and Meaning-Making*. Couples described fluctuating emotions between hope and despair, relational adjustments, social stigma, and reliance on coping strategies such as mutual support, spirituality, and trust in healthcare providers.

Conclusion: Couples undergoing infertility treatment experience profound emotional and relational challenges while simultaneously demonstrating resilience. Understanding these lived experiences can guide nurses and fertility care providers in delivering holistic, couple-centered infertility care.

Keywords: Infertility, couples, lived experiences, phenomenology, assisted reproductive treatment

Introduction

Infertility is a significant global health concern affecting an estimated 10–15% of couples of reproductive age. Beyond its biological dimensions, infertility represents a deeply personal and socially embedded experience that challenges identity, relationships, and emotional well-being. For many couples, the inability to conceive disrupts anticipated life trajectories and creates persistent emotional uncertainty.

Advances in infertility treatment, including ovulation induction, intrauterine insemination, and assisted reproductive technologies, have offered hope to affected couples. However, treatment processes are often prolonged, invasive, costly, and emotionally taxing. Couples frequently experience cycles of optimism followed by disappointment, creating a continuous state of emotional fluctuation between hope and uncertainty.

In many cultural contexts, particularly in South Asia, parenthood is closely tied to marital stability, social acceptance, and personal identity. Couples undergoing infertility treatment often encounter societal pressure, stigma, blame, and intrusive questioning, which further intensify psychological distress. Women may experience disproportionate emotional burden, while men may struggle with unexpressed grief and societal expectations of masculinity.

Existing infertility research has largely focused on medical outcomes, treatment success rates, and individual psychological responses. Quantitative studies document anxiety, depression, and stress among infertile individuals; however, they often fail to capture the shared, relational nature of infertility as experienced by couples. The voices of couples navigating infertility together remain underrepresented.

Phenomenological inquiry allows for an in-depth understanding of lived experiences by exploring how individuals interpret and make meaning of their realities. Exploring couples' experiences through this lens can provide valuable insights into emotional processes, relationship dynamics, coping mechanisms, and support needs.

Therefore, this study aims to explore the lived experiences of couples undergoing infertility treatment, capturing their emotional journeys, relational challenges, and coping strategies, with the goal of informing compassionate, couple-centered nursing and fertility care.

Objectives

1. To explore the emotional experiences of couples undergoing infertility treatment.
2. To understand the impact of infertility treatment on couple relationships.
3. To identify coping strategies and sources of support used by couples.

Methodology

Study Design

A descriptive phenomenological research design was adopted to explore the essence of couples' lived experiences with infertility treatment.

Study Setting

The study was conducted at a tertiary-level infertility clinic in Uttar Pradesh.

Participants and Sampling

Purposive sampling was used to recruit **15 couples** undergoing infertility treatment.

Inclusion Criteria:

- Married couples undergoing infertility treatment for at least six months
- Both partners willing to participate
- Ability to communicate in Hindi or English

Exclusion Criteria:

- Couples with diagnosed severe psychiatric illness
- Couples unwilling to participate jointly

Table 1: Demographic Characteristics of Participants (n = 15 couples)

Variable	Category	n
Age (Female)	25–30 years	6
	31–35 years	9
Age (Male)	28–35 years	8
	36–42 years	7
Duration of Infertility	2–4 years	7
	>4 years	8
Type of Infertility	Primary	10
	Secondary	5

Data Collection

Data were collected using a qualitative phenomenological approach to capture the in-depth lived experiences of couples undergoing infertility treatment. The primary method of data collection was in-depth, semi-structured interviews, which allowed participants to freely express their emotions, perceptions, and personal meanings associated with infertility and its treatment.

Development of the Interview Guide

A semi-structured interview guide was developed after an extensive review of relevant literature and consultation with experts in obstetric and gynecological nursing and qualitative research. The guide consisted of open-ended questions designed to explore participants' emotional experiences, marital dynamics, social interactions, coping strategies, and perceptions of infertility treatment. Probing questions were used to encourage deeper reflection and clarification of responses. The interview guide was pilot tested with two couples who were not included in the final analysis, and minor modifications were made to enhance clarity and flow.

Interview Procedure

Interviews were conducted between the June to December 2024 in a private and quiet setting within the infertility clinic or through secure online platforms, depending on participant preference and convenience. Each couple was interviewed together to capture shared experiences, while ensuring that both partners had equal opportunity to speak. Interviews lasted approximately 45–60 minutes and

were conducted in the participants' preferred language (English/Hindi).

Prior to each interview, written informed consent was obtained from both partners. Participants were reassured about confidentiality, anonymity, and their right to withdraw from the study at any stage without any consequences to their treatment.

Recording and Field Notes

With participants' permission, all interviews were audio-recorded to ensure accurate capture of verbal data. In addition, the researcher maintained field notes during and immediately after each interview to document non-verbal cues, emotional expressions, pauses, tone of voice, and contextual observations. These field notes provided valuable supplementary data during analysis and helped in capturing the depth of participants' lived experiences.

Data Saturation

Data collection continued until data saturation was achieved, defined as the point at which no new themes, meanings, or insights emerged from subsequent interviews. Saturation was reached after interviewing couples, as recurring patterns and experiences became evident across narratives.

Data Analysis

Data were analyzed using **Colaizzi's phenomenological method**, involving:

1. Familiarization with transcripts
2. Identification of significant statements
3. Formulation of meanings
4. Clustering into themes and subthemes
5. Development of an exhaustive description

Results

Analysis revealed **four major themes** with related subthemes.

Theme 1: Living with Emotional Duality

Couples described experiencing simultaneous hope and fear throughout the treatment process. Each treatment cycle brought renewed optimism, followed by anxiety and emotional distress when outcomes were uncertain or negative.

Subthemes:

- Hope tied to medical intervention
- Fear of treatment failure
- Emotional exhaustion

"Every cycle starts with hope, but the fear of failure never leaves us."

Theme 2: Strain on Relationship and Identity

Infertility treatment influenced marital relationships in complex ways. Some couples reported strengthened emotional bonds, while others experienced tension, communication difficulties, and altered self-identity.

Subthemes:

- Shared responsibility versus silent blame
- Changes in intimacy
- Threats to self-worth

"We try to stay strong together, but sometimes the stress creates distance."

Theme 3: Navigating Social and Cultural Pressures

Participants reported experiencing stigma, intrusive questioning, and family pressure to conceive. Cultural expectations around parenthood intensified feelings of inadequacy and isolation.

Subthemes:

- Social stigma and secrecy
- Family expectations
- Gendered blame

"People ask why we don't have children, not knowing how painful it is."

Theme 4: Coping, Resilience, and Meaning-Making

Despite challenges, couples demonstrated resilience through adaptive coping strategies. Mutual emotional support, spirituality, trust in healthcare providers, and reframing infertility as a shared journey were prominent.

Subthemes:

- Partner support and communication
- Faith and spirituality
- Acceptance and meaning-making

"We remind each other that we are more than this problem."

Discussion

This study reveals infertility treatment as an emotionally dynamic and relational experience marked by continuous movement between hope and uncertainty. Findings align with existing literature highlighting emotional distress, stigma, and relational impact among infertile couples. Unlike individual-focused studies, this research emphasizes infertility as a shared journey requiring joint adaptation.

Coping strategies such as mutual support and spirituality reflect culturally embedded resilience mechanisms. Nurses and fertility care providers play a critical role in recognizing emotional distress, facilitating communication, and offering psychosocial support.

Conclusion

Couples undergoing infertility treatment experience profound emotional, relational, and social challenges. Despite ongoing uncertainty, many demonstrate resilience through shared coping and meaning-making. Integrating couple-centered, psychosocial care into infertility services is essential.

Implications for Nursing Practice

- Incorporate **couple-focused counseling** in infertility clinics
- Train nurses in **emotional and relational assessment**
- Develop **support groups for infertile couples**
- Promote **holistic, culturally sensitive infertility care**

References

1. Aarts, J. W. M., van Empel, I. W. H., Boivin, J., Nelen, W. L. D. M., Kremer, J. A. M., & Verhaak, C. M. (2011). Relationship between quality of life and distress in infertility: A validation study of the FertiQoL. *Human Reproduction*, 26(5), 1112–1118. <https://doi.org/10.1093/humrep/der051>
2. Boivin, J., Griffiths, E., & Venetis, C. A. (2011). Emotional distress in infertile women and men: A systematic review. *Human Reproduction*, 26(9), 2218–2233. <https://doi.org/10.1093/humrep/der246>
3. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
4. Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

5. Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
6. Deka, P. K., & Sarma, S. (2010). Psychological aspects of infertility. *British Journal of Medical Practitioners*, 3(3), 336–339.
7. Donkor, E. S., Sandall, J., & Quartey, J. N. A. (2017). The social meanings of infertility for women and men in Ghana. *Journal of Nursing Scholarship*, 49(4), 453–461. <https://doi.org/10.1111/jnu.12309>
8. Greil, A. L., Slauson-Blevins, K., & McQuillan, J. (2010). The experience of infertility: A review of recent literature. *Sociology of Health & Illness*, 32(1), 140–162. <https://doi.org/10.1111/j.1467-9566.2009.01213.x>
9. Hammarberg, K., Fisher, J. R. W., & Wynter, K. H. (2008). Psychological and social aspects of pregnancy, childbirth, and early parenting after assisted conception. *Human Reproduction Update*, 14(5), 395–414. <https://doi.org/10.1093/humupd/dmn030>
10. Inhorn, M. C., & Patrizio, P. (2015). Infertility around the globe: New thinking on gender, reproductive technologies and global movements in the 21st century. *Human Reproduction Update*, 21(4), 411–426. <https://doi.org/10.1093/humupd/dmv016>
11. Jordan, C., & Revenson, T. A. (1999). Gender differences in coping with infertility: A meta-analysis. *Journal of Behavioral Medicine*, 22(4), 341–358. <https://doi.org/10.1023/A:1018774019235>
12. Karaca, A., & Unsal, G. (2015). Psychosocial problems and coping strategies among Turkish women with infertility. *Asian Nursing Research*, 9(3), 243–250. <https://doi.org/10.1016/j.anr.2015.04.007>
13. Lakatos, E., Szigeti, J. F., Ujma, P. P., Sexty, R., & Balog, P. (2017). Anxiety and depression among infertile women: A cross-sectional survey. *BMC Women's Health*, 17(1), 48. <https://doi.org/10.1186/s12905-017-0410-2>
14. Martins, M. V., Peterson, B. D., Almeida, V., Mesquita-Guimarães, J., & Costa, M. E. (2014). Dyadic dynamics of perceived social support in couples facing infertility. *Human Reproduction*, 29(1), 83–89. <https://doi.org/10.1093/humrep/det403>
15. Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.
16. Peterson, B. D., Pirritano, M., Christensen, U., & Schmidt, L. (2008). The longitudinal impact of partner coping in couples following unsuccessful fertility treatments. *Human Reproduction*, 23(5), 1128–1137. <https://doi.org/10.1093/humrep/den067>
17. Roudsari, R. L., Allan, H. T., & Smith, P. A. (2007). Looking at infertility through the lens of religion and spirituality. *Human Fertility*, 10(3), 181–187. <https://doi.org/10.1080/14647270701479733>
18. Schmidt, L. (2006). Infertility and assisted reproduction in Denmark: Epidemiology and psychosocial consequences. *Danish Medical Bulletin*, 53(4), 390–417.
19. Upadhyay, S., & Saini, A. (2020). Psychosocial impact of infertility among Indian couples. *Journal of Family Medicine and Primary Care*, 9(8), 4386–4392. https://doi.org/10.4103/jfmpe.jfmpe_444_20
20. World Health Organization. (2023). *Infertility prevalence estimates, 1990–2021*. WHO Press.