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Coble, Jack Randall, Jr.

**A QUALITATIVE ANALYSIS OF THE PHASES OF INVOLUNTARY
CHILDLESSNESS**

The University of North Carolina at Greensboro

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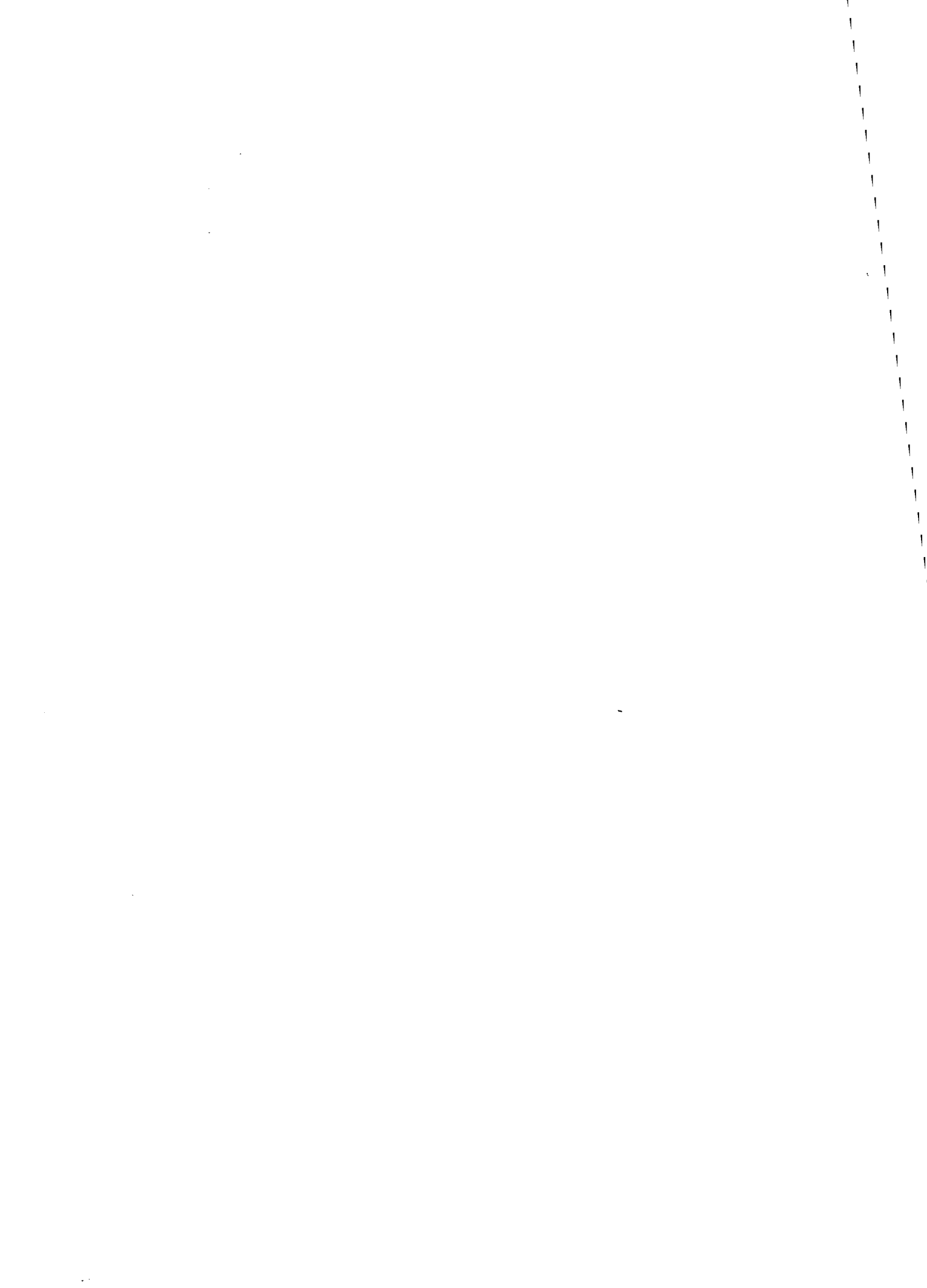
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A QUALITATIVE ANALYSIS OF
THE PHASES OF INVOLUNTARY
CHILDLESSNESS

by

Jack R. Coble, Jr.

A Dissertation Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Greensboro
1985

Approved


Dissertation Adviser

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

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The purpose of this research was to explore and identify the psychosocial phases of involuntary childlessness in an effort to develop a hierarchical model. A stage development theoretical framework guided this research. Because of the lack of literature concerning the psychosocial aspects of involuntarily childless couples, it was necessary to utilize a qualitative research methodology which incorporated the analytic induction method.

Subjects for this research were couples who consented to participate in a project explained as an exploratory study on involuntary childlessness. These 20 couples were between the ages of 25 and 40 years and of middle socioeconomic status.

An involuntarily childless couple was operationally defined as a couple who had been attempting pregnancy for 12 months or more without either conception or carrying a fetus to full term. Subjects for this study were considered only if neither partner had been a biological parent.

A three-section interview process was utilized: first, to establish if the couples were involuntarily childless; second, to obtain current information on their psychosocial components; and third, to obtain retrospective information on their psychosocial components.

Through the use of the model generated by the pilot

study, the research proposal that a hierarchical patterning of phases would be exhibited by all couples interviewed was supported. The second research proposal, that couples could be classified at different current end phases of the model according to their responses during the interview, was also supported. There was found to be 100% agreement by the two raters for classification of couples' progressions through phases which supported the third research proposal.

The phases generated by the model were labeled Awareness (Phase I), Articulation (Phase II), Accommodation (Phase III), Action (Phase IV), Avoidance (Phase V), and Acceptance (Phase VI).

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CHAPTER I

INTRODUCTION AND REVIEW OF LITERATURE

The procreation of offspring has always been and always will be a primary function of society. Without this function mankind would eventually cease to exist. Every culture has had its myths and remedies to handle the persons unable to perform the function of procreation. The inability to conceive was viewed by the ancients as a curse of the gods (Kaufman, 1970). Cultures from every continent at one time worshipped phallic symbols and figures of female genitalia (Barker, 1981). The Greeks believed fertility to be a gift of the gods and astrological maps were charted to time the periods of fertility for the females. Hungarian, Chinese, and Javanese women ate placentas of other pregnant women in order to ensure their success with their own fertility (Taymore, 1978).

Founded and unfounded myths continue to abound today. The ancient ritual of eating of the dried placenta to improve fertility may have been in fact helpful. It has been found that placenta contains chorionic gonadotropin, a hormone utilized in treatment of some cases of infertility (Taymore, 1978). With regard to unfounded myths, infertile couples are still told that there is a cure for infertility.

The modern era of infertility research may be said to have begun only in the 1900's with Huhner's (1913) studies

on sperm survival in cervical mucus. However, with all the advances of modern medicine and technology there remains one couple in every five unable to conceive at some point in time during childbearing years (Barker, 1978).

Medical research continues to attempt to alleviate the condition of involuntary childlessness and continues to add to the literature concerning the condition. After exploration of the available literature it was believed that much more was involved in the dynamics of being involuntarily childless than had previously been reported. The understanding of this field of study is still in its infancy. New medical breakthroughs take place constantly, and the involuntarily childless couple is placed in a situation of anticipating the one advancement in medical technology that will rectify their particular situation. For example, Louise Brown's birth on July 25, 1978 received international acclaim. Her birth signaled the dawn of in vitro fertilization, an answer for many couples but not for all. Steps toward solution of specific physical problems involved for many couples continue to take place, including frozen embryo transplants, lavage, and the use of surrogate mothers.

The emotional concerns and psychological distress that accompany the constant questioning and the waiting experienced by those identified as involuntarily childless are being addressed on a very limited scale.

Review of Psychosocial Factors
of Involuntary Childlessness

For decades, the great bulk of literature concerned with the infertility problems of mankind had been espoused by the medical profession. The majority of research done in this area had been approached from the medical model, with the purpose being that of rectifying and eliminating infertility. This literature dealt with every imaginable problem, including male reproductive physiology and male infertility (Steinberger, 1977; Amelar, 1966), reproductive failures (Warren, 1976), and comprehensive review articles and books (Taymore, 1978). The medical profession, and rightly so, had directed attention to the physical causes of infertility.

The same could not be said for the psychosocial ramifications of infertility. Very little attention had been focused on this area. Denga (1982) investigated the effects of childlessness on marital adjustment of women in Northern Nigeria. He found a higher level of marital adjustment among mothers than among involuntarily childless women. An Indian study on involuntary childlessness concentrated on the relationship between infertile couples and neuroticism (Gupta, Srivastava, & Verma, 1982). They found within the involuntarily childless couples, the females were more emotionally disturbed than the males. These two studies, even though added to the existing literature on

involuntary childlessness, showed some of the problems researchers in this area failed to recognize. The Denga (1982) study reported a contradictory finding to previous United States studies. The researcher, however, confused the labeling of the subjects. Denga (1982) compared involuntarily childless women and mothers, whereas the United States studies he cited compared voluntarily childless women and mothers. This was a common mistake made not only by researchers but by lay persons as well. The Indian study reported differences of emotionality in male/female childless couples but showed no base line of emotionality for males or females prior to being identified as involuntarily childless. In other words, the differences in emotionality may have existed prior to the childless condition. Studies of this nature had more of a tendency to confuse than to clarify the condition of involuntary childlessness.

One of the few persons who addressed infertility and its psychosocial ramifications on couples in the United States was Menning (1975; 1976). Menning was instrumental in developing a support network throughout the United States for involuntarily childless couples. In her exploration of the psychosocial problems of the involuntarily childless condition, Menning (1977) reported from case studies actual information from persons in this category. No attempt was made to develop patterns or consistencies, or to

quantify her reports. Instead, Menning (1977) chose to adopt the conclusions of Kubler-Ross (1975) concerning death and dying and tried to impose these stages upon the experiences of the involuntarily childless couple.

In addition to Kubler-Ross, Menning (1977) attempted to incorporate Eriksonian (1950) developmental stage theory to the condition of involuntary childlessness. Menning (1977) chose Erikson's stage of generativity in an attempt to explain the psychosocial problems of childlessness. Erikson (1950) defined generativity as being,

primarily the concern of establishing and guiding the next generation, although there are some individuals, who through misfortune or because of special and genuine gifts in other directions do not apply this drive to their own offspring. (p. 267)

Menning (1977) asserted that failure to achieve this stage, because of childlessness, denied an individual progression to the final and most adult stage, ego integrity. Menning left out of her interpretation the last part of Erikson's generativity stage definition, that of directing one's gifts and energies into other directions, other than offspring, which allowed the person to achieve ego integrity without having children as a prerequisite. Menning, however, was not the only one to make these assumptions. Rowland (1982) reported that persons not bearing children had been excluded from the developmental growth process literature by life-span developmental theorists.

It had been suggested that infertility was nothing more than a crisis situation. Yet in a search through related crisis intervention literature, the only reference made to involuntary childlessness as strictly a crisis situation was Menning's (1977) suggestion. There appeared to be emotional components as well as behavioral components specific to being involuntarily childless, but the behavioral components have as yet not been addressed. The emotional components had been addressed to a small degree by Menning (1977). Her description of the major psychological components are as follows:

1. Surprise - this component was described as the first emotion felt. This emotion came from a realization that the couple had assumed fertility until conception was attempted and failed.
2. Denial - this component was described as a defense mechanism, a temporary solution which allowed the couple time to adjust to their childlessness.
3. Isolation - this component was described as an attempt on the part of the couple to avoid painful situations and the misinformed helpful suggestions of friends, family, and significant others. The couple isolated themselves from social gatherings and family affairs at which children or expectant parents might be present. The couple

attempted to isolate themselves from well-wishers who did not understand their infertility problem, and thereby they avoided the suggestions for a simple remedy to the problem, e.g., don't worry, everything will work out.

4. Anger - this component was described as a reaction to helplessness. This component could be brought on by social pressures to produce an offspring and/or the pain and stress of treatment programs for infertility.
5. Guilt and Unworthiness - this component was described as an attempt to rationalize infertility. The individual or couple sought to identify some prior life experience which had caused the infertility, e.g., previous birth control, premarital sex. The couple may have begun to believe that a lack of a pregnancy meant that they were unworthy to become parents.
6. Grief - this component was described as the feeling expressed by the couple after medical diagnosis had given them no alternative to pregnancy. Grief of this nature could be described as grieving the loss of something that had yet to exist.
7. Standing Alone - this component was described as when one partner realized infertility had caused the other partner an absence of their genetic

children.

8. Sexuality - this component was described as the feeling most affected by childlessness; the male questioned his masculinity and the female her femininity.

Theoretical Framework

A stage development theoretical framework guided this research. The assumptions that stages contained gradual transitions from one stage to the next and are qualitative in nature, invariant in order, and discontinuous in movement are accepted. According to Lerner (1976) qualitative, invariant, and discontinuous changes of this nature fall into the probabilistic epigenetic conception of development. The probabilistic epigenetic position recognizes the following:

1. Both experience and maturation are invariably involved in determining the qualitative changes that characterize development.
2. The timing of the interactions between maturation and experience is a factor of critical importance in the determination of behavioral development.
3. Since these interactions cannot be expected to occur at exactly the same time for every organism within a given species, one can say with a given level of confidence only that certain emergences will probably occur. (pp. 36-37)

Validity and Reliability

Qualitative and quantitative design methodologies require both validity and reliability to be considered. In qualitative research, coefficients of reliability and validity are not used. Instead, repeated observations

from case to case demonstrate that the phenomenon exists. Repeated observations of involuntary childlessness during different phases of the situation coupled with frequency tabulations of phase specific responses during the process of the interviews (current and retrospective reports) assume validity and reliability. Becker has been credited by Kidder (1980) for stating that reliability in qualitative research lies in the lack of contradiction of a given phenomenon from case to case. Kidder (1981) posited that what matters in qualitative research,

...is that each additional piece of evidence is "consistent" with the other observations and not that each observation is identical. This is an important difference between quantitative and qualitative procedures. Reliability in field work lies in an observation's not being contradicted and proved wrong rather than its being repeated in detail. (p. 248)

Interrater reliability was established by using another experienced counselor as an impartial judge to review phase specific response frequencies and tabulations based on the audio-tape sessions. This process accounted for face validity. Construct validity was demonstrated by couples exhibiting commonality within phases and differences between phases.

Purpose

There was a need for a systematic approach for exploring the psychosocial processes involved in the condition of being involuntarily childless. The purpose of this research was to explore and identify the psychosocial phases of involuntary

childlessness in an effort to develop a hierarchical model.

Three major research questions were of interest: Would there be a hierarchical patterning of phases of all couples (measured by interrater agreement)? Would there be different end phases due to where a couple was at the end of the interview (measured by number and percentage)? Would there be 100% agreement of at least two raters for classification of couples in a phase (measured by interrater agreement)? The overall goal of this research was to develop a stage developmental model based on the assumption that involuntarily childless couples would respond to questions concerning their emotions and behaviors in certain ways depending upon the couples' positions in the involuntary childlessness process.

CHAPTER II

PROCEDURES

A qualitative research methodology was necessary because of a lack of depth in the literature concerning the psychosocial aspects of involuntarily childless couples. Since there is empirical evidence about involuntary childlessness, descriptive research was needed from which to begin building a theory. Justification for this approach was found in Dubin (1969):

There is no more devastating condemnation that the self-designated theorist makes of the researcher than to label his work "purely descriptive". There is an implication that associates "purely descriptive" research with empty-headedness; the label also implies that at a bare minimum every healthy researcher has at least an hypothesis to test, and preferably a whole model. This is nonsense.

In every discipline, but particularly in its early stages of development, purely descriptive research is indispensable. Descriptive research is the stuff out of which the mind of man, the theorist, develops the units that compose his theories. The very essence of description is to name the properties of things: you may do more, but you cannot do less and still have description. The more adequate the description, the greater is the likelihood that the units derived from the description will be useful in subsequent theory building. (p. 85)

For this study the framework utilized was the analytic induction method, first elaborated by Znaniecki (1934), and since used to study a multitude of topics including

medical school social systems (Becker, Geer, Hughes, & Strauss, 1961), embezzlement (Cressey, 1973), and effects of divorce on children (Kurdek & Siesky, 1980).

Analytic Induction Method

The analytic induction method is a dynamic process which allows the researcher freedom from having to set up a static model for analysis. Negative cases are sought out instead of avoided and the researcher pushes for understanding and inclusion. The negative cases are used to consider reformulation of hypotheses, not merely to reject hypotheses. This method becomes a synthesis of both qualitative and quantitative methods. It is qualitative in that the data are the subjects' descriptions of their situations, and quantitative in that the researcher shows the response distribution and the tabulation to formulate the model.

Cressey (1973) outlined a step-by-step procedure for carrying out the qualitative process of the analytic induction method. The steps were as follows:

1. The researcher selects and roughly defines a phenomenon for which an explanation is sought.
2. A hypothetical explanation is proposed.
3. Several cases are studied and their congruence with the hypothetical explanation is assessed.
4. If the cases are not adequately explained by the hypothesis, then either the hypothesis is

modified, or the phenomenon of interest is redefined to exclude the exceptional case.

5. Negative cases require a repeat of step number 4. However, when a small number of subsequently examined cases can be found to fit the hypothesis without exception, then the researcher begins to describe the model.
6. Examining cases, redefining the phenomenon, and reformulating the hypothesis are continued until a universal relationship is established. Each negative case would call for a redefinition or a reformulation.
7. Finally, cases which do not represent examples of the phenomenon under investigation are examined to determine whether the hypothesis applies to them. This last step is used for further evidence in the scientific tradition that certain conditions should probably be present when the phenomenon occurs and should probably never be present when the phenomenon is absent. This step aids in the ascertaining, refining, joining, and separating necessary but not sufficient independent variables from those independent variables deemed most probable to be necessary and sufficient.

Becker (1970) emphasized the quantitative aspect of the analytic induction method. Once the research

problems, constructs, and phenomena have been designated and roughly operationally defined, one needs to check the frequency and distribution in order to determine which are worth focusing upon. Frequency and distribution tabulations help the researcher to blend and incorporate the findings from individual cases or observations into a conclusive model. Tabulation techniques also enable the researcher to present both qualitative and quantitative support for final conclusions (Cook & Campbell, 1979).

Qualitative Strategies

Lofland (1978) has described four basic principles of the qualitative strategy approach utilized for this research. The principles are as follows:

1. The first principle is based on the idea that social data be collected by means of intimate familiarity. Intimate familiarity is best described as participant-observation, but this immersion into a situation may also be attained by a second means, "...long, diverse, open-ended, semi-structured conversations with people who are participants in a situation or social world" (pp. 7-8).

For purposes of this research, and for purposes of data collection during the pilot study, intensive interviewing was utilized.

2. The second principle is based on the idea that intimate familiarity should lead to the development of disciplined abstractions. This involves the researcher being an intensive interviewer, transcriber of tape recordings and being constantly aware of the subjects' descriptions.

For purposes of this research study all interviews were

taped and transcribed from which the conceptual model came.

3. The third principle is based on the idea that the researcher must focus on the situation at hand. In other words, the researcher must not only provide the subjects with open-ended questions but must also structure the interviews through the use of directed questions and probes to get at the concrete components of the subjects' situations.

In this research study the situation under investigation was involuntary childlessness. The directed questions and probes are given in Appendix A.

4. The fourth principle is based on the idea that the researcher must focus on strategies. The strategies focused on are those constructed by the subjects in their particular situation. These strategies can be consciously deliberate or unconsciously utilized to better enable the subjects to deal with their situation.

For this research study subjects responded not only to the emotional components (verbal strategies) of being involuntarily childless, but the behavioral components (action strategies) utilized by the subjects.

Pilot Study

As an aid in the formation of this research study, a pilot study was conducted using the analytic induction method. The realization that involuntarily childless couples did not exactly meet the standards of Kubler-Ross' (1975) stages of grief nor Menning's (1977) suggestions of stages inherent to the psychological components of infertility caused a desire to explore the actual processes within this condition. Several interviews conducted with

involuntarily childless couples showed a developmental nature of the condition from the onset of awareness of desire to their present place in the experience. In addition, the manifestation of stage behavior appeared to be evident in both emotional and behavioral components.

The outcome was phase-specific responses reported by couples who showed a commonality of development through time in relation to the processes each couple experienced. What emerged was an opportunity to fill a gap in the literature concerned with the psychosocial development of the involuntarily childless couple, in order (a) to afford infertile couples the opportunity to see a commonality with similar couples, (b) to afford infertile couples insight into the processes of resolution and acceptance of their condition, and (c) to provide a phase-specific model to explain more adequately the processes of involuntary childlessness that can be utilized by counselors and therapists dealing with this condition.

These five involuntarily childless couples were audio-taped during an open-ended interview-conversation as defined by Blum (1970). The questions sought information concerning (a) the couple's present position in the childless process, (b) the emotional components of the couple's interactions with regard to their childlessness (current and retrospective), and (c) the behavioral components of the couple's interactions to their childlessness (current and retrospective).

The couples were asked questions first concerning whether they had just become aware they were infertile, had known for some time but actually had not pursued any type of medical intervention, had gone through extensive medical treatment previously with no success and were now angry over the results, avoiding the results, or had accepted the fact of their infertility.

Second, questions directed toward the couple were to explore their present emotional responses to being childless and those emotional responses they had felt in the past if their knowledge of infertility were not just discovered. For instance, a couple recently becoming aware of their infertility might report emotional patterns of denial, shock, and anger, whereas a couple knowing the situation had existed and now in intensive medical treatment might express emotions presently of encouragement and hope.

Third, questions were directed toward the couples that would elicit responses to define verbally the behavioral components of the couples' interactions. A couple recently becoming aware of their childlessness might exhibit isolation from social situations where children and expectant parents might be in attendance, whereas couples who had already effectively dealt with their childlessness might be exhibiting behaviors to reestablish ties with friends and family with children. This latter couple might also explain their past behavior as being much similar to

that of the previous couple: isolation from friends with children (see Appendix B).

A Preliminary Model of the Phases of Involuntary Childlessness

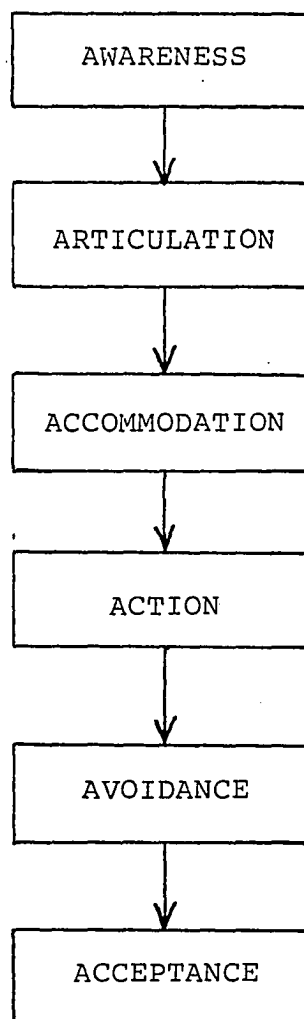
After exploration into the current and retrospective reports of the five involuntarily childless couples, patterns of commonality were believed to be present with regard to verbal responses concerning emotional components and behavioral components. It was believed that these patterns of emotionality and behavior that had been verbally reported by the couples could be delineated into phase specific emotions and behaviors. In other words, emotions felt and behaviors reported were consistent across couples and differed from phase to phase.

Analyses of the pilot study interviews suggested that a developmental process was at work. The results, coupled with suggestions from related literature (Menning, 1977) and this researcher's therapeutic experiences with couples in the situation of being involuntarily childless, indicated that a preliminary developmental model of the phases of involuntary childlessness could be formulated (see Figure 1). These phases in the predicted order are Awareness, Articulation, Accommodation, Action, Avoidance, and Acceptance.

Categorization of Responses in Phase-Specific Criteria

Based on results of the pilot study data, a classification of phases of the involuntarily childless process was formulated.

Figure 1. Developmental model of the phases of involuntary childlessness.



These phase-specific criteria were based on responses obtained during interviews with the involuntarily childless couples.

Phase I - Awareness

An a priori phase of the process of childlessness was identified as awareness of desire to have a child. Without this phase the couple could be considered to be voluntarily childless. If, after repeated unproductive attempts at pregnancy or a pregnancy not carried to full term, the couple still desired a child, the couple could be identified as being involuntarily childless. Following the generally accepted definition of the medical profession (Menning, 1977), a couple is considered infertile if, after 12 months or more of regular sexual relations without contraception, a pregnancy has not been achieved or carried to full term. This is based on the probability that fertile couples within the early twenties age group are about 94% successful in achieving pregnancy in the first year, while the early to late thirties age group reports a 70 to 85% success rate within the first year (Silber, 1980).

Only after a couple had met the above stated criteria could they be categorized as being in the Awareness Phase (I) of involuntary childlessness. In addition to these criteria, couples were categorized as belonging in Phase I (Awareness) if their responses during their interviews were for the most part consistent with the couples' responses tabulated during

the pilot study. Phase-specific responses were coded as containing either emotional components or behavioral components (see Appendix C).

The major phase-specific responses for classifying a couple into Phase I (Awareness) on emotional components revolved around feelings of excitement, happiness, and a lack of frustration. Couples further reported feeling relaxed and closer as a couple for having decided to start a family.

The major phase-specific responses for classifying a couple into Phase I (Awareness) on behavioral components revolved around health, budget, and prepregnancy activities. Couples reported obtaining informal advice from family and friends and gathering information on pregnancy.

For purposes of this study, it was proposed that if a couple's responses during the interview procedure included three of the five emotional components and three of the five behavioral components listed, the couple classified as belonging in Phase I (Awareness) of the involuntarily childless process. The criteria were agreed to by three judges, all of whom had postgraduate degrees and experience in research design (see Appendix D).

Phase II - Articulation

After the conditions and criteria of Phase I (Awareness) were met, certain consistent emotional and behavioral components were expected to be exhibited by the couple which would lead them into Phase II (Articulation). After 12 months

or more of unsuccessful attempts at pregnancy or the inability to carry a pregnancy to term, a couple would be expected to demonstrate emotions and behaviors consistent with phase-specific responses tabulated during the pilot study. To be classified in Phase II (Articulation), a couple's phase-specific responses would be made up of emotional components which revolved around feelings of mild frustration, doubting of proper conception methods, and impatience over their lack of success. The couple would maintain a positive attitude and would continue to anticipate achieving a pregnancy.

The major phase-specific responses for classifying a couple into Phase II (Articulation) on behavioral components revolved around activities which dealt with correcting conception methods by applying nonprofessional advice, talking to others with children, reading and exploring more pregnancy materials, and not seeking medical help.

During Phase II (Articulation) the couple may not have identified themselves as having fertility problems. The identification may only come retrospectively. The Articulation Phase (II) can be described as that period at which the couple becomes involved in informal discussions concerning their lack of achieving a pregnancy.

For purposes of this study, it was proposed that if a couple's responses during the interview procedure included three of the five emotional components and three of the five behavioral components listed, the couple classified as

belonging to Phase II (Articulation) of the involuntarily childless process (see Appendix D).

Phase III - Accommodation

If during the Articulation Phase (II), pregnancy has been achieved and a birth has occurred, the couple can no longer be identified as being involuntarily childless. If no birth has occurred, the couple would be expected to exhibit emotions and behaviors which were given as Phase III (Accommodation) specific responses by couples involved in the pilot study. Consistency with the majority of these responses would mean the couple could be classified in Phase III (Accommodation) of the involuntarily childless process.

The major phase-specific responses for classifying a couple into Phase III (Accommodation) on emotional components revolved around feelings of high frustration, guilt, confusion, anger, and blame.

The major phase-specific responses for classifying a couple into Phase III (Accommodation) on behavioral components revolved around activities concerning decisions to seek medical involvement. Individual partners within the couple would attempt to be more supportive to the other and the couple would avoid discussions concerning their pregnancy failures with others. Phase III (Accommodation) is the time when the couple would have decided they had done everything they could do without professional involvement.

For purposes of this study, it was proposed that if a

couple's responses during the interview procedure included three of the five emotional components and three of the five behavioral components, the couple would be classified as belonging in Phase III (Accommodation) of the involuntarily childless process (see Appendix D).

Phase IV - Action

If during the Accommodation Phase (III), pregnancy was achieved and carried to a live birth, the couple would no longer be considered involuntarily childless. If this did not occur, the couple would usually begin to exhibit emotions and behaviors which were given as Phase IV (Action) specific responses by couples involved in the pilot study. Consistency with the majority of these responses would mean the couple could be classified in Phase IV (Action) of the involuntarily childless process.

The major phase-specific responses for classifying a couple into Phase IV (Action) on emotional components revolved around feelings of high expectations of success, frustration over medical treatment being impersonal, anxiety over waiting for test results, and happiness and relief that doctors were involved.

The major phase-specific responses for classifying a couple into Phase IV (Action) on behavioral components revolved around activities involving testing and diagnosis programs with little time for anything else. Couples reported having to make monetary sacrifices due to the cost of

treatment.

For purposes of this study, it was proposed that if a couple's responses during the interview procedure included three of the five emotional components and three of the five behavioral components listed, the couple could be classified as belonging in Phase IV (Action) of the involuntarily childless process (see Appendix D).

Phase V - Avoidance

If during the Action Phase (IV) pregnancy was achieved, the couple was no longer considered involuntarily childless as long as the pregnancy was carried to full term. If pregnancy did not occur, the couple would usually begin to exhibit emotions and behaviors which were given as Phase V (Avoidance) specific responses by couples involved in the pilot study. For a couple to be classified in Phase V (Avoidance) of the involuntarily childless process, the couple would have had to respond to the majority of criteria for this phase.

The major phase-specific responses for classifying a couple into Phase V (Avoidance) on emotional components revolved around feelings of hurt, pain, confusion, anger, jealousy, resentment, loneliness, isolation and guilt. Couples expressed a total loss of hope for them to ever have children and attempted to begin rationalizing the problems related to parenthood.

The major phase-specific responses for classifying a

couple into Phase V (Avoidance) on behavioral components revolved around the lack of activities that would cause the couple contact with children, contact with pregnant women, or any social situation where either might be present. Couples reported having to show false emotions when a friend or family member had a child and completely avoided talking about their childlessness.

For purposes of this study, it was proposed that if a couple's responses during the interview procedure included six of the 10 emotional components and six of the 10 behavioral components listed, the couple could be classified as belonging in Phase V (Avoidance) of the involuntarily childless process (see Appendix D).

Phase VI - Acceptance

If during the Avoidance Phase (V), pregnancy was achieved and a birth occurred, the couple was no longer identified as involuntarily childless. If pregnancy did not occur, the couple would usually be expected to begin to exhibit emotions and behaviors which were given as Phase VI (Acceptance) specific responses by couples involved in the pilot study. Consistency with the majority of these responses would mean the couple could be classified in Phase VI (Acceptance) of the involuntarily childless process.

The major phase-specific responses for classifying a couple into Phase VI (Acceptance) on emotional components revolved around feelings of satisfaction, relief, personal

worth, and maturity. Couples reported they had accepted their childlessness and felt closer as a couple. Emotionally they felt more satisfied with themselves without the guilt over hostilities and negative feelings felt during the Avoidance Phase (V).

The major phase-specific responses for classifying a couple into Phase VI (Acceptance) on behavioral components revolved around activities which reestablished relationships with friends and family members with children. Some couples reported a redirection of their energies and attentions away from the alleviation of childlessness to other endeavors. This was further evidence of Erikson's (1950) idea of generativity. Couples further reported being able to laugh about their past, becoming involved in activities to help others like them, and continuing to keep up to date on childlessness.

For purposes of this study, it was proposed that if a couple's responses during the interview procedure included four of the seven emotional components and four of the seven behavioral components listed, the couple could be classified as belonging in Phase VI (Acceptance) of the involuntarily childless process (see Appendix D).

Major Phase Assumptions

Based on audio-taped analysis of couples utilized for the pilot study, certain basic assumptions were expected to hold true for this research project.

First, not all couples that were involuntarily childless would automatically progress through all six phases suggested by the involuntarily childless model. There could exist some instances in which a couple never progressed past Phase II (Articulation). The couple could be aware of their desire to have children (Phase I) and they could have talked about the process (Phase II), but when no pregnancy occurred they never decided to seek medical help or never went through the process of accommodating each other's feelings and behaviors (Phase III). Likewise, a couple could progress as far as Phase IV (Action) and have sought medical help through treatment programs, but when pregnancy was not achieved they could continue to have treatment after treatment and never reach Avoidance (Phase V) or Acceptance (Phase VI). Situations such as these could be possible for each phase, which might hinder a couple's progression through all six phases.

Second, there could be cases in which couples would not be both identified as being in the same phase at the same time. There could be expected reports that one partner was aware of the desire to have children before the other partner, but through the process of communication over the desire, the other partner could be pulled or helped along into the next phase. Likewise, a couple could have entered the Accommodation Phase (III), acknowledged a problem existed, agreed to seek medical assistance, but only one partner

agreed to see a doctor (more resistance assumed from males). In this case several alternatives could be possible. If the female partner entered treatment and was found to be the partner inhibiting pregnancy, the problem could be corrected without the husband having to enter treatment. However, if nothing was found to be wrong with the female partner, and the husband was suspected but refused diagnosis and treatment, marital disharmony could follow. Similar situations could be formed for each phase.

Third, time spent in one phase or the other was not assumed to be a factor of importance. A couple could report spending as little as a month to move from Phase II (Articulation) to Phase IV (Action), whereas another couple could report the same movement taking much longer.

Fourth, it was assumed that age of the couple would be an important factor as to the amount of time spent in each phase. This assumption was based not only on reports from couples utilized in the pilot study, but also on relevant literature (Menning, 1977; Taymore, 1978). Couples in their early to mid-twenties should usually spend more time going through the phases because of the length of time left for them to bear children. Couples in their late twenties and thirties should exhibit more urgency in their behaviors and should therefore pass through the phases more quickly because of less time left in their childbearing years.

Procedure for Data Collection and Analysis

Analysis of the pilot study vignettes (see Appendix B) enabled the researcher to construct phase specific response patterns on a format for data collection (see Appendix D). See Appendix C for illustrative quotations used in coding. The same procedures for collection and analysis of data were used for this research through the face-to-face taped interview technique. As required by the analytic induction method, analysis of the data occurred on a case-by-case schedule so as to refine and reconstruct tentatively generated hypotheses and constructs.

Subjects

Subjects for this research were couples who consented to participate in a project explained as an exploratory study on involuntary childlessness (see Appendix E). These 20 couples were made up of partners between the ages of 25 and 40 years. Subjects were middle-class as indicated by an annual income of over \$15,000.

An involuntarily childless couple was operationally defined as a couple who had been attempting pregnancy for 12 months or more without either conception or carrying a fetus to full term. Subjects for this study were considered only if neither partner had been a biological parent.

Subjects for this research were obtained from the following sources: (a) the medical community of Piedmont

North Carolina and (b) private referrals that covered different sections of North Carolina and Virginia.

Interview Procedure

A three-section interview process was followed (see Table 1). The overall purposes of this process were to establish whether the couple was involuntarily childless, to obtain current information on their situation, and to obtain retrospective information on their situation (see Appendix A).

The objective of Section I of the interview process was to determine whether the couple could be classified as involuntarily childless based on criteria set forth in this study. It was possible to have couples referred in which one partner could not be accepted because that partner was a biological parent through another relationship. This type of couple may have been involuntarily childless, but for purposes of this study was not included in this data set.

The objective of Section II of the interview process was to determine the couple's current phase classification. At this point it was noted whether or not the couple was presently at the same phase or whether the partners were at different phases.

The objective of Section III of the interview process was to obtain information of a retrospective nature about previous phases. Prior emotions and behaviors exhibited were obtained.

All three sections of the interview process were based on responses obtained from couples. Volunteered responses

Table 1

Interview Sections and Objectives

Interview Sections	Objectives
I	To determine whether the couple can be classified as involuntarily childless.
II	To determine the couple's current phase classification based on emotional and behavioral components.
III	To obtain retrospective information based on emotional and behavioral components in other than the current phase.

were considered more valid than those made in response to direct questions (Becker & Geer, 1960) and were rated accordingly (see Appendix A). Forced-choice responses were avoided whenever possible and volunteered responses were solicited whenever possible. Section I was the only section which utilized the forced-choice approach. This was done in Section I because the nature of the section was merely to identify the subjects as being involuntarily childless. This could have been done through the open-ended question procedure, but since the couple would be interviewed together, it was felt that more accurate information could be obtained in this section if a forced-choice anonymous questionnaire was used. If, for example, a couple identified themselves as being involuntarily childless because they, as a couple, had been unable to achieve pregnancy or to carry a pregnancy to full term, when actually one partner had produced a child through a previous relationship but as yet had not informed their present partner, they might not wish to bring that fact up during the interview session. The following forced-choice questions were administered to each partner individually:

1. How long have you been attempting pregnancy?
2. Have you become pregnant but not had the pregnancy culminate in a live birth?
3. Have you ever been a biological parent of a

pregnancy which has culminated in a live birth?

4. Do you identify yourself as involuntarily childless?

Couples who responded to questions one, two and three consistent with the criteria for subject selection proceeded to Section II and were included in the sample. When a couple responded according to the criteria on questions one and two, but were disqualified because of question three (one partner had been a biological parent), that couple was allowed to proceed with the interview process but their responses were not included in this study. The purpose of question four was to allow the researcher to know whether or not a particular couple understood the concept of involuntary childlessness.

Unlike Section I, which obtained individual responses, Sections II and III obtained responses from the couple as a unit (see Appendix A). Each section began with unstructured, open-ended questions (Step 1) and if the volunteered responses were obtained, progression to the next step occurred. If the volunteered responses obtained needed further exploration, directed probes were utilized (Step 2).

Since the purpose of Section II was to determine the couple's current phase classification, all questions revolved around current emotions and behaviors. Step 1, open-ended questions were as follows:

Statement: You have indicated that you are having difficulty achieving pregnancy, and we have talked about what it means to be involuntarily childless. Tell me how this makes you feel. Explain. Feeling as you do about this, what kinds of things are you doing?

If these general statements and questions elicited the necessary responses, then the interview proceeded to Section III. If not, directed probe questions were used in Step 2 of Section II.

Directed probe questions for Step 2 of Section II were specially designed to elicit responses that would meet the emotional and behavioral components specific to each phase criterion. For example, if a response was desired concerning whether a couple became more impatient over lack of success achieving pregnancy, the couple was asked, "How does having to wait month after month to see if anything has happened affect you?" In the same vein, if a response was desired concerning specific behaviors the couple was exhibiting, the couple was asked a question specific to that behavior, e.g., "What kinds of advice from friends have you tried, to help you get pregnant?" (see Appendix A).

After classification of the couple's current phase was determined, the interview process proceeded to Section III to obtain retrospective emotions and behaviors the couple had experienced. Section III of the interview process was concerned with determining those feelings and behaviors

experienced by the couple since the point of awareness of desire to have a child. The same format was followed as in Section II.

Open-ended questions suggested for Section III, Step 1 were as follows:

Statement: Now that we have talked about things you are doing now and the way you are feeling now about being involuntarily childless, let's try to go back to the way you felt and things you did when you first became aware that you wanted to have a child. Can you explain to me how you felt at that time? Can you tell me what kinds of things you were doing when you knew you wanted to have a child that you weren't doing before?

If these general statements and questions elicited the necessary responses, then the interview ended. If not, directed probe questions were used in Step 2 of Section III.

Directed probe questions for Step 2 of Section III, like those of Step 2 of Section II, were specifically designed to elicit responses that would meet the emotional and behavioral components of each phase criterion not covered by responses to questions concerning the couple's current phase. All directed probe questions in Step 2 of Section III were concerning past events and feelings (see Appendix A).

After classification of the couple's progression through past phases up to where they were currently, the interview ended.

CHAPTER III
RESULTS AND DISCUSSION

The assumptions proposed in the stage development theoretical framework that guided this research were found to hold true. Stages of involuntary childlessness were qualitative in nature, invariant in order, discontinuous in movement, and contained gradual transitions from one stage to the next. The manifestation of stage behavior was evident in both emotional and behavioral components of all six proposed phases.

Research Proposals

The first research proposal that a hierarchical patterning of phases would be exhibited by all couples interviewed was supported. Even though couples were at different phases at the time of the interview, no couple had skipped a phase (see Table 2). For example, Couples 3 and 14 were classified as being at Phase VI (Acceptance), and were able to give retrospective responses that classified them as previously having passed through the other five phases. Couple 10 was classified as belonging in Phase III (Accommodation), and was likewise able to respond retrospectively to show passage through Phases I and II (Awareness and Articulation). This held true for the other 18 couples as well. The following examples show phase progression.

Table 2

Total Number of Couples Ending at Each Phase: Scores for Phase by Emotional and Behavioral Components

Couple Number	Phases											
	Awareness		Articulation		Accommodation		Action		Avoidance		Acceptance	
	I		II		III		IV		V		VI	
	E ¹ (3/5)	B ² (3/5)	E (3/5)	B (3/5)	E (3/5)	B (3/5)	E (3/5)	B (3/5)	E (6/10)	B (6/10)	E (4/7)	B (4/7)
1	4	4	3	3	3	5	3 end 3	3½	2	-	-	
2	3	4	3	3	3	4	4 end 5	6	5	1	-	
3	4	3	4	3	3	4	4 end 5	8	6	5 end 4	-	
4	4	3	4	3	3	3	3 end 3	4	-	-	-	
5	3	3	3	3	3	4	3 end 3	7	6	6 end 4	-	
6	3	5	4	3	3 end 3	-	-	-	-	-	-	
7	4	3	4	3	4	4	3	4	8 end 6	1	-	
8	3	3	3	4	3	3	3	3	6 end 6	4 end 4	-	
9	3	3	3	3	3	3	3 end 5	9	3	-	-	
10	4	3	4	3	4 end 3	-	-	-	-	1	-	
11	4	3	3	4	3	5	4 end 3½	1	-	-	-	
12	3	3	3	5	3 end 3	-	4	1	-	-	-	
13	4	4	5 end 5	-	2	½	-	-	-	-	-	
14	3	3	3	3	3	4	3	3	8	6	6 end 5	
15	5	3	4	4	3	3	4 end 4	-	-	-	-	
16	3	3	3	4	3	3	5 end 5	-	-	-	-	
17	4	3	4	4	4	3	3 end 3	3	-	-	-	
18	5	3	3	4	4	3	3 end 3	3	2	-	-	
19	3	3	3	4	3	3	4	4	8 end 7	-	-	
20	4	3	3	3	3	3	3	3	6 end 6	2	1	
Total	N=0		N=1		N=3		N=9		N=3		N=4	

¹E = Emotional Components

²B = Behavioral Components

³Successful phase passage: For Phases I-IV, 3 of 5 criteria were met; for Phase V, 6 of 10 criteria; and for Phase VI, 4 of 7.

Note. There was 100% agreement between raters.

Couple 3 gave these responses for each phase:

I, E 1. Well, I remember the excitement... (of possible pregnancy).

II, E 3. ...so we decided maybe we were a little impatient... .

III, E 3. We didn't understand why we were having the problems we were having... .

IV, B 1. After that he (doctor) did some postcoital tests and found that there was hostile cervical mucus... .

V, B 3. I was convinced that I couldn't go anywhere without seeing pregnant women.

VI, E 1. ...we dealt with it by realizing that we had done all that was humanly possible.

Couple 14 gave these six ordered phase responses:

I, B 5. ...I did knit two or three sets of baby sweaters, bonnets, and booties.

II, E 3. ...to tell yourself that next month will be it... .

III, E 4. You would get mad and figure that something was really wrong with you 'cause you normally didn't do things like that.

IV, B 2. ...didn't work we both had tests done.

V, E 9. ...but (H)'s sister was never able to understand what the big problem was.

VI, E 6. ...(having children) it's something we have come to accept as something that is not to be.

The second research proposal that couples could be classified at different end phases of the model according to the responses at the end of the interview was also supported (see Table 2). Nineteen couples had passed through Phases I and II (Awareness and Articulation), but one couple (13)

had an end phase identified as Articulation (Phase II). Three couples (6, 10, 12) had an end phase identified as Accommodation (Phase III). Couples 1, 2, 4, 9, 11, 15, 16, 17, and 18 had an end phase identified as Action (Phase IV). Three couples (7, 19, 20) had an end phase identified as Avoidance (Phase V), while Couples 3, 5, 8, and 14 had an end phase identified as Acceptance (Phase VI).

There was found to be 100% agreement by the two raters for classification of couples in a phase (see Appendix F). Interrater agreement for placing the couples in a phase was 100%, as determined by percentages calculated for the subjects using the formula, Interrater Reliability = $\frac{\text{Agreements}}{\text{Agreements} + \text{Disagreements}} \times 100$. Both raters had prior training in research design and coding techniques. Postgraduate degrees were held by both raters.

Volunteered versus Directed Responses

According to Becker (1970), volunteered responses obtained during the interviews with the couples were considered more valid than those made in response to direct probe questions. As much voluntary data as possible were obtained through responses to open-ended questions before any directed questions were asked. For examples of open-ended and directed questions, see Appendix D. Raters one and two agreed that a total of 725½ responses were given in the classification process. Of these 725½ responses by

the 20 couples, there were 436 responses scored as volunteered responses, while 289½ responses were scored as being directed responses (see Table 3). There existed a few instances in which the raters chose not to give a couple a full score of one for an emotional or a behavioral criteria, but instead gave only a one-half score. The reason for this was the belief by the raters that the couple was alluding to a particular criterion but did not actually respond with the specific answer necessary to classify them for a total response credit. This can be seen with Couple 13 being scored one-half point in Phase III (Accommodation), behavioral component, criterion two, when they stated they were beginning a temperature chart on the suggestion of someone who had been told to do so by their doctor. The raters felt this was a type of indirect professional involvement, therefore, the one-half score.

Ordinarily, more volunteered responses than those from directed probes occurred because these couples wanted to talk about their experiences. However, this greater proportion of voluntary to directed responses in the last five phases was evidence of greater validity of the findings (Becker, 1970).

Major Phase Assumptions

Four major phase assumptions guided the development of the model of involuntary childlessness. The first of these, that not all involuntarily childless couples would automatically

Table 3

Current and Retrospective Responses Compared to Volunteered and Directed Categories
within Phases

	RESPONSES			RESPONSES			Number of Couples in Each Phase
	Current	Retrospective	Total	Volunteered	Directed	Total	
I Awareness	0	139	139	64	75	139	20
II Articulation	10	133	143	88	55	143	20
III Accommodation	20	112½	132½	89½	43	132½	19
IV Action	69½	54	123½	75	48½	123½	16
V Avoidance	43½	98	141½	92½	49	141½	7
VI Acceptance	46	0	46	27	19	46	4
			Total 725½			Total 725½	

progress through all six phases suggested by the model, could not be supported by this study alone. A follow-up of all those couples not having an end phase of Acceptance (Phase VI) would need to be done. Early indications are that the majority of couples will continue to progress toward their next phase. Out of the 20 couples interviewed for this study, there were 11 couples who responded to some of the phase criteria beyond their end phase. It could then be speculated that these couples are, in fact, in phase transition.

The second major phase assumption was based on the idea that even though couple responses were scored, both partners did not have to obtain the same end phase at the same time. This was found to be true particularly with those couples whose end phase was Action (Phase IV). For example, Couple 15, reported that the wife had just recently become involved with diagnostic work, but the husband had yet to go. A general trend throughout all couples past the Accommodation Phase (III) seemed to be the wife had gone to her gynecologist first and only then, upon the request of the gynecologist, did the husband become involved with treatment.

The third major phase assumption was based on the idea that time spent in one phase or the other was not a factor of importance. This was supported by the responses of couples reporting different lengths of time spent in phase progression. For example, Couple 15 reported attempting to seek help from their doctor after only thirteen months of trying to get

pregnant, while Couple 14 reported waiting for three years before contacting their doctor for the first time. This pattern was found to be true, except in situations described in the fourth major phase assumption.

The fourth major phase assumption was based on the idea that the age of the couple would be an important factor as to the amount of time spent in each phase. This was found to be true as exhibited by Couple 1 who had entered treatment programs while in their late twenties, but by now being in their thirties, felt time was running out for them.

Model of Involuntary Childlessness

This model proposed that couples who were involuntarily childless could progress through six possible phases (Awareness, Articulation, Accommodation, Action, Avoidance, and Acceptance). Each phase could be distinguished from another based on different emotions and behaviors reported by the couples (emotional and behavioral components). See Appendix G for examples of quotations for each phase given by each of the 20 couples used to support this model. See Appendix H for examples of quotations by couples (20) to show their phase progression. See Appendixes B and C for further clarification.

Phase I - Awareness

The Awareness phase was noted by the couple's first decision to have a child. Their emotions were characterized by anticipation, excitement, and joy while their behaviors showed specific planning for financial matters and

furnishings for the new baby.

Expressions of emotions were these:

I remember the excitement at making the decision to have a child. (Couple 3)

We were really happy about having one (Couple 12)

I don't think I had been happier in my life . (Couple 19)

Responses of behaviors varied.

I had been saving money for about a year to buy baby furniture. (Couple 2)

Well, I made mental pictures of what the nursery would look like. I thumbed through catalogs and looked at furniture. (Couple 3)

We both stopped smoking. (Couple 4)

Phase II - Articulation

Only one couple (13) classified Articulation as their end phase. Couple 13 had only been attempting pregnancy for 13 months and even though impatient over their lack of success, they did not feel a need to seek medical help as yet. This couple was still applying the nonprofessional advice of their friends such as taking Geritol, not riding their bicycles, and modifying their intercourse positions. They still had a very positive attitude towards getting pregnant and told the interviewer that if he came back in a month, they probably would be pregnant. Couple 13 did not feel they had tried enough different things themselves to warrant a doctor's help. For instance, the wife in Couple 13 was thinking about beginning a temperature chart, but she said, "... I haven't even gotten the thermometer." This

couple did respond to two of the Phase III (Accommodation) criteria when they expressed frustration and confusion over their difficulty in achieving pregnancy, but none of the other Phase III (Accommodation) criteria were met.

Couples who responded retrospectively to their progression through Phase II (Articulation) gave examples of their emotions and behaviors which were similar to those given by Couple 13.

Expressions of emotions given were these:

We were both getting a little tired of nothing happening when we thought we were doing everything right. (Couple 5)

... each month you wait and wonder, wow, could this be the month? (Couple 9)

I was getting a little frustrated, yeah, and impatient too. (Couple 15)

Behaviors reported were these:

We did take the temperature charts... . (Couple 1)

Read Silber's book on How To, you know, just to be sure. (Couple 8)

I talked with my sister. (Couple 20)

Phase III - Accommodation

For those couples who had Accommodation as their end phase, confusion was the key emotion expressed and making an appointment with the doctor was the key behavior. Couple 10 stated:

... we eventually got frustrated and she would be mad and I would get mad and we would argue over what we weren't doing, right, and then that would make me mad and it was really just a vicious cycle... .

Couple 6 stated:

Confusion... I just figured that I'd get off the pill and get pregnant 'cause people do it every day and I certainly didn't think it would come to this.

Couple 12 acknowledged similar feelings, "(We felt) cheated. It wasn't suppose to be this hard."

Behaviors reported revolved around deciding to see the doctor:

I finally told her to go (to the doctor)... . (Couple 4)

So I scheduled an appointment with the doctor. (Couple 7)

... we decided the best thing for me to do was go to the doctor. (Couple 20)

Phase IV - Action

Nine couples ended with the Action phase. Couple 9 was classified as currently being in the Action Phase (IV), their end phase. Couple 9 gave retrospective responses demonstrating they had passed through Phases I, II, and III:

Phase I - Yeah, we already had a name picked out.

Phase II - ... each month you wait and wonder, wow, could this be

Phase III - We were both disappointed.

After current classification was made, Couple 9 continued to provide current responses that were indicative of making the transition to Phase V (Avoidance). This couple did not, however, give enough Phase V specific responses for Phase V to become their end phase. Couple 9's responses matched nine out of the 10 possible emotional components, which would

classify them in that category of the phase, but had matched responses to only three of the 10 criterion responses in the behavioral component category, when six out of the 10 responses were needed to classify. It can be assumed by this that even though Couple 9's end phase was Action (Phase IV), they were very close to moving out of the Action Phase and into the Avoidance Phase (V). The reason for this could have been the couple's lack of success so far in their treatment program.

Couples 1, 2, 4, 11, 17, and 18 also were classified as having their end phase as Action (Phase IV), and all responded to some of the criteria specific to Phase V (Avoidance). Examples of these couples' transitional responses are as follow:

... how much we really wanted children, and at the same time hurt because we thought we might not ever be able to have any. (Couple 1)

Pregnant women really bothered (me). (Couple 2)

Emptiness and anger at myself for not being able to give us a baby. (Couple 4)

... if the damn doctors had known what they were doing. (Couple 11)

I just can't get anybody to understand what we're going through. (Couple 17)

Envious and resentful of every pregnant woman I see and believe me they are everywhere. (Couple 18)

It can likewise be assumed the reasons for giving responses specific to a phase beyond their end phase was due to their

lack of success in a treatment program, the length of time in treatment itself, and their lack of belief that the present treatment would truly be successful.

Couple 16 was classified as being in the Action Phase (IV) and had been in treatment at least as long as the other couples mentioned above. Couple 16 did not respond to any of the Phase V (Avoidance) specific criteria due to the fact that they had recently entered a new treatment program which they felt held much promise, "... I really think if anything is going to happen it will happen now or not at all." Couple 15 was also identified as having the Action Phase (IV) as their end phase, but like Couple 16, did not respond to any criteria past their end phase. The reason, however, was different. Couple 15 had only just begun any kind of diagnosis and treatment and therefore would not have been to the point at which couples begin to display Avoidance (Phase V) emotions and behaviors. When this couple was asked by the interviewer whether they felt their problem was something that could be corrected quickly, they responded by saying,

Oh yeah. We may be jumping the gun about worrying anyway 'cause I just went in two days ago for the first endometrial biopsy. We're still waiting for the results to come back.

Phase V - Avoidance

Avoidance (Phase V) was the end classification for three couples. Couples classified as being in the Avoidance Phase were the most reluctant to begin their interviews. This holds true with the idea that couples having Avoidance (Phase V) as their end phase would not only want to avoid the topic in general, but would exhibit more negative emotions than couples in any other phase within the model. The wife in Couple 19 was not only angry about the situation, but became emotionally distraught, to the point that during the interview process she had to leave the room and the interview had to be resumed at a later time. The transition from Avoidance (Phase V) towards Acceptance (Phase VI) was seen as a difficult one, as exhibited by Couple 20:

... we don't think about it (not having children) anymore. Its been a long time since we were involved in testing and treatment... . I mean, children do have a way of tying you down. We have decided that. ... It's hard to know that you're the reason you can't give yourself and your husband a child. ...I'm still not sure doctors know all of what they are talking about... Of course, in this length of time I have been back for routine physical exams and I was told there are new drugs and surgical techniques that we could do that may really give us a pretty good chance now, but we're not interested anymore. ... I guess they (people) think any couple our age has to have children. Once something like this happens to you, you begin to realize how many couples there are out there like yourselves. At one time I felt like we were strange, odd balls. I had a lot of guilt and so many other feelings. I feel so sorry for (others) going through all (we went through). I wonder whether they get any support from their doctors and families? It sure would have helped us, wouldn't it? ... we are able to deal with it (not having children). ... Our life is full of other things. We miss not having children... .

This example was a good illustration of a couple wanting to avoid the situation by saying they had accepted it, which was just another form of avoidance behavior. Couple 20 may have been attempting to accept their childlessness but there were still too many negative emotions left over from Phase V (Avoidance) getting in the way.

Couple 7 also classified their end phase as Avoidance (Phase V):

(To be childless) means a great deal of hurt and pain. It also means being mad over the fact that you can't have a child. One day I had to leave the grocery store, I mean just leave my cart full of food in the aisle because I got so emotional. There were what seemed to be hundreds of pregnant women in that store. They would just smile and look so happy, that I just couldn't stand it. ... (My husband's) sister had just had another baby, and everyone would make over her and the baby until I just couldn't stand it. It got to the place that I didn't want to even go out at all because I knew that I would run into pregnant women and babies. ... We even got to the place where we wouldn't talk about it ourselves. I was afraid that I would say something that would cause her to get all upset

Like Couple 20, Couple 7 felt comforted to know there were others in the same situation, but Couple 7 gave that as their only Phase VI (Acceptance) response.

Phase VI - Acceptance

The Acceptance Phase (VI) had the second highest number of couples in this study identifying this phase as their end phase. Couples 3, 5, 8, and 14 were the only couples who could truly say they had accepted their childlessness and could talk about their past experiences in a positive vein.

Examples of their acceptance are shown in these statements. Couple 3 stated, "... we dealt with it (childlessness) by realizing that we had done all that was humanly possible. Couple 5 said, "... we accept the fact we can't have children of our own... ." Couple 8 was very matter of fact about being childless by saying,

For us it simply means that the means to conception that are available to us at this point are unacceptable to us, therefore we can't have children and therefore don't.

When asked how it made them feel to be involuntarily childless, Couple 14 remarked, "It (children) is not a factor in our lives anymore." Even though these couples now accepted their childlessness, all became bitter when responding retrospectively to Phase V (Avoidance) specific criteria. It was speculated that regardless of how well a couple had accepted their childlessness, there would always be bitter memories of their passage through the Avoidance Phase (V).

Discussion

Menning (1977) identified several psychological components present in the involuntarily childless couples with whom she had worked. Of these components, sexuality was recognized as being the most affected by one being involuntarily childless. The couples reported questioning both their masculinity and femininity because of the infertility problems they were experiencing.

The results from the present research, however, did not support Menning's (1977) suggestion. None of the 20 couples used to develop the present model reported questioning their sexuality because of their problems. The subjects in the present research did give responses that would support Menning's other psychological components, but did so in phase-specific ways. Differing degrees of surprise were reported during Phases II (Articulation) and III (Accommodation), while components such as denial, isolation, guilt and grief were not reported until Phase V (Avoidance). A new model of involuntary childlessness appeared to be more explanatory.

This model proposed that couples identified as being involuntarily childless could progress through six possible phases. Awareness (Phase I) was identified as that time when a couple came to realize their desire for children. Articulation (Phase II) was said to be that time at which a couple experienced mild frustration and impatience and discussed new ways to help them conceive. Accommodation (Phase III) was the phase in which the couple became confused and angry over their lack of pregnancy and therefore decided to seek medical help. The Action Phase (IV) was distinguished from other phases as the time when the couple became involved with diagnosis and treatment. If the treatments were unsuccessful or took too long, a couple could exhibit avoidance tendencies specific to the Avoidance

Phase (V). Avoidance could be described as the time of resentment, jealousy, and loss of hope of achieving pregnancy. Acceptance (Phase VI) could be attained by a couple only when the couple truly felt satisfied they had done everything they could have done to achieve pregnancy.

Through the use of this model it was decided that these phases were qualitative in nature, invariant in order, discontinuous in movement, and contained gradual transitions from one phase to the next. Even though couples were found to be at different phases at the time of their interview, no couple was found to have skipped a phase. All 20 couples responded retrospectively to having passed through Phase I (Awareness). One couple was currently classified as being in the Articulation Phase (III), while the other 19 couples reported retrospectively as having passed through this phase. Three couples identified Accommodation (Phase III) as presently being their end phase, and the remaining 16 couples reported retrospectively as having passed through this phase. Nine couples were identified as having Action (Phase IV) as their end phase. Seven couples reported passing through the Action Phase (IV) previously. Four couples had already passed through the Avoidance Phase (V), while three couples identified it as their current end phase. Only four out of the 20 couples utilized for this study were currently classified as being in the Acceptance Phase (VI).

The notions of Lerner (1976), concerning a stage

developmental framework, were demonstrated through this model. First, the psychosocial phases of involuntary childlessness were shown to contain gradual transitions from phase to phase. This was illustrated by couples reporting some of the necessary criteria beyond their current end phase.

Second, the psychosocial phases were shown to be invariant in order. No couple interviewed reported skipping a phase or reordering the phases.

Third, couples exhibited discontinuous changes from phase to phase by reporting qualitatively different emotional and behavioral components specific to each phase. This model of the psychosocial phases of involuntarily childless couples supported the probabilistic epigenetic notions of the organismic philosophy of development.

The model of involuntary childlessness was designed for a very specific group of couples. By designing the model in this manner, the researcher was able to avoid extraneous factors that might have confounded the findings. If, for example, couples presently infertile but who had had a child previously had been included, those couples may have responded differently because of already having one child. Likewise included here could have been couples in which one partner had had children through another relationship as well as couples who had had a child carried to full term but the child died after birth, or couples who chose to adopt instead

of having to go through testing and treatment. Herein lie some of the limitations of this model.

Second, the model had utility because the special group of subjects chosen wanted to talk about their experiences. In many cases the researcher found it difficult to get the couples to stop talking.

This model was based on the assumption that a couple had the opportunity to fulfill the phase-specific components and herein lies another of the model's limitations. All subjects included were at least of middle socioeconomic status. This allowed the couples to be able to afford the testing and treatment made available that they otherwise might not have been able to afford. An involuntarily childless couple without the monetary means may, in fact, never be able to reach the Action Phase (IV) of the model, and could possibly skip to the Avoidance Phase (V).

Another limitation of this model lies in ethnic considerations. Only Caucasian couples were used in this research. Because of this, generality of the model can only be applied to Caucasian couples whose cultural backgrounds agree with those of the 20 couples utilized for this research.

CHAPTER IV
SUMMARY AND RECOMMENDATIONS

Current estimations by the American Medical Association place the number of involuntarily childless between five and six million people. As medical science continues to advance in the area of infertility, more and more couples will be added to this list because of earlier diagnosis and the national trend to put off having the first child until later in the relationship. Not only do service professionals need to be made aware of the psychosocial evolution the involuntarily childless couple may progress through, but the couples themselves will need guidance through their own concerns. Because of these reasons, there was a need to design a model which could identify this process.

Summary

To develop such a model, a qualitative research methodology was necessary because of the lack of depth in the literature concerning the psychosocial aspects of involuntary childlessness. The purpose was then to explore and identify the psychosocial phases of the involuntarily childless in an effort to develop the hierarchical model through the use of the analytic induction method.

As an aid in the formation of this research study,

a pilot study was conducted using the analytic induction method. Several interviews conducted with involuntarily childless couples showed a developmental nature of the condition from the onset of awareness of desire to their present location in the experience. In addition, the manifestation of stage behavior appeared to be evident in both emotional and behavioral components.

Five involuntarily childless couples were audio-taped during open-ended interview-conversations as defined by Blum (1970). The questions asked sought information concerning (a) the couple's present position in the childless process, (b) the emotional components of the couple's interactions with regard to their childlessness (current and retrospective), and (c) the behavioral components of the couple's interactions to their childlessness (current and retrospective).

The outcome was phase-specific responses reported by couples who showed a commonality of development through time with relation to the processes each couple experienced. Results obtained through the pilot study allowed the researcher to speculate that couples would respond in certain ways depending upon where in the model they could be classified. The existence of six phases came as a result of the pilot study.

By being able to speculate on emotions and behaviors

involuntarily childless couples might exhibit, it was believed that couples could be prepared for the possible trauma that could lie ahead. By knowing ahead of time that certain conditions had caused negative emotions in similar couples, people reading of this model could possibly head off their own negative emotions. At the least, involuntarily childless couples could better understand the reasons they were feeling as they felt and doing as they did. Everyone has a need to feel normal, and it was hoped this model could help a very select group of people feel that way.

Twenty couples were utilized to develop this model. Subjects were all identified as Caucasian and of middle socioeconomic status.

An involuntarily childless couple was operationally defined as a couple who had been attempting pregnancy for 12 months or more without either conception or carrying a fetus to full term. Subjects for this study were considered only if neither partner had been a biological parent.

All couples were classified as being in one phase and as having passed through prior phases. Classification was made possible through responses obtained from the couples by using open-ended and directed probe questions. Responses were then coded to determine the couple's current end-phase and through retrospective responses, the couple's past phases.

It was determined that even though couples would respond

in phase-specific ways, they would not respond in exactly the same manner. For this reason couples were allowed to respond within a certain percentage of total responses instead of giving exactly the same response for each phase. For a couple to be classified as either being in or having passed through Phases I, II, III, and IV, the couple must have responded with three out of five classified responses in both emotional and behavioral categories. Three of five were chosen because there was enough commonality of criterion responses within the respective phases to allow for this small amount of variation. For a couple to be classified as being in or as having passed through Phase V, the couple had to respond to at least six out of 10 responses in each of the emotional and behavioral categories. More latitude was allowed in this phase because responses tended to be more varied than in the previous phases. In Phase VI a couple had to respond with four out of the seven acceptable responses to classify. This ratio of possible responses was determined by use of the same criteria applied to the first four phases. The emotional components and the behavioral components that made up each phase were used because those were the most common responses given. The use of these components was in no way meant to imply they were the only emotions and behaviors exhibited by couples, just the most common.

Recommendation

This qualitative research, utilizing the analytic induction method, has shown that a model for the phases of involuntary childlessness can be established. Future research in this area could take several directions. Since this research was of a formative nature and utilized a small sample size, neither Light's (1971) nor Gorsuch's (1974) method could be applied without the research being more confirmed. It is suggested that with a much larger sample size, Gorsuch's and Light's suggestions on how to quantify qualitative data could be utilized. Future researchers concerned with quantifying, statistically and not model building, may wish to utilize processes such as confirmatory factor analysis and coefficients of agreements.

By quantifying the present qualitative data, future researchers could provide a brief pencil-paper inventory to be utilized by service professionals who could quickly determine the present end phase for their involuntarily childless client. Therapists, counselors, doctors, and social workers dealing with involuntarily childless couples could benefit from such an instrument. Not only would these professionals be able to understand the reasons their clients were feeling certain emotions and exhibiting certain behaviors, but by knowing the next phase their client could be progressing toward, these professionals

could assist their client in ways to better cope with emotions and behaviors to come.

A researcher might wish to attempt to collapse some of the phases together. For instance, the Awareness Phase (I) could probably continue to stand alone since it would remain the time at which the couple became aware of their desire to have children. The Articulation Phase (II) and Accommodation Phase (III) might in fact be nothing more than progressive steps within a common phase. Likewise, the Action Phase (IV) and Avoidance Phase (V) could be steps within a similar phase. The Acceptance Phase (VI) would most likely continue to be separate and apart from all others.

Future researchers might wish to look at the way phase-specific responses hold true or vary between different cohort groups. Also, are the phase-specific responses deemed important by this study merely a factor of the present rapid advances in the field of medicine? The impact of religiosity upon the way a couple responds during certain phases of their childlessness also needs examination.

Listed as one of the limitations of this research was its lack of ethnic considerations. Because of this, it would be interesting and worthwhile to use this model on ethnic groups other than Caucasian. This model could

then be expanded to see if it held true cross-nationally and cross-culturally.

This research accomplished what it was designed to accomplish. Through the use of the analytic induction method, it was possible to perform a qualitative exploration of the psychosocial phases of involuntary childlessness. It was further shown that these phases were developmental in nature. With these benefits, this model has utility for both involuntarily childless couples and the medical, psychological, and therapeutic communities.

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Appendix A

Interview Questions

Objective I: To determine if the couple can be classified as being involuntarily childless.

1. How long have you been attempting pregnancy?

2. Have you become pregnant but not had the pregnancy culminate in a live birth?

Yes _____ No _____

3. Have you ever been a biological parent in a pregnancy which has culminated in a live birth?

Yes _____ No _____

4. Do you identify yourself as being involuntarily childless?

Yes _____ No _____

Objective II: To determine the couple's current phase classification based on emotional and behavioral components.

- Step 1. Statement and open-ended questions. (Responses given here are tabulated as volunteered responses.)

You have indicated that you are having difficulty achieving pregnancy, and we have talked about what it means to be involuntarily childless. Tell me how this makes you feel. Explain. Feeling as you do about this, what kinds of things are you now doing?

- Step 2. Directed probe questions are utilized when responses to Step 1 are not sufficient for couple phase classification. (Responses here are classified as directed.)

Phase I: Articulation
(Emotional)

1. Were you excited? Explain.
2. Did you feel at all frustrated? Explain.
3. How would you describe your attitude toward pregnancy?

4. How did you feel about your marriage?
5. Did deciding to get pregnant make you feel closer as a couple? Explain.
(Behavioral)
1. Did you do things to show more concern over your health?
2. Did you make any budget modifications in planning for the child?
3. Did you talk to family and friends concerning pregnancy?
4. From what other sources did you get information concerning pregnancy or child rearing?
5. What kinds of pre-pregnancy activities did you do?

Phase II: Articulation

(Emotional)

1. After being unsuccessful for a while, did you feel more frustration? Explain.
2. Did you feel you might be using incorrect conception methods?
3. Were you beginning to feel a little impatient?
4. How was your attitude at this point? Explain.
5. Did you feel high anticipation that the next month would be successful?
(Behavioral)
1. Did you talk about changing your conception methods? Explain.
2. Did you use the advice of family and friends? Explain.
3. Did you talk to people with children about how they got pregnant?
4. What did you do about medical help at this point? Explain.
5. Did you look for and read more on pregnancy? Explain.

Phase III: Accommodation

(Emotional)

1. Were you feeling more and more frustrated than before?
2. Were you beginning to feel guilty because you were having problems?
3. Were you feeling confused over your problems with pregnancy?
4. Were you beginning to feel angry over your lack of success?
5. Were you beginning to blame each other for your lack of success?
(Behavioral)
1. What made you decide (or have you yet decided) to seek help from doctors?
2. Have you been to the doctor yet?

3. What are you doing to correct your problems so far?
4. Were (Are) you being more supportive toward each other then (now)? Explain.
5. Did you talk (Are you talking) to other people about your pregnancy problems?

Phase IV: Action
(Emotional)

1. Now that you are (were) in treatment, what are (were) your expectations of success?
2. Have you found (Did you find) the treatments to be impersonal - does (did) that cause frustration?
3. How has (did) it made (make) you feel waiting for test results?
4. Are (Were) you glad you got the doctors involved?
5. How had (did) it make you feel knowing the doctors are (were) doing what they can (could)?

(Behavioral)

1. Are (Were) you involved with medical staff?
2. Are (Were) you in testing and/or diagnosis programs?
3. What have you been doing (did you do) to follow your doctor's instructions?
4. Have you found (Did you find) these treatments to be expensive?
5. Has (Had) your participation in social activities been affected? Explain.

Phase V: Avoidance
(Emotional)

1. How does (did) the nonsuccess of treatment make you feel?
2. Are (Were) you confused over what you have been (were) told?
3. Can you tell me how you feel (felt) about the time and money you have spent (spent)?
4. How do (did) you feel toward the doctors?
5. Do (Did) you still have hope you will (would) get pregnant?
6. How do (did) you feel about other people with children?
7. Have (Did) you felt (feel) a loneliness or emptiness over not conceiving?
8. What about resentment for certain people? Explain.
9. Do (Did) you feel isolated from family and friends?
10. Do (Did) you feel guilty because you can't (couldn't) conceive?

(Behavioral)

1. Do (Did) you avoid people with children?
2. Do (Did) you avoid social situations where there might be (were) children?
3. Do (Did) there seem to be pregnant women and newborns everywhere?

4. Do (Did) you talk about the problem?
5. Have you noticed (Did you notice) an increase or decrease in family conflict?
6. Do (Did) you talk about the negative aspects of having children?
7. What do (did) you do when a friend or family member has (had) a child?
8. Do (Did) you find yourself directing your energies in other ways?
9. Do (Did) you avoid talking to each other about children?
10. How much contact with the medical profession do (did) you have?

Phase VI: Acceptance
(Emotional)

1. Do you feel satisfied that you have done everything you could do?
2. How do you feel about yourself without children?
3. Are you relieved this is over, or is it?
4. How did you feel when you found out there were others just like you?
5. How do you feel about each other now?
6. Have you accepted your childlessness or do you think you will?
7. What has this experience done for you?

(Behavioral)

1. Have you been able to laugh about all this yet?
2. Can you now talk about your experiences without having negative feelings?
3. Do you find you are renewing friendships where children are involved?
4. Have you found new interests to divert your energies?
5. Are you involved in helping involuntarily childless couples?
6. Do you find your social life has picked up since this is over?
7. Do you still keep up to date with new advances in the field of infertility, etc.?

Objective III: To obtain retrospective information based on emotional and behavioral components in other than current phase.

Step 1. Statement and open-ended questions. (Responses given here are tabulated as volunteered responses.)

Now that we have talked about the things you are now doing and the way you are feeling now about being

involuntarily childless, let's try to go back to the way you felt and things you did when you first became aware that you wanted to have a child. Can you explain to me how you felt at that time? Can you tell me what kinds of things you were doing, now that you knew you wanted to have a child, that you were not doing before? Explain.

Step 2. (See directions under Objective II.)

Appendix B

Sample Phase Classified Vignettes

Phase I - Awareness

I don't think I woke up one morning and decided that the time had come to start a family. We talked about it once in a while, but never too seriously. Other things seemed more important then. I guess we both realized that if we were going to have children the time was right. We talked about that even though both of us were settled in our jobs that changes would have to be made to account for another mouth to feed... you know, the whole bit. How were we feeling then? We were excited about planning for the baby. We already had a name picked out and I wasn't even pregnant yet! I think (H) and I both were maybe closer. I think maybe she had been wanting the kid, you know, without really bringing it up, for a long time before we finally sat down and decided that we were going to have to do some things differently if we were going to have a child. Things like, uh, I told her she was going to have to take good care of herself...no more late night partying! ...I (W) guess I paid more attention to things in magazines that dealt with pregnancy and childbirth activities. I talked with one woman I worked with about the Lamanze classes she and her husband were going to... I was just so curious about the whole thing.

Phase II - Articulation

We went for a long time still thinking that every month I was going to be pregnant. It seemed like this went on for ever, but I know it didn't. I guess emotions were kind of mixed, we were a little frustrated because we weren't already pregnant but we were still excited because we thought we would be pregnant at any time... I (H) guess it was about then that I thought maybe I might be doing something wrong. Me too (W). Things like maybe we were worrying too much about it. I know my mother particularly said I just needed to relax. One of my friends gave me this copy of an article by Masters and Johnson about timing intercourse to enhance your chances for pregnancy... I (H) kind of got tired of people saying things like I though you were planning

a family and me having to say 'Yes, still working on it.' We even thought about going to a doctor but since everybody was telling us that we were just trying too hard, we decided there was no need to pay to hear the same thing.

Phase III - Accommodation

It really hit me that we had a problem when one of my sister-in-laws, who already had one child, made the comment at Christmas one year that she and her husband had been trying for two months to get pregnant and had not been able to. My God! We had been trying for over a year! I think it was pretty soon after this that we decided that I (W) should go to the doctor... Yea, (H) we had read enough by this time to know that there was probably something wrong, and I thought this would be the best thing to do... This was beginning to be real frustrating. I (W) was convinced that we weren't having a baby because I had gone for so long taking birth control pills, that we had talked so often in the past about not having any children at all, that this was some kind of punishment, that I had brought it all on myself. We decided that we weren't going to discuss our decision to go to the doctor with anyone. We had kind of grown tired of their trite comments, you know, the relax routine, or the one about adoption, that's the greatest! Yea, while they were telling us to relax we were spending all out time programming our love making, having to come home in the middle of the day, you know, things like that.

Phase IV - Action

When the treatment began for me (W), we were both tremendously excited. I think we both thought that the doctor would solve the problem and it was going to be as easy as that, we were going to have our baby. I (W) was just about willing to do anything the doctor said. No, wait a minute...I was willing to do anything!... After we had been going through all this for a while (treatment) with still no success it got to be a real pain in the ass. I mean there are only so many hours in the day and so much you can put yourself through. We hadn't gone out with friends or been to a party in what seemed like years. If we weren't at work or in

a doctor's office, it seemed like we were always on the road driving back and forth to a hospital because somebody somewhere else had a new treatment plan. Its really something when your whole life revolves around this doctor appointment or that hospital visit.

Phase V - Avoidance

We knew that we both had factors which were contributing to our lack of a pregnancy, but the reason we had continued to undergo all the treatment we did was because we felt the doctors knew what they were doing and that they wouldn't steer us wrong. Maybe that was looking at the situation through rose colored glasses. The frustration was overbearing. I (W) found it hard to cope, sometimes even on a day to day basis. I mean, my friends and other family members were getting pregnant right and left. When we would go anywhere it seemed like all I saw were pregnant women. There were times when I was furious at the doctors and other times when I really didn't think I could make it back to the car or through a meal without breaking down and crying. At all of those family functions where new babies were being shown or all the other wives were talking about their pregnancies I felt empty and jealous. There was really nobody to talk to about it, at least I didn't think so. (H) and I just got to the point where we avoided any settings which would cause us that amount of pain. We even avoided it when we were together at home alone. We got to the point where we wouldn't discuss it at all. We got tired of having to put up this false front with everybody, pretending that nothing was bothering us. The emotional highs and lows were just too much.

Phase VI - Acceptance

We got to talking about the fact that we couldn't isolate ourselves from our friends and our family and everybody who had children for ever. It wasn't their fault they had children and we didn't. And I guess it was probably around that time that we realized that it really wasn't anybody's fault. It was just one of those things that happened. One thing we found out while going through all that treatment was that we were not alone in this situation. We commented often about how many there were of couples like us. That made us feel somewhat better,

we found that there were people we could talk to. And then, once we found that we were able to talk with someone about our failures, hopes, and other things, it became easier to talk with family and friends about the same things. I was pleased to find out that many people really did care, and wanted to share with us in our experiences... Yea, I don't think we just sat down one night and said that we were going to accept the fact that we couldn't have children, but I knew I felt relieved when I realized (W) was able to talk with other people about what we had been going through without crying and getting upset, and mad and jealous. I guess it was then that I realized that without saying it to one another that we just weren't going to have our own children. I guess it was about then that we were able to sit down and talk about what we had been through, and laugh about some of the totally wierd things we had done because we thought for sure that it was going to work...Just because we have accepted the fact doesn't mean that we have lost interest in the topic. You read almost every week where somebody is doing something new or that some new treatment is coming out, but I think after going through all of this, there would have to be a hell of a guarantee before we would go through it again. I guess one thing we can be sure of is that we don't know many couples who have gone through what we have gone through. It really brings you closer together. We admitted to each other that we don't really need a child to make us better as people. We are fine just like we are. I'm not certain that couples with children can always say that.

Appendix C

Example of Transcript Coding

Phase I - Awareness

- I don't think I woke up one morning and decided that the time had come to start a family. We talked
- I.E.3.(W) about it once in a while but never too seriously. Other things seemed more important then. I guess we both realized that if we were going to have children the time was right. We talked about that even though both of us were settled in our jobs that changes would have to be made to account for
- I.B.2.(W) another mouth to feed...you know, the whole bit.
- I.E.1.(W) How were we feeling then? We were excited about
- I.B.5.(W) planning for the baby. We already had a name picked out and I wasn't even pregnant yet. I think (W) and
- I.E.5.(H) I were both were maybe closer. I think maybe she had been wanting the kid, without really bringing it up, for a long time before we finally sat down and decided that we were going to have to do some things
- I.B.1.(H) differently if we were going to have a child. Things like, uh, I told her she was going to have to take good care of herself... no more late night partying... I (W) guess I paid more attention to
- I.B.4.(W) things in magazines that dealt with pregnancy and child birth activities. I talked with one woman I
- I.B.3.(W) worked with about the Lamaze classes she and her husband were going to...

The coding in the above vignette was based on the following:

- I = Phase I (Awareness) of the model.
- E = Emotional component
- B = Behavioral component
- 1,2,... = the phase specific criterion responded to.
- W = Wife
- H = Husband

Pilot Data Phase Specific Responses

Used in Coding

Phase I - Awareness:

Emotional Responses

1. We were excited because we had decided to begin a family.
2. We were looking forward to parenthood.
3. In the beginning our frustration level was low because we assumed that if we were not successful this month we would be next month.
4. There was a relaxed attitude toward this potential pregnancy.
5. We were happy and seemed to be closer as a couple because of our decision to start a family.

Behavioral Responses

1. I (W) watched my diet more carefully than I had previously.
2. We started planning physical arrangements of the house to accommodate the child.
3. We discussed whether we wanted a boy or a girl.
4. We picked out names for the child.
5. We read more material concerning pregnancy (do's and don'ts).
6. We talked to friends and family about our decision to have a child.
7. We modified our budget in planning for the birth of the child.

Phase II - Articulation:Emotional Responses

1. I began to get a little frustrated when nothing happened from month to month.
2. Began doubting that perhaps we were doing something wrong.
3. I felt we might be trying too hard, and the impatience of not becoming pregnant might be the very reason we were not successful.
4. We still had a positive attitude toward the potential pregnancy.

Behavioral Responses

1. We talked about perhaps there was something we were doing wrong.
2. We talked to other people who had children to find out what they had done to achieve pregnancy.
3. I (W) read more books and articles regarding achieving pregnancy to see what else we could do to be successful.
4. We started using self correction techniques to improve our chances of success in a given month (e.g. timing of coitus).
5. We were looking for an easy answer and an early solution to the problem.
6. We didn't want to go to the doctor yet because we didn't want to be told that we were jumping the gun, to be calm, that things would work out, etc..
7. Friends and family were telling us that things would work out, that we should just relax.

Phase III - Accommodation:Emotional Responses

1. We became aware of the fact that we needed professional involvement (e.g. gynecologist) if this was to be successful, we'd not been able to do it on our own.
2. We began to experience a fairly high level of frustration over our lack of success.
3. We didn't want to blame each other for the lack of success, but we felt that there had to be some explanation as to our lack of success.
4. I felt guilty that I couldn't get pregnant.
5. We were confused over the whole situation. Getting pregnant was not suppose to be this difficult.
6. We really didn't want each other to know that we were worried.
7. We started to feel a little angry over the fact that others didn't have the problems getting pregnant that we had.

Behavioral Responses

1. We came to terms with the fact that we had done what we could do to get pregnant - something was not right in our situation.
2. We decided that I (W) would go to the doctor.
3. We discussed the things that we could possibly be doing incorrectly.
4. We tried to rationalize what our problem was (e.g. previous contraceptive techniques used, smoking, drinking, etc.).

Phase IV - Action:Emotional Responses

1. We had mixed feelings because we didn't know what we would find out from the doctors.
2. We had renewed hope that the doctor had the answer to our problem.
3. I (H) hoped that it would be something found to be a problem with my wife so that I didn't have to go to the doctor myself.
4. There was some anxiety over what the results of going to the doctor might be.
5. We were glad that we had finally made the decision to do something to help us get pregnant.
6. We almost felt relieved now that the problem was out of our hands - it was up to the doctor now.

Behavioral Responses

1. I (W) went to my gynecologist.
2. We did what we were told to do by the doctors (temperature charts, husband to urologist, etc.).
3. We talked about our renewed chance for success because we felt that all of the tests would point out what was wrong and would give us new direction.
4. We concentrated on getting pregnant more than we ever had before.
5. Our total involvement with testing and treatment programs put our social life at a stand still.
6. Sacrifices had to be made monetarily due to the costs of treatment.

Phase V - Avoidance:Emotional Responses

1. We felt a lot of frustration after receiving the diagnosis from the doctors:
 - a. We were found to be infertile and could not possibly have children of our own, H/W or both;
 - b. We were told that there was nothing that had been found to prevent us from having children - we felt we were back to square one;
 - c. Our problems were diagnosed, but we were told that we still had a chance for pregnancy - the alternatives were discussed.
2. We were angry that we had spent all this time and money and that we had not conceived.
3. We were angry at the doctors and blamed them for not being able to come up with an easy solution for our problem.
4. We felt a total loss of hope.
5. We blamed each other.
6. We felt guilty about not being able to give the other a child.
7. We felt hurt and resentment as to why it had to be us in this situation.
8. We were really depressed over the fact that there was nothing we could do.
9. We were jealous of all other people who had children.
10. We denied the idea that we really couldn't have children.
11. We felt a loneliness and emptiness of never being able to be a mother/father to our own child.
12. We felt a lack of support from our families and friends because they didn't understand what we had been through and didn't seem to be concerned as we felt they should.

Behavioral Responses

1. We avoided people with children.
2. We avoided social situations where children might be present.
3. We seemed to see pregnant women or families with newborns everywhere.
4. Because of our anger and frustration, we cried and fussed.
5. We avoided talking about the real problem - we rationalized our situation.
6. We discussed the positive aspects of not having children in order to ease the pain.
7. There was that monthly reminder for me (W) that I had been a failure.
8. We felt that we had reached the point of diminishing returns - that all of our time and commitment had been wasted.
9. We decided that children tie you down too much - that we were better off without them.
10. We showed excitement when a family member or a friend had a child when actually we were angry and jealous.
11. Family and friends didn't seem to know how to handle the situation which made us feel on our own and left out.
12. I (H) really questioned my "maleness" and felt a need to show I was a man in other ways (e.g. more time spent with male peers).

Phase VI - Acceptance:Emotional Responses

1. We finally felt that we had done everything that we could do.
2. We realized that just because we couldn't have children we were not bad people.

3. We felt as if a large weight had been lifted from our shoulders - a tremendous sense of relief.
4. We felt comforted to know that we were not alone in this situation - that there were others like us (e.g. there seems to be comfort in numbers).
5. We felt closer as a couple.
6. We accepted the fact that we couldn't have children and that life would go on for us.
7. I (W/H) felt more positive about myself as a person. I felt like I had grown as a person.

Behavioral Responses

1. We enjoyed each other more and were able to laugh and reminisce about what we had been through.
2. We were able to talk to friends and family about what we had gone through without experiencing negative feelings.
3. We began to renew relationships where children were involved that we had heretofore avoided.
4. My (W/H) energies were focused on new interests (e.g. schooling, work, hobbies, etc.).
5. We have a tendency to want to help other people who are going through what we went through.
6. We involve ourselves more with the children of our immediate families (e.g. nephews, nieces).
7. We keep up to date with new treatments and techniques within the field, not for use ourselves, but out of interest and hope for other couples.

Appendix D

Criteria for Phase Classification

Phase I: Awareness

Emotional (3 of 5 to classify)

VRDR

1. Looked forward to the upcoming pregnancy with excitement.
2. Lacked frustration over idea of pregnancy.
3. Showed relaxed attitude about pregnancy.
4. Felt happy about marriage and pregnancy.
5. Were closer as a couple over decision to have a family.

Behavioral (3 of 5 to classify)

1. Demonstrated more concern over health.
2. Modified budget to plan for pregnancy.
3. Solicited informal advice from family and/or friends.
4. Gathered information on pregnancy and/or child rearing.
5. Performed pre-pregnancy activities.

Phase II: Articulation

Emotional (3 of 5 to classify)

VRDR

1. Showed mild frustration over lack of pregnancy.
2. Doubted self/spouse over conception methods.
3. Lacked patience over delayed pregnancy.
4. Demonstrated positive attitude toward potential pregnancy.
5. Anticipated high success next month.

Behavioral (3 of 5 to classify)

VR

DR

1. Discussed strategies to correct conception methods.
2. Applied non-professional advice.
3. Talked to persons with children about methods used.
4. Avoided medical help-didn't want to be told to relax.
5. Read and explored more about pregnancy.

Phase III: Accommodation

Emotional (3 of 5 to classify)

VR

DR

1. Frustrated over continued lack of success.
2. Guilty over lack of pregnancy.
3. Confused over difficulty of achieving pregnancy.
4. Began feelings of anger.
5. Began blame toward partner.

Behavioral (3 of 5 to classify)

1. Decided to seek professional involvement.
2. Sought out professional involvement.
3. Mapped out strategies to correct problem.
4. Attempted to be more supportive toward partner.
5. Avoided discussions with others over lack of success.

Phase IV: Action

Emotional (3 of 5 to classify)

VR

DR

1. Expected treatment would be successful.
2. Frustrated over impersonal nature or medical treatment.
3. Felt anxiety over waiting for test results.
4. Felt happy over medical intervention.
5. Relieved that doctors were now involved.

Behavioral (3 of 5 to classify)

VRDR

1. Involved with medical community.
2. Participated in testing/
treatment programs.
3. Followed instructions of
medical staff.
4. Made monetary sacrifices due to
the cost of treatment.
5. Decreased participation in
social activities.

Phase V: Avoidance

Emotional (6 of 10 to classify)

VRDR

1. Felt hurt and pain over finding
infertility problems could not
be treated or could be corrected
with only slight chance for
success.
2. Confused over being told nothing
could be found to be the cause of
infertility or nothing could be done.
3. Felt anger over time and money
wasted.
4. Felt anger at doctors for not
correcting the problem.
6. Felt jealous of other people
with children.
7. Felt lonely and/or empty.
8. Felt resentment.
9. Felt isolated from family and
friends because of lack of support
or understanding.
10. Felt guilt over inability to give
partner a child.

Behavioral (6 of 10 to classify)

1. Avoided people with children.
2. Avoided social situations with children
present.
3. Saw pregnant women and newborns
everywhere.
4. Avoided talking about real problem.
5. Experienced more family conflict.
6. Talked about how children tied a
couple down.
7. Showed false emotions when friends/
family had a child.

- | | | |
|-----------------------------------------------------------------------------------|-----------|-----------|
| 8. Attempted to show maleness/
femaleness in other ways. | <u>VR</u> | <u>DR</u> |
| 9. Avoided talking to each other for
fear that children would be the
topic. | | |
| 10. Avoided any contact with the
medical profession. | | |
-

Phase VI: Acceptance

- | | | |
|--------------------------------------------------------------------------------------------|-----------|-----------|
| Emotional (4 of 7 to classify) | <u>VR</u> | <u>DR</u> |
| 1. Felt satisfied everything
had been done. | | |
| 2. Accepted realization that absence
of children did not make them less
of a person. | | |
| 3. Felt a sense of relief. | | |
| 4. Felt comforted to know there were
others like them. | | |
| 5. Felt closer as a couple. | | |
| 6. Accepted their childlessness. | | |
| 7. Felt more mature. | | |
-

Behavioral (4 of 7 to classify)

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Exhibited laughter and reminisced
over past experiences. | | |
| 2. Talked with friends and/or family
about past without having negative
responses. | | |
| 3. Renewed relationships where
children were involved. | | |
| 4. Focused energies on new interests. | | |
| 5. Involved themselves in activities
to help others like them. | | |
| 6. Renewed social activities. | | |
| 7. Kept up to date with new treatments
for infertility and childlessness
for the purpose of increased
knowledge, not for the purpose
of alleviating a past condition. | | |
-

Appendix E
Consent Form

I, the undersigned, hereby agree to participate in the following research study directed toward involuntarily childless couples. I understand that I will be interviewed and my responses will be audio-taped by a certified clinical member of the American Association of Marital and Family Therapists (AAMFT).

I further understand that my participation is completely voluntary and I may withdraw from the study at any time without prejudice or penalty. Confidentiality of information obtained will be assured as required by the Code of Ethics set forth by the AAMFT. I also understand that upon completion, results of this study will be made available on request.

Signed

Check one:

I do request a copy of this study upon completion.

I do not wish a copy of this study upon completion.

If yes, mail to:

_____ Zip _____

Appendix F

Interrater Agreement for Phase and Hierarchical Order100% Agreement
Last Phase Hierarchical
Order

Couple 001	I	II	III	IV	V	VI	IV	Yes		
	E	B	E	B	E	B			E	B
	1	1	1	1	1	1			0	0
Rater 1	1	1	1	1	1	1	0	0	0	0
Rater 2	1	1	1	1	1	1	0	0	0	0
Couple 002	I	II	III	IV	V	VI	IV	Yes		
	E	B	E	B	E	B			E	B
	1	1	1	1	1	1			1	0
Rater 1	1	1	1	1	1	1	0	0	0	
Rater 2	1	1	1	1	1	1	0	0	0	
Couple 003	I	II	III	IV	V	VI	VI	Yes		
	E	B	E	B	E	B			E	B
	1	1	1	1	1	1			1	1
Rater 1	1	1	1	1	1	1	1	1	1	
Rater 2	1	1	1	1	1	1	1	1	1	
Couple 004	I	II	III	IV	V	VI	IV	Yes		
	E	B	E	B	E	B			E	B
	1	1	1	1	1	1			0	0
Rater 1	1	1	1	1	1	1	0	0	0	
Rater 2	1	1	1	1	1	1	0	0	0	
Couple 005	I	II	III	IV	V	VI	VI	Yes		
	E	B	E	B	E	B			E	B
	1	1	1	1	1	1			1	1
Rater 1	1	1	1	1	1	1	1	1	1	
Rater 2	1	1	1	1	1	1	1	1	1	

Legend

1 = Yes, meets classification criteria

0 = No, does not meet classification criteria

Criterion

100% agreement, 2 raters

Interrater Agreement for Phase and Hierarchical Order100% Agreement
Last Phase Hierarchical
Order

	I	II	III	IV	V	VI		
Couple 006	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	0	0	0
Rater 2	1	1	1	1	1	0	0	0
							III	Yes
Couple 007	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	0
Rater 2	1	1	1	1	1	1	1	0
							V	Yes
Couple 008	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	1
Rater 2	1	1	1	1	1	1	1	1
							VI	Yes
Couple 009	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	0	0
Rater 2	1	1	1	1	1	1	0	0
							IV	Yes
Couple 010	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	0	0	0
Rater 2	1	1	1	1	1	0	0	0
							III	Yes

Legend

1 = Yes, meets classification criteria

0 = No, does not meet classification criteria

Criterion

100% agreement, 2 raters

Interrater Agreement for Phase and Hierarchical Order

100% Agreement
Last Phase Hierarchical
 Order

Couple 011	I	II	III	IV	V	VI						
	E	B	E	B	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	1	0	0	0	0
Rater 2	1	1	1	1	1	1	1	1	0	0	0	0
									IV			Yes
Couple 012	I	II	III	IV	V	VI						
	E	B	E	B	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	0	1	0	0	0	0
Rater 2	1	1	1	1	1	1	0	1	0	0	0	0
									III			Yes
Couple 013	I	II	III	IV	V	VI						
	E	B	E	B	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	0	0	0	0	0	0	0	0
Rater 2	1	1	1	1	0	0	0	0	0	0	0	0
									II			Yes
Couple 014	I	II	III	IV	V	VI						
	E	B	E	B	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	1	1	1	1	1
Rater 2	1	1	1	1	1	1	1	1	1	1	1	1
									VI			Yes
Couple 015	I	II	III	IV	V	VI						
	E	B	E	B	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	1	0	0	0	0
Rater 2	1	1	1	1	1	1	1	1	0	0	0	0
									IV			Yes

Legend

1 = Yes, meets classification criteria

0 = No, does not meet classification criteria

Criterion

100% agreement, 2 raters

Interrater Agreement for Phase and Hierarchical Order

100% Agreement
Last Phase Hierarchical
Order

	I	II	III	IV	V	VI		
Couple 016	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	0	0
Rater 2	1	1	1	1	1	1	0	0

IV Yes

	I	II	III	IV	V	VI		
Couple 017	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	0	0
Rater 2	1	1	1	1	1	1	0	0

IV Yes

	I	II	III	IV	V	VI		
Couple 018	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	0	0
Rater 2	1	1	1	1	1	1	0	0

IV Yes

	I	II	III	IV	V	VI		
Couple 019	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	0
Rater 2	1	1	1	1	1	1	1	0

V Yes

	I	II	III	IV	V	VI		
Couple 020	E	B	E	B	E	B	E	B
Rater 1	1	1	1	1	1	1	1	0
Rater 2	1	1	1	1	1	1	1	0

V Yes

Legend

1 = Yes, meets classification criteria

0 = No, does not meet classification criteria

Criterion

100% agreement, 2 raters

Appendix G

Phase-Specific Component Responses

Phase I - AWARENESS:Emotional Components

Couple 1

... but yeah I guess it made us closer still.

Couple 2

Well before we started we were happy about getting pregnant and really looking forward to being parents.

Couple 3

I remember the excitement at making the decision to have a child.

Couple 4

...in the beginning I don't remember worrying that much or really thinking anything was even wrong.

Couple 5

... we decided it didn't matter whether or not it was a boy or a girl, (and) names...

Couple 6

... excited, heck yes we were excited weren't we?

Couple 7

... so we just looked forward to getting pregnant the first month we tried.

Couple 8

Of course we were excited.

Couple 9

Yes I think we had a very (relaxed attitude in the beginning).

Couple 10

(In the beginning) Thrilled!

Couple 11

You (W) were so excited you couldn't wait for me to get home...

Couple 12

We were really happy about having one,...

Couple 13

So you could say we were happy and excited and all that about me getting pregnant ...

Couple 14

Hummm... very pleased. I was excited about having a baby.

Couple 15

...we both just figured we'd be pregnant that month I guess...

Couple 16

...uh ... we were excited and happy and telling everybody.

Couple 17

... but I'd say it (decision to have child) did (make) us closer.

Couple 18

It made us think about each other more and it made us happy to know we were going to have a child.

Couple 19

I don't think I had been happier in my life.

Couple 20

I'll admit I was excited about having a baby.

Behavioral Components

Couple 1

My brother just insisted the reason I wasn't getting pregnant was because I was taking too many vitamins...

Couple 2

I had been saving money for about a year to buy baby furniture.

Couple 3

Well, I made mental pictures of what the nursery would look like. I thumbed through catalogs and looked at furniture.

Couple 4

We both stopped smoking.

Couple 5

...talked to my sister about planning to have a child...

Couple 6

We had already designed the nursery...

Couple 7

I remember that I started looking at maternity clothes in the stores and (H) and I talked about where the baby's nursery would be.

Couple 8

...had knitted the christening gown in all off white ...

Couple 9

This one book we have had a girl...

Couple 10

I still have to beg and bitch every morning just to get him to take a vitamin.

Couple 11

We read about the best things to do and not to do...

Couple 12

...all the articles you read always say how important diet is so we both but especially me really watched what I ate.

Couple 13

... like picking out nursery things and stuff like that.

Couple 14

... I did knit two or three sets of baby sweaters, bonnets and booties.

Couple 15

She (W) quit (smoking) so she figured it would be easier for her to stay quit if I did too.

Couple 16

... we had a name picked out of course, but I guess everyone does that...

Couple 17

I do remember getting some baby books from my best friend...

Couple 18

She (W) talked to everybody about things to do and not to do.

Couple 19

I had read something about it (being off pill how long before getting pregnant).

Couple 20

Remember me ordering that afghan from the magazine...

Phase II - ARTICULATIONEmotional Components

Couple 1

...I knew something was wrong after a while.

Couple 2

I began to get nervous and impatient when things were taking too long.

Couple 3

...so we decided maybe we were a little impatient, but we could deal with a little frustration.

Couple 4

...until we felt it was taking too long and something might be causing a problem.

Couple 5

We both were getting a little tired of nothing happening when we thought we were doing everything right.

Couple 6

You get to the point when you start to wonder am I OK or am I doing what I'm supposed to?

Couple 7

I started getting upset.

Couple 8

We didn't know anything was wrong so next month was going to work, right?

Couple 9

... each month you wait and wonder, wow, could this be the month?

Couple 10

And it makes you feel sad that you want one so badly (child).

Couple 11

...we really got into the baby thing like it almost became an obsession that I get pregnant right then.

Couple 12

You try to keep a positive attitude...

Couple 13

You just gotta keep the faith...next month will be it.

Couple 14

You wait and wait and wait and keep trying to tell yourself that next month will be it ...

Couple 15

I was getting a little frustrated, yeah, and impatient too.

Couple 16

I remember trying to get you (W) to go (doctor) before you did...

Couple 17

I think we've waited long enough.

Couple 18

We've tried to keep a positive attitude about having children...

Couple 19

I started to get worried.

Couple 20

...enough time had gone by...I did start to get concerned.

Behavioral Components

Couple 1

We did take the temperature charts...

Couple 2

...use pillows and stand on your head after intercourse, ...and took CARDUI tonic ...a baby in every bottle.

Couple 3

...like the pillows ...There was the Robitussin.

Couple 4

In one of the books we were reading then on pregnancy it told about temperature, so she started taking that and timing everything we did.

Couple 5

We did some pretty strange stuff (pillows, positions).

Couple 6

We talked about having a problem...

Couple 7

She (friend) gave me some books on pregnancy and we would talk about it.

Couple 8

Read Silber's book on How To, you know, just to be sure.

Couple 9

Talked about buying a block and tackle ... to hoist your legs up to the ceiling (after intercourse).

Couple 10

...She would take a valium like twenty minutes before we did it and I would jog around the park...

Couple 11

(Sister) told me about this cough medicine... to get pregnant..... so I took that.

Couple 12

(People told us) to just relax, get her drunk...vacation...

Couple 13

...talked to my mother and his sister who had a little girl...

Couple 14

(Read material) on pregnancy yes, but not on child rearing.

Couple 15

... get it on in the salt air and that would do it for sure.

Couple 16

Eat oysters... and pillows, doing it on your knees...

Couple 17

I probably should have gone in earlier (to doctor) but too many people said they wouldn't do anything ...

Couple 18

... (friend) she told me what her doctor had suggested and he told... no hot tubs and hot baths...

Couple 19

... I didn't want to put myself in an embarrassing situation (so I didn't go to the doctor right away).

Couple 20

I talked with my sister.

Phase III - ACCOMMODATION:Emotional Components

Couple 1

I just wanted to slug her (friend who told to adopt).

Couple 2

I was bothered a lot when I didn't think it bothered him...

Couple 3

...and we were starting to get really frustrated.

Couple 4

...and she was starting to get mad at me(H)...

Couple 5

...I just decided that something wasn't quite right.

Couple 6

I guess you could say (we were blaming each other) but that's something for me to try to correct not for a doctor to tell us.

Couple 7

I really didn't know what to do.

Couple 8

... and I probably got as frustrated at him ...

Couple 9

We were both disappointed.

Couple 10

... and can't seem to figure out why you can't get pregnant...

Couple 11

I didn't want to wait any longer...

Couple 12

(Felt) Cheated. It wasn't supposed to be this hard.

Couple 13

Frustrating as hell.

Couple 14

More worried, more confused, more frustrated.

Couple 15

...we've waited long enough already, you know what I mean?

Couple 16

...mad cause we weren't pregnant yet...

Couple 17

All it seems to do is confuse the situation more.

Couple 18

It got to be so frustrating... we were blaming each other.

Couple 19

I just knew that I'm doing something wrong or that we are doing something wrong...

Couple 20

I had a lot of guilt and so many other feelings.

Behavioral Components

Couple 1

I went to see my doctor...(too early) (took temperature).

Couple 2

I tried to be as supportive as I could ...anything to appease her.

Couple 3

... helping out in anyway to correct what problems we might have.

Couple 4

I finally told her to go because it was driving her crazy.
(to doctor)

Couple 5

We decided that I would go to the doctor...

Couple 6

I'm the one that told her to go 'cause you could believe it was starting to bother her.

Couple 7

So I scheduled an appointment with the doctor.

Couple 8

I had three different opinions and all were exactly the same (about doctors).

Couple 9

We talked several times about (doctors and going).

Couple 10

She still doesn't understand the way we feel and I guess people just can't unless they want children and can't have any or at least it takes so long...

Couple 11

... just doing anything to make things work out I guess.

Couple 12

...he really rarely complains...

Couple 13

I'm getting ready to start a temperature chart.

Couple 14

I wasn't about to tell anybody we were having this many problems.

Couple 15

(doctor) said we hadn't been trying long enough... just a temperature chart.

Couple 16

I had called my doctor several times... but I had to wait 12 months.

Couple 17

Trying to convince her everything would be OK...

Couple 18

I would try to calm her down...

Couple 19

I finally decided to go to the doctor.

Couple 20

... we decided the best thing for me to do was go to the doctor.

Phase IV - ACTIONEmotional Components

Couple 1

We've both had a little less expectation after each test.

Couple 2

It wouldn't take long now (because of treatment) and with every period the tears would just flow.

Couple 3

I was a little concerned at the time or I wouldn't have gone to the doctor.

Couple 4

...if something can be done the doctors will do it...

Couple 5

I believed this (treatment) would take care of what problems we were having.

Couple 7

I felt so relieved after I made the appointment with him (doctor).

Couple 8

...she (doctor) said everything was fine...

Couple 9

We don't know if that (treatment) took or not this month.

Couple 11

Hell yes it's hard (waiting for the results of treatment).

Couple 14

... it was his (doctor) problem too so I could relax a little.

Couple 15

We certainly don't see this (problems) as something that will last forever.

Couple 16

... I really think if anything is going to happen it will happen now or not at all.

Couple 17

... when you decide to get help you figure everything will be all right.

Couple 18

... after waiting this long to get pregnant they (doctor) could do something faster than make you wait six months or longer just to see if something works or not.

Couple 19

Here she does all this stuff and still we get no positive results.

Couple 20

...sit for hours waiting for test results to come back.

Behavioral Components

Couple 1

So when I had the laproscopy, I did have endometriosis.

Couple 2

I'm on Prevara because they found ... endometriosis.

Couple 3

... found hostile cervical mucus ...

Couple 4

We're scheduled for a ...postcoital.

Couple 5

... the urologist didn't find any sperm the first time...

Couple 7

I had to take shots as part of the treatment.

Couple 8

...get hubby in here for a sperm count and there was zero.

Couple 9

...we're on Clomid right now.

Couple 11

...I'm presently taking that synthetic male hormone...

Couple 12

...it gets mechanical and you miss out on the spontaneous enjoyment...

Couple 14

...we both had tests done.

Couple 15

...if that baby goes up (temperature), bang, you better be ready to drop everything and go for it.

Couple 16

...so we became involved in the clinic at home.

Couple 17

...(H) just got back his sperm count.

Couple 18

... (doctor) put me on Clomid...

Couple 19
I am going to my gynecologist seems like every other day.

Couple 20
We went (for tests) but they basically found that nothing was wrong...

Phase V - AVOIDANCE

Emotional Components

Couple 1
Right now my biggest problem is with my resentment for pregnant women.

Couple 2
...now that (when sister-in-law became pregnant) drove me and (H) both crazy.

Couple 3
Really got frustrated with the doctors.

Couple 4
I guess emptiness... emptiness and anger at myself for not being able to give us a baby.

Couple 5
Tiny babies are still the hardest to handle.

Couple 7
I guess it means a great deal of hurt and pain.

Couple 8
There was a short period of time when we were (negative)...

Couple 9
I feel sometimes they (doctors) don't understand your problem...

Couple 11
... if the damn doctors had known what they were doing.

Couple 12
... if she (doctor) would just say you can't get pregnant I think I could deal with that but this not knowing from one month to the next is ridiculous.

Couple 14
...(H)'s sister was never able to understand what the big problem was.

Couple 17

I just can't get anybody to understand what we're going through.

Couple 18

Jealous. Envious and resentful of every pregnant woman I see...

Couple 19

Angry, very angry...

Couple 20

It's hard to know that you're the reason you can't give yourself and your husband a child.

Behavioral Components

Couple 1

I didn't want to be around any babies.

Couple 2

They (pregnant women) were everywhere.

Couple 3

I was convinced that I couldn't go anywhere without seeing pregnant women.

Couple 5

We really didn't have any marriage problems until about five years ago (no pregnancy).

Couple 7

We had a lot of fights back then.

Couple 8

... there were times when I just avoided bringing it up (the problems)... because I was afraid of what it might do to him...

Couple 9

But next time, nobody will know 'til I'm showing...

Couple 14

I didn't even want to be around my sister (who was pregnant).

Couple 18

...and believe me I see them everywhere (pregnant women).

Couple 19

(H) and I don't discuss it (problems) much anymore.

Couple 20

Well, we don't think about it anymore...

Phase VI - ACCEPTANCE

Emotional Components

Couple 2

... we know that if we don't or can't we can deal with it because we have done everything we could.

Couple 3

I guess we dealt with it by realizing that we had done all that was humanly possible.

Couple 5

So all in all I'd say we feel better now than we did about our relationship.

Couple 7

... so it's good to be able to talk to someone about it.

Couple 8

... we didn't feel good about it (childlessness) in the beginning but we do now.

Couple 10

I know there are a lot of people out there that have more problems than we do ...

Couple 14

It's (childlessness) not a factor in our lives anymore.

Couple 20

Once something like this happens to you, you begin to realize how many couples there are out there like yourselves.

Behavioral Components

Couple 3

I look back on it all now and can smile.

Couple 5

...The horses ... those are the substitute children, right (to divert energies).

Couple 8

I (keep up with infertility information) do because it's interesting to me. Not that we could ever use any of them but I just think the whole issue is very now and therefore very important.

Couple 14

(keeping up with infertility)... To me it's absolutely fascinating... It helps me at the hospital also when I get a young woman in that has just had a miscarriage or a problem and I'm up so to speak on the new methods of dealing with infertility...

Couple 20

But I'm kinda glad we decided to call it quits when we did. Our life is full of other things.

Appendix H

Series of Phase Responses by Couples

Couple 1Phase I:

I didn't think there would be any problem at all.

Phase II:

Sheer frustration of waiting and wanting something so bad that is not tangible...

Phase III:

So right at the year mark I went back to her (doctor) and wanted to start finding out what the deal was.

Phase IV:

... (doctor) did the antibody test ... doing the poist coital test

Phase V:

...how much we really wanted children, and at the same time hurt because we thought we might not ever be able to have any.

Couple 2Phase I:

Like the name and the nursery. I had been saving a little money for about a year to buy baby furniture.

Phase II:

I guess we did those kinds of things we talked about for about a year before I decided something might be wrong because things were taking too long.

Phase III:

I wasn't angry then like I was later.

Phase IV:

Once we started treatment I just kind of took the philosophy that they had to know what they were doing so just follow their advice

Phase V:

Pregnant women really bothered (me).

Phase VI:

...now we know that if we don't or can't we can deal with it.

Couple 3Phase I:

Well I remember the excitement at making the decision to have a child.

Phase II:

... so we just decided maybe we were a little impatient... .

Phase III:

I guess mainly I was just trying to be as supportive to her as I could.

Phase IV:

After that he did some post coital tests and found that there was hostile cervical mucus so I took medication for that.

Phase V:

I was convinced that I couldn't go anywhere without seeing pregnant women.

Phase VI:

I believe we did everything we could have done and I feel good about it.

Couple 4Phase I:

We both stopped smoking.

Phase II:

...until we felt it was taking too long and something might be causing a problem.

Phase III:

I finally told her to go because it was driving her crazy waiting and waiting and she was starting to get mad...

Phase IV:

...the temperature charts again and the timing of intercourse.

Phase V:

Emptiness and anger at myself for not being able to give us a baby.

Couple 5Phase I:

... she did especially what she ate and the vitamins, oh do I remember the vitamins.

Phase II:

(the worry) didn't come for about 2 years or more.

Phase III:

We decided that I would go to the doctor and when I told her we had been trying for two years with no birth control...

Phase IV:

OK, well they uh, the urologist didn't find any sperm...

Phase V:

At the time I felt like the only one in the world.

Phase VI:

... we can talk a little to our friends about it now without me going off the handle.

Couple 6Phase I:

... but excited, heck yes, we were excited, weren't we?

Phase II:

It's just taking a little longer than normal.

Phase III:

Confusion... sure I just figured that I'd get off the pill and get pregnant cause people do it everyday...

Couple 7Phase I:

...so we just looked forward to getting pregnant the first month we tried. We were really excited.

Phase II:

I started getting upset.

Phase III:

By this time I'm real frustrated with the whole situation.

Phase IV:

I figured it had to work (treatments).

Phase V:

It also means being mad over the fact that you can't have

Couple 7 (contd.)

a child.

Phase VI:

So it's good to be able to talk with someone about it.

Couple 8Phase I:

We had a name picked out and knew we wanted a little girl.

Phase II:

...one (friend) said the fish had too much lead in it and that was the reason I wasn't getting pregnant.

Phase III:

I was getting mad about starting my cycle (every month).

Phase IV:

...doctor said you don't have a problem so get hubby in here for a sperm count. And that was it.

Phase V:

... (friends) just kind of disappeared for awhile.

Phase VI:

I call him my infertile husband and he calls me his barren wife. We get a good kick out of it now.

Couple 9Phase I:

Yeah, we already had a name picked out.

Phase II:

... each month you wait and wonder, wow, could this be ...

Phase III:

We were both disappointed.

Phase IV:

Between the tests and the surgery, yea (very expensive).

Phase V:

And I wanted to lash out at him, hit him, hit the machine...

Couple 10

Phase I:
Thrilled. Things we all laid out, you know... .

Phase II:
Problems were the last things on our minds then.

Phase III:
... that's when after all that waiting and hoping and getting mad because things were taking so long... .

Phase VI:
... I know there are a lot of people out there that have more problems than we do... .

Couple 11

Phase I:
And we really thought everything was going to be all-right too, just kinda of laid back, you know?

Phase II:
First I talked to my mother 'cause we were going to try again right away.

Phase III:
Oh, well, really just doing anything to make things work out I guess.

Phase IV:
... I'm presently taking that synthetic male hormone... .

Phase V:
... if the damned doctors had known what they were doing.

Couple 12

Phase I:
... we spent every Sunday afternoon looking at baby stuff.

Phase II:
You come home from work and say how was your day and the response isn't I did so and so, but it's my temperature was whatever, and I read this about not doing this, and it goes on and on.

Phase III:
... I know he's (H) getting as tired as I am but he really rarely complains, he's so sweet.

Couple 12 (contd.)Phase IV:

Temperature charts...stop everything to make sure you don't miss a right chance.

Phase V:

See, that's what makes it so frustrating, if she (doctor) would just say you can't get pregnant, I think I could deal with that, but this not knowing... .

Couple 13Phase I:

... we've been able to get material from her (friend) that her doctor has given for them to read and that way we can try something medical like before I have to go in...

Phase III:

(W) I've tried Geritol...and (H) doesn't ride his bicycle anymore. I read somewhere that might hinder your chances.

Phase III:

Frustrating as hell. It means you want something that for one reason or the other is becoming very hard to get.

Couple 14Phase I:

We were both very happy about having a baby 'cause we had looked forward to the day for a long time.

Phase II:

She and her husband (friends) gave us some suggestions that we tried, but nothing worked.

Phase III:

(We got) more worried, more confused, more frustrated.

Phase IV:

We had already decided that if we were ever going to get pregnant then the doctor was going to have to do it.

Phase V:

(Pregnant women) that's even worse than the way I felt about the poor doctors. Those women didn't even know me. They were just happy being pregnant, and all I could do was ask God to forgive me the way I felt toward them.

Phase VI:

... we have (done everything) we could do now... .

Couple 15Phase I:

One of the funniest was (H) had a friend that told us to go on the cruise and.....

Phase II:

... we went to the mountains for a long weekend (couldn't afford the cruise).

Phase III:

We figure we've waited long enough already, you know what I mean?

Phase IV:

But I guess it's worth it to know for sure (going to doctor now).

Couple 16Phase I:

... we were excited and happy and telling everybody...

Phase II:

It was like now waiting for the test results, but then it was waiting for the period not to come every month.

Phase III:

(the waiting) ... it got to us, it about drove me bananas.

Phase IV:

I'm back on the perganol again and (H) is on

Couple 17Phase I:

We were tickled pink (about the idea of getting pregnant).

Phase II:

... and pray that next month everything would work out.

Phase III:

Confused as hell...scared me... and made me mad ...

Phase IV:

Well (H) just got back his sperm count results...

Phase V:

I just can't get anybody to understand what we're going through.

Couple 18Phase I:

We decided to name him after (H) and if it was a girl to use my maiden name because...

Phase II:

... she (friend) told me what her doctor had suggested ...

Phase III:

When nothing there worked that's when she (W) really got worried and decided to go to the doctor.

Phase IV:

... (doctor) put me on Clomid... we all think this will do the trick without having to do anything else.

Phase V:

Envious and resentful of every pregnant woman I see and believe me they are everywhere.

Couple 19Phase I:

... we started to try to have a baby and really didn't think much about it. Plenty of our friends were getting pregnant so it just seemed like we would be next.

Phase II:

I started to get worried.

Phase III:

I just know that I'm doing something wrong or that we are doing something wrong...

Phase IV:

The new doctor I went to specialized in infertility and when I first went I just knew that I had made the right decision.

Phase V:

Angry, very angry, I get upset a lot... I might even avoid your questions.

Couple 20Phase I:

You (H) remember laughing and joking about what kind of parents we would be

Phase II:

I remember thinking that enough time had gone by.

Phase III:

So then we decided that the best thing for me to do would be to go into the doctor to see if I could do anything.

Phase IV:

(W to H) Didn't you feel like our whole lives were planned around the doctor's office there for awhile?

Phase V:

...it got to be so damned expensive.

Phase VI:

Once something like this happens to you, you begin to realize how many couples there are out there like yourselves... .