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Paulette Ferland¹ and Sandra L. Caron¹

Abstract

This exploratory study provides a greater understanding of the long-term impact of infertility on women. Interviews were conducted with 12 infertile women who are postmenopausal and who remained childless. The women were asked to reflect on their experience of infertility and childlessness. Findings provide a greater awareness of the long-term impact of infertility and childlessness, and offer implications for those in the helping professions who might come in contact with this population of women.

Keywords

infertility, childlessness, qualitative study, menopause, women

According to the Centers for Disease Control and Prevention (CDC), approximately 6 million women in the United States experience infertility, defined as the inability to achieve a pregnancy after 12 months of unprotected intercourse. It also includes women who can get pregnant but are unable to stay pregnant (Centers for Disease Control and Prevention [CDC], 2009). Most cases of female infertility are caused by problems with ovulation; less common causes of infertility are due to blocked tubes, physical problems with the uterus, and uterine fibroids (CDC, 2009). Many of these women will pursue medical interventions in hopes of successful treatment of their infertility (CDC, 2011).

With so much attention given to the progress of medical interventions to treat infertility and the many successful pregnancies that have resulted, the issue of what happens for infertile women who are unsuccessful may appear to go unnoticed. Despite all the promise, medical interventions such as surgery, drugs, or assisted reproductive technologies such as in vitro fertilization (IVF) are not always successful in achieving a pregnancy. According to the latest statistics from the CDC, less than half of women under the age of 35 who use reproductive technologies are successful in becoming pregnant; the success rate drops significantly as the age of the woman increases—with only 12% success for women of age 41 and 42 and only 5% for women of age 43 and 44 (CDC, 2011). And while adoption provides another option for infertile women to become a parent, some may not qualify for adoption due to age limits or limited financial means, and/or they may not have a willing partner. Without successful medical interventions or the option to adopt, some infertile women find themselves involuntarily childless.

Short-Term Impact of Infertility

Several studies have examined women's adjustment in the short term (within a few years) following the diagnosis and failed treatment for infertility (Baram, Tourlelot, Muechler, & Huang, 1988; Hammarberg, Astbury, & Baker, 2001; Lechner, Bolman, & van Dalen, 2007; Leiblum, Kemmann, Colburn, Pasquale, & DeLisi, 1987). Using surveys and/or interviews, researchers have been able to compare those women who have since become parents (typically through later pregnancy or adoption) to those women who remain childless. In one of the earliest follow-up studies after the introduction of IVF in the 1980s, nearly half of the 28 women surveyed within a year after unsuccessful IVF had not come to terms with their infertility (Leiblum et al., 1987). Baram, Tourlelot, Muechler, and Huang (1988) found similar results in a survey of women 2–3 years after unsuccessful treatment for infertility in which 60% of women were struggling with depression, including 13% who expressed thoughts of suicide related to their inability to have children.

More recent surveys examining the short-term adjustments for women after unsuccessful infertility treatment confirm these earlier findings that women who remain childless show

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increased feelings of depression, lowered self-esteem, and heightened anxiety. For example, a survey in Australia of 126 women 2–3 years after infertility treatment found the majority of women who remained childless had lower scores on satisfaction with life, and 66% indicated that they had to stop treatment because “I had had enough” (Hammarberg et al., 2001). A survey in the Netherlands of 87 women 2 years after unsuccessful treatment for infertility revealed similar results in that many of the childless women experienced greater depression, anxiety, and grief (Lechner et al., 2007). Their findings identified a lack of social support and discontent with support given as factors leading to more grief and depression in these women. And in a follow-up survey of 272 couples in Sweden 4–5 years after unsuccessful IVF treatment, the women who remained involuntarily childless had a lower quality of life score compared to those who had become parents (Johansson et al., 2009).

In longer term follow-up surveys of infertile women after unsuccessful IVF, negative adjustment scores continued to be evident for those who remained involuntarily childless. For example, in a follow-up survey in Northern Ireland of 76 women 4–9 years after unsuccessful IVF (Bryson, Sykes, & Traub, 2000) and in another survey of 66 women in Norway 10 years post-IVF treatment (Sundby, Schmidt, Heldaas, Bugg, & Tanbo, 2007), they found those who remained childless rated themselves as more stressed, more depressed, and with a lower satisfaction with life compared with those who subsequently conceived or adopted. They identified the need for better counseling, not only at the time of infertility treatment, but in the long-term, to assist women (Sundby et al., 2007). And in a survey in the United States of 560 Midwestern women, those who experienced infertility and never became mothers had lower life satisfaction (McQuillan, Stone, & Greil, 2007).

Other researchers have used in-depth interviews to understand the issues faced by these women following failed infertility treatments and have found similar results to those using surveys of depression, anxiety, and quality of life (e.g., Daniluk, 2001; Johansson & Berg, 2005; Volsten, Svanberg, & Olsson, 2010). Daniluk (2001) conducted in-depth interviews with 37 infertile couples in Canada at 10-month intervals over 3 years postinfertility treatment (at 2, 12, 22, and 32 months). Of these 37 couples, 23 had adopted or were in the process of adopting; 14 couples remained childless. All spoke of the difficulties of “living on the social margins as infertile individuals in the world of the fertile” (Daniluk, 2001 p. 446). They shared their pain and grief, the lack of sensitivity by others (i.e., medical providers, family, friends, coworkers, total strangers), and the struggle to reconstruct their lives as they transitioned to biological childlessness. Not surprising, those who adopted children reported greater overall life satisfaction. Johansson and Berg (2005) identified grief as one of the main experiences of being childless in eight Swedish women they interviewed 2 years after ending unsuccessful infertility treatments. They point out that this response is not surprising given that the ability to reproduce and give birth to a child is an inherent part of life for most women. Similar

results were found in a later study also conducted in Sweden (Volsten et al., 2010). Interviews with 10 women who remained childless 3 years after unsuccessful IVF revealed that most had not adapted to remaining childless, indicating the grieving process was unresolved. They identified social isolation or the feeling of being excluded, along with a lack of support or discontent with support, as factors leading to more grief and depression in women (Volsten et al., 2010). Their study supports others by emphasizing that infertility and childlessness should not be viewed as an immediate crisis upon discovering one is infertile, but instead as something that can have a longer term impact.

Longer Term Impact of Infertility

Only a few studies have involved interviews with women who have lived with unsuccessful infertility treatments for more than a decade (e.g., Kirkman, 2001; Wirtberg, Moller, Hogstrom, Tronstad, & Lalos, 2007). Kirkman (2001) interviewed 31 Australian women ranging in age from 28 to 74 years old; most of the women interviewed had lived with infertility and childlessness for decades. More than half had remained childless (19 of the 31). Interviews revealed the resentment many women felt in having to explain such a private part of themselves to others in the public. Ironically, it was found that the privacy surrounding such an experience led to despair and a sense of isolation. Many of the women interviewed stated that they stayed away from support groups for the infertile to avoid the label (Kirkman, 2001). Finally, Wirtberg, Moller, Hogstrom, Tronstad, and Lalos (2007) interviewed 14 women in Sweden about the long-term experience of involuntary childlessness 20 years after unsuccessful infertility treatment. Five of the 14 women were postmenopausal. Some noted they still held out hope for a pregnancy as long as they were menstruating. Most had detailed memories of their experience finding out that they were infertile and the medical procedures. Adoption was not an option at the time due to cost or an unwilling partner, but looking back most wished “somebody had pushed them in the direction” of adoption. All but one of the women felt themselves inferior to other women, and had experienced social isolation as others around them became parents. Half said they were reexperiencing this isolation as their friends were now becoming grandparents. In terms of the impact on their relationship, half had divorced and cited infertility as the reason. All said their sexual life was impacted negatively at least initially. The majority of women said their involuntary childlessness was still something important and central to their life in comments such as, “I think about it and cry nearly every day” and “It is always there as a part of my life.” Most had found meaning in their life by caring for someone else—most often a child (Wirtberg et al., 2007).

While many of the research studies cited above highlight the difficulties of dealing with infertility and failed treatments, a few have also reported on positive aspects. For example, some researchers (e.g., Daniluk, 2001; Hammarberg et al., 2001; Leiblum, Aviv, & Hamer, 1998) have found that unsuccessful

treatment for infertility does not always have long-term detrimental effects on the marital and sexual relationship. As many as one third of women in these studies reported having feelings of greater closeness in their relationships. Other studies have also pointed to the ability of those women facing infertility to find meaning, positive self-conceptions, and purpose in their life (Daniluk, 2001; Leiblum et al., 1998, Wirtberg et al., 2007).

While a number of studies have explored the short-term impact of infertility, more qualitative research is needed to understand the long-term impact on women, particularly for those who have gone through menopause—a time that signals the end of possible pregnancy. This exploratory study focused on infertile women who are now postmenopausal and remained involuntarily childless. Without monthly periods, menopause signals the finality of any remaining hope for becoming pregnant. The purpose of this study was to examine the long-term impact of infertility for women who were diagnosed as infertile a decade or more ago and who remained childless. This basic interpretive study provides a unique approach by conducting in-depth interviews with women at this stage in their life when they can reflect back on their journey. This study was of interest to these researchers because both have experienced infertility; one remained childless and one later adopted a child.

Method

The criteria for the study were infertile women who were now postmenopausal and who had remained childless. The purposeful sampling method was employed due to the sensitive nature of the study and the difficulty of identifying women to be interviewed. The participants were found through contacts with acquaintances of the investigators, word of mouth, and e-mail announcements sent to several university discussion boards and conferences. The sample consisted of interviews with 12 women in New England who contacted the researchers to participate in the study.

Interview Procedure

The interview comprised a series of general questions focusing on the experience of being infertile and was approved through the Human Subjects Committee of the university. Besides the basic demographic questions (age, education, and employment) and background questions related to how and when they found out about their infertility, women were asked a series of open-ended questions about their life journey beginning with finding out they were infertile to how they are doing today. General questions ranged from “What impact did this news have on your sense of self? On your marriage?” to the experience of living with being infertile, including “What were some of the reactions of your family and friends?” and “What was your own level of acceptance?” Finally, women were asked to provide suggestions/recommendations for how others might respond in a more helpful way to a woman dealing with infertility.

Interview Technique

Women who expressed interest in participating in the study were given a copy of the consent form before an interview was scheduled. Consent was implied when they agreed to arrange an interview after reviewing the consent form. Interviews were conducted face to face by the first author in a private conference room on the university campus. Participants were assured that any and all responses would be kept confidential. No names were included in the data report; a pseudonym was assigned to each woman. Each interview lasted approximately 2 hr. None of the women agreed to be audiotaped, citing the sensitive nature of the interview as the reason for not being willing to be recorded. Therefore, the primary researcher took extensive notes. To ensure credibility and reduce bias, participants were given the opportunity to review their responses for omissions or clarifications at the end of the interview. After typing up the notes, the researcher shared the notes with the participant to allow her an additional opportunity to ensure that the notes accurately captured the interview.

The Participants

Twelve women participated in this study. The mean age of the women interviewed was 54 (ages ranged from 46 to 59 years old). They had a range of education from high school to doctoral degrees, and were all employed at the time of the interview in jobs ranging from entry-level to professional positions. All 12 women who volunteered to be interviewed identified themselves as heterosexual and all had been married at the time they found out they were infertile. However, 5 of the 12 women were divorced at the time of the interview. These five women all cited their infertility as a major factor in the demise of their marriage.

In terms of background information related to their infertility, most of the women (8 of the 12) had married in their 20s and found out they were infertile after 1–4 years of trying to become pregnant; all were diagnosed as infertile through medical testing. Reasons for infertility were varied, including problems with ovulation, blocked tubes, endometriosis, and problems with the uterus. All 12 women pursued medical interventions for infertility. This included surgery, drugs, and/or reproductive technologies. They pursued such medical intervention between the time periods of the mid-1980s through the early 2000s. This meant that women were reflecting back over the past 15–25 years of their experience with infertility. When asked how long they pursued medical interventions, responses ranged from 2 to 11 years (the average was 6 years). Three women who found out they were infertile in the 1980s were told there were few good medical options available for their infertility. Although more widely available today, options such as IVF and Clomid were not readily available to these three women in the mid-1980s.

In addition to pursuing medical interventions, all of the women stated that they considered adoption, but it had not been a realistic option for a variety of reasons. Reasons cited for not

Table 1. Themes That Emerged From 12 In-Depth Interviews With Postmenopausal Women Who Are Infertile and Childless.

Stage 1: Finding Out
1. Why me?
2. I am to blame
3. Closing doors—hopelessness
4. Insensitive doctors
5. I have had enough!
Stage 2: Living with it
1. What good am I?
2. I am on the outside looking in
3. When I am not here anymore, who is going to remember me?
4. No one really understands what I am going through or they would not say that!
Stage 3: Coming to terms
1. Few experiences in my life have been as difficult
2. It never goes away
3. We are closer as a couple (for those women who remained married/remarried)
4. When one door closes, another opens

Table 2. Participants' Recommendations for How Family, Friends, Coworkers, and Professionals (e.g., Doctors, Counselors) Might Respond in a More Helpful Way to a Woman Experiencing Infertility.What *not* to say or do:

- “What’s wrong with you?”
- “It will happen, don’t worry.”
- “Maybe you’re trying too hard.”
- “If you stop thinking about it, it will happen.”
- “Maybe you’re not meant to be a mother/not meant to have children.”
- “Worse things could happen than this.”
- “Be glad you don’t have kids – now you don’t have to ____; now you can ____!”
- Do not hide things (e.g., your pregnancy, baby shower), but respect her when she says it is hard for her
- Don’t go on and on about your own pregnancy and/or labor experience unless he asks to hear more
- Don’t tell her how she should think or feel

What to say or do:

- “I am sorry you are going through this.”
 - “I am here for you if you want to talk about it.”
 - “What can I do to help?”
 - Suspend your judgments and/or opinions about what you think she should do
 - Support her decision to stop medical interventions
 - Tell her when you are pregnant and invite her to your baby shower, but understand if she does not want to attend
 - Invite her to be around and do things with your children
 - Realize this may be similar to someone who has experienced the death of a child
 - Be a good listener
 - Remember her on Mother’s Day
-

adopting included cost, their age, and/or an unwilling spouse. And although none of the women reported seeking professional counseling, most sought out a supportive friend or family member. Four of the women said they had visited online

support groups such as *RESOLVE: The National Infertility Association* at least once.

All 12 women were postmenopausal, meaning they had been without a menstrual period for more than a year. This included one woman who had premature (surgical) menopause brought on by a hysterectomy in her late 30s. She had her uterus and ovaries removed after years of trying to become pregnant, and after a series of tests revealed fibroid tumors and other issues.

Interview Analysis

This was an exploratory study and involved interviews with a small number of postmenopausal women in order to allow an in-depth examination of their experiences with infertility. Interviews were analyzed using established methods of qualitative inquiry, including coding and categorizing processes that make use of both deductive and inductive approaches (Miles & Huberman, 1994). Interviews were coded for common topics by each researcher, compared, differences discussed, and themes were created. A specific topic was considered a theme if the majority of women’s responses included it. Detailed results are presented below.

Results

The themes that emerged from the interviews with the 12 women were organized into three life stages which were labeled *Stage I: Finding out*, *Stage II: Living with it*; and *Stage III: Coming to terms*. All themes are presented in Table 1. Sample quotes supporting each of these themes are presented below. In addition, the women’s recommendations for how family, friends, coworkers, and professionals (e.g., doctors, counselors) might respond in a more helpful manner to a woman experiencing infertility are presented in Table 2.

Stage I: Finding Out

When asked to reflect back on the early days of discovering they were infertile, women’s responses revealed six major themes: why me?; I am to blame; sex is not fun anymore; closing doors/hopelessness; insensitive doctors; and I have had enough.

Why me? All 12 of the women discussed how their initial response to finding out they were infertile focused on the question “Why me?” Examples included:

- “I wondered what I had done wrong to deserve this.”
- “According to Psalm 127:3, ‘Children are a heritage unto the Lord and the fruit of the womb is His reward.’ So why didn’t I get the gift? I asked myself over and over if I was being punished.”

I am to blame. One criterion for participating in the interview was that she had to be the one who was diagnosed as infertile in

the marriage. Therefore, it was not surprising that all of the women in the study spoke to the issue of being blamed and feeling guilty about being the reason they could not become pregnant. For example:

- “If my husband had married any other woman on this earth, he would have been a daddy by now.”
- “For the first five years of our marriage, my husband and I pursued our professional careers. I regret that now. I wish I hadn’t put off trying to have a baby. Those years of preventing a pregnancy cost us a life without children.”

Sex is not fun anymore. All of the women said that upon finding out they were infertile, and as they pursued medical interventions, this had an impact on their sex life. Sex became scheduled, disappointing, and pressured. For four of the women, they reported it had a long-term impact on their desire and ability to enjoy sex.

- “I felt like ‘What is the point anymore of having sex?’ I knew it was not going to lead to pregnancy, so why bother. It was just a reminder of how I could not become pregnant.”
- “The doctor wanted us to have sex every other day for a month—it was horrible, forced, and so unloving. I hated it.”
- “I can’t tell you how many times I called my husband to say I was ovulating. He would rush home and we would have sex, but then nothing . . . no pregnancy resulted. It was one disappointment after another each month when my period came.”

Closing doors/hopelessness. All of the women shared their experience of feeling hopeless about their options—medically, financially, physically—and having a sense that the door was closing on their dream to become pregnant or a parent.

- Medically: “I came home from a baby shower for two friends who were my same age (about 40 years old) only to find a message from the IVF clinic saying that since I had a second unsuccessful IVF, I was being dropped because, as the doctor said on the message, ‘We all know the chances of you becoming pregnant are so low,’ and he went on to explain how I was being dropped because I was hurting their clinic’s success rate.”
- Financially: “Our insurance did not cover the IVF, so we were faced with borrowing \$14,000.00. Our bank would not approve a loan so we charged it on a credit card. After one unsuccessful try, we just could not afford to keep going.”
- “When meeting with a staff member at the local adoption agency, we were told our best option was an international adoption. We would need over \$20,000, plus be willing to fly to another country, stay for 3 to 4 weeks, and bring several thousand dollars in cash with us to give the adoption agency there. We did not have that kind of money.”

- Physically: “My best friend asked me how I could do that to a child—because I was 43 years old and still wanting to become pregnant or adopt—and that I should consider how unfair it would be to the child to have old parents.”
- “We applied to a local agency for adoption, paying several thousand dollars up front just for the application, and were then told that the pregnant girls review adoptive parents’ applications. The staff person explained how we needed to be realistic and consider that we were the same age as many of these girls’ parents—so we would be viewed as too old by most of the girls. It would be like her handing the baby over to be raised by grandparents. To make matters even worse, the staff person said because of their seven-year waiting list, it would be quite awhile before we would even be called. As we walked out, I knew our dream of being parents was over.”

Insensitive doctors. Most of the women shared stories involving the insensitivity of medical providers—those who they expected would be the most sensitive and compassionate about their situation. For example:

- “When I met with the infertility doctor, he told me: ‘You waited too long to get married because you wanted a career and now its too late to get pregnant at your age (I was 37 years old). You want your cake and eat it too . . . and you can’t have both.’ I pointed out that my cousin had just had a baby and she was a year older, and how my mother and grandmother had children at this age.”
- “After years of trying to get pregnant, I ended up finding out I had fibroid tumors and needed a hysterectomy. The anesthesiologist came into the operating room and announced, ‘So we’re here to shoot the stork today.’ I was devastated.”

I have had enough! The majority of women who described that they reached a point where they knew they had to stop pursuing medical interventions for overcoming infertility. These women had pursued treatment for an average of 6 years (between 2 and 11 years). Examples include:

- “I got so tired of going to be prodded, poked, and examined under a microscope. And so many painful procedures—it was all so barbaric really. I began to feel like an experiment.”
- “It was the worst roller coaster ride . . . the hope, then the despair . . . I had to get off this ride before I crashed.”
- “Every time my husband and I got into testing and treatment and such, he found out he was being deployed overseas and we would be put off time and time again. When he arrived back home and we tried the next procedure, everything seemed forced and not natural. We finally decided together we had both had enough and if it were going to happen, it would happen on its own. It never did.”

Stage II: Living With It

The next part of the interview moved from initially finding out about their infertility to discussing how they moved forward in terms of living with the reality of being childless. Women discussed how their lives were impacted when no medical intervention, reproductive technology, or adoption option lead to pregnancy or parenting. Four themes emerged when discussing the years of living with being infertile and childless: What good am I?; I am on the outside looking in; When I am not here anymore, who is going to remember me?; and No one *really* understands what I am going through, or they would not say that!

What good am I? All of the women described expectations from childhood focusing on the ability to reproduce as a central part of womanhood. Many had been told either directly or internalized messages about their self-worth that they had little value if they could not reproduce. Examples:

- “Like every little girl, I dreamed of growing up and finding my prince charming, having the house with the picket fence and 2 to 3 children . . . and then I had to realize I will never have that . . . my life will never be complete.”
- “Womanhood equals motherhood—it is that simple. So how am I supposed to feel good about myself?”
- “This is not how I thought my life would turn out—I wondered if my husband would leave me since I couldn’t give him children.”
- “After many years of childlessness and failed treatments, an older relative took me aside at a family gathering and asked me, ‘When are you going to start a family?’ I answered, ‘It doesn’t look like I will be able to conceive.’ and he replied, ‘What good are you then?’”

I am on the outside looking in. All of the women discussed at length the many years of feeling like an outsider, isolated, and not fitting into a world designed for parents and children. Some examples included:

- “You start withdrawing from your friends who have children. You don’t seem to fit in. You seem to have nothing in common with any of them. You begin to have feelings like you are all alone in the world and you are the only one in the world who has been given this diagnosis of infertility.”
- “No one ever included me in things because I didn’t have kids.”
- “When we get together with family members, I feel we are pitied. I don’t like that feeling.”
- “I don’t fit the mold that exists in the world.”
- “Every Mother’s Day, my church hands each mother a flower as they arrive. You have no idea how painful that is—to not be given a flower and to look around and see every woman but you without a flower. To realize I am the only one on Mother’s Day who doesn’t get a flower because I am the only one who is not a mother.”

- “All my friends are at the park with their children and enjoying each other’s company. Even if I went over and said hello, I know I wouldn’t be invited to join them because I’m seen as an outsider. That is just the way it is.”
- “We used to go to my in-laws for the holiday—all his brothers and sisters and their children would also go. I hated getting up in the morning when I was there because I knew I had nothing to do—they were all busy with their children. I had nothing, no one.”

When I am not here anymore, who is going to remember me? Many women included comments related to their death and how infertility and childlessness signaled an end to their legacy. For example:

- “I actually think about things like: When I die, who will put flowers on my grave?”
- “Who will think about me when I am no longer here?”
- “Who will come to my funeral?”
- “You hear all the time: ‘You remind me so much of your mother—you look just like her, you have her same mannerisms, etc.’ No one will ever say that to anyone about me.”

No one really understands what I am going through, or they would not say that! All of the women shared examples of comments by friends or acquaintances that they perceived as insensitive. Some examples include:

- “Now you can look forward to divorce.” (after revealing to her friend that she found out she is infertile).
- “You’re so lucky you didn’t have kids. They drive you crazy.”
- “At least you have a husband who loves you.”
- “Do you want my brats?”
- “You get to sleep in!”
- “What do you do with all your time?”
- “You two must be pretty selfish for not having children.”

In another quote that demonstrates this theme, one woman described an interaction with her friend as “the ultimate insensitivity since she also experienced infertility and should have understood the struggle”:

- “I had a friend from church who was going through IVF at the same time as me . . . she got pregnant, I did not. When I went to visit her after the baby was born, she asked me how it was doing and I told her we were going to try IVF again. Her response, as she was cradling her newborn baby was: ‘Oh wow—I never would have tried that again. I’d never shell out another \$12,000.00, and just think how dangerous those drugs are!’”

Stage III: Coming to Terms

The final part of the interview asked women to consider how they are doing now that they are postmenopausal. Without

monthly periods, menopause represents the finality of any remaining hope for becoming pregnant. Four themes emerged: few experiences in my life have been as difficult; it never goes away; we are closer as a couple (for those women who remained married/remarried); and when one door closes, another opens.

Few experiences in my life have been as difficult. All of the women discussed the difficulty of trying to come to terms with the “cards they have been dealt.” Examples include:

- “Finding out I was infertile was almost as difficult as when my brother got killed in a car accident.”
- “For me it was like experiencing the death of a child I never had.”
- “My cousin thought she was consoling me when she said: ‘There are worse things that could happen to you . . . your house could burn down, or your husband could leave you.’”

It never goes away. All women interviewed said that being infertile and never having the opportunity to raise their own child was a pain that never went away. This is reflected in sample comments such as:

- “I thought I had gotten over it years ago, but when I went through menopause, it was like all those feelings came back—it signaled the end of the hope . . . I did not realize how in the back of my mind I still had hope—after all these years.”
- “There’s a hole in my heart filled with pain and sadness—the feeling of wanting a child never ever goes away.”
- “When I tried to tell my friend why I was so depressed about going through menopause and how it meant I would never be able to have a baby, she said: ‘But that was something that happened to you long ago. You should be over that by now.’”
- “I have found that the issue comes up again when I least expect it. At New Year’s, I was over at my friend’s house and her daughter was home from college and she told her mom she was going to make a special drink just for her because she was such a great mother. It hit me like a ton of bricks—the realization that I would never have that.”
- “Several of my friends are now becoming grandparents. It’s painful to know I won’t have that experience either.”

We are closer as a couple. For those seven women who remained married, all of them described a strong marriage and how this provided some consolation for childlessness. Sample comments include:

- “My husband and I are closer now and actually closer than most couples we know—we only have each other.”
- “As a couple, even though there are two people, we are more like one—we complete each other.”

In addition, a woman who divorced and remarried years later described her second marriage in this way:

- “When I told him (second husband) when we were dating that I could not have children he said, ‘If God wanted me to have kids, he would have made me fall in love with a woman who could have them.’”

When one door closes, another opens. Despite all the pain, disappointment, sadness, guilt, and anger at not being able to have a biological or adoptive child, all of these women stated that they had become a mother in other ways. These women described how their infertility had opened other opportunities to experience motherhood. For example,

- “I am the special aunt to my brother’s daughters. They know they can talk to me like a mother if they can’t talk to their parents. We are very, very close.”
- “We took an international student into our home while she was attending graduate school, and years later she still calls us and refers to us as Mom and Dad.”
- “I think women are born with a nurturing spirit and need to do something with this. If you don’t have children, it frees you up to find other ways to be nurturing. In my case, I have taught Sunday school for 30 years and feel like a pseudo mother to all those kids. It has played an important role in my need to share my love with children and be loved in return.”
- “We take in neglected animals and nurse them back to health. I am a nurturing mother to these animals. We were also very involved after Hurricane Katrina in animal rescue.”
- “One of my sister’s children has special needs and I have spent a great deal of time with him. I am as much of a mother to him as my sister is. I sometimes wonder if God made me infertile so that I would have the time needed to devote to my nephew.”
- “Because I don’t have children, I have had time to take care of others who are in need. My house has a swinging door. I have been able to offer a place and time to help many people in need over the years—mothering those in need.”

Discussion

This study provides a greater understanding of the long-term impact of infertility for women who are now postmenopausal and remained childless. The themes that emerged from the interviews support many of the previous research findings that have examined both the short and longer term impact of infertility and involuntary childlessness. While many of those previous studies involved surveys measuring depression, self-esteem, and life satisfaction, the in-depth interviews provide greater insight into why these women have feelings of depression, lowered self-esteem, and lower life satisfaction.

The interview asked women to reflect on an experience that spanned the past 15–25 years. Despite the amount of time that had passed, these women had vivid memories of the earliest years of finding out they were infertile and what they went through to try to get pregnant. Their capability to describe their initial response of “Why me?” and feelings of shame and guilt for being the one who is at fault in their marriage for their lack of pregnancy was impressive. The ability for women to recall such details decades later was also noted by Wirtberg et al.’s (2007) in their 20-year follow-up study and speaks to the magnitude of the impact of infertility. The women in this study invested years trying to conceive and an average of 6 years involved in medical interventions for infertility. After hearing them describe their earlier years of moving from hopefulness to hopelessness, as well as encounters with insensitive doctors, it is not surprising that there was an impact on their sex life, and that many finally reached a point of saying “I have had enough.” This was a common response of women surveyed in Australia by Hammarberg, Astbury, and Baker (2001).

In terms of living with infertility and involuntary childlessness, many women questioned their own worth, and described much of their years since the failed infertility treatments as being isolated in terms of feeling as if they were on the outside looking in. This feeling of being an outsider in a world that seems to only welcome parents and children was described in many of the earlier studies in terms of social isolation (Kirkman, 2001), feeling left out (Volsten et al., 2010), or a feeling of living on the social margin (Daniluk, 2001). The women were also able to describe in great detail the range of insensitive comments they have received over the years that came from not only people in the medical community but also friends, family, coworkers, and even strangers. This lack of social support and discontent with social supports has been found to play a major role in women’s feelings of grief and depression (Lechner et al., 2007).

When asked how they were dealing with their infertility and childlessness today, what became apparent is that the grieving process is ongoing. Women’s responses describing their infertility in terms of the death of child they never had, and that their grief never goes away, raises real questions about how one comes to terms with such a life-altering experience. After many years of being hopeful that she will conceive, those women who remain childless have to accept that the child they always wanted will not be a reality. With menopause comes a finality of hope—and another time of grieving. Grief and isolation is a frequent theme that emerged in previous studies on infertility (Daniluk, 2001; Johansson & Berg, 2005; Volsten et al., 2010; Wirtberg et al., 2007).

Despite the difficulties expressed by the women in this study, there were some indications that women can adjust and find meaning in their life. Although 5 of the 12 women had divorced as a result of their infertility, the other 7 women said that they believed their infertility had strengthened their marriage. They described how they felt closer and more committed to their spouse than most couples they knew. This was also noted in previous research (Daniluk, 2001; Hammarberg et al., 2001; Leiblum et al., 1998).

Perhaps the most hopeful finding of this study was that all of the women described how they had become mothers in some other way. Meaningful experiences with caring for others—especially other children—lead to a sense of satisfaction and, in some cases, a possible justification or explanation for their infertility. For example, one woman wondered if this was part of God’s plan since her infertility allowed her time to care for her sister’s child with special needs. The ability to find meaning and purpose in life has been described in earlier research (Daniluk, 2001; Leiblum et al., 1998; Wirtberg et al., 2007). Finding other ways to play a mothering role may be a way to alleviate some of the grief that so many infertile women experience.

A limitation is the difficulty finding women who met the criteria to participate in the study. The women interviewed for this study represented a wide range of demographic characteristics and different causes of infertility. It is difficult to locate this population due to the silence, isolation, and secrecy that appears to surround these women. As Kirkman (2001) revealed, the privacy surrounding infertility leads to a sense of isolation. Most of the women cried during the interview and many said they were surprised by the amount of grief that still existed after all these years. Several commented that this was the first time they had spoken to someone in years or in such detail about their experience with infertility. All felt the interview process had been a healing experience and several asked if there might be a follow-up support group for the participants to meet one another.

The women who contacted the researchers to be interviewed may not represent others who have done well or who have no desire to speak about their infertility experience. The study offered women who had not talked about their experience a chance to talk to someone. Perhaps those who have come to terms with their infertility and childlessness are less motivated to participate in such a study. Future studies may want to identify a group of infertile women who score high on life satisfaction in order to identify factors that lead to less depression and anxiety. Other studies could include the men who are married to these infertile women as well as men who are infertile.

Implications and Conclusions

The results of this study offer insight into the long-term impact of infertility and childlessness on women. Despite life-long experiences with grief, none of the women sought professional counseling. This emphasizes the important role the medical community can play in providing counseling early on at the time the woman enters the clinic for infertility treatment. In addition to being counseled with regard to immediate aspects relating to fertility treatment, assisting women in coping with treatment failure and long-term childlessness should also become a part of the protocol.

The women also described an ongoing lack of social support, often revealed in the comments people would make about her infertility and childlessness. The interview ended by asking each woman for specific recommendations for how family, friends, coworkers, and professionals (e.g., doctors,

ministers, social workers, counselors) might respond in a more helpful way to a woman experiencing infertility. The women's recommendations, outlined in Table 2, for what to say and how to respond provide an important resource for improving support. Their suggestions offer excellent guidance for those in the field of family therapy who may come into contact with women or couples dealing with issues of infertility.

Many of the women said they would go to their grave with memories of the hurtful things that were said and done to them over the years. For family, friends, coworkers, and those in the helping professions (e.g., medical, ministry, social work, counseling) who might interact with these women, it is important to understand the long-term impact for women who are facing infertility and childlessness. As one woman explained, . . . *it was like experiencing the death of a child I never had.* To suggest that a woman should just "Get over it," "Move on," or "Forget about it—that happened a long time ago," reflects a lack of understanding of the magnitude of the loss and the lifelong struggle for women to come to terms with this loss. It is important for others—especially those in the helping professions—to be better educated about the issues these women face. In turn, it is hoped that greater understanding of the issues will lead to interactions that are more sensitive, non judgmental, and empathetic.

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