Negotiating Meaning Following Infertility and Disruption to Life Plans

By

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Declaration

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Preface

In this section I will introduce the theme that connects these three pieces of work that comprise the Doctoral Portfolio. The portfolio consists of an original piece of research, an extended case study, and a publishable paper. There are several elements of the three pieces of work that connect them. Elements like their focus on relationships, sex, desire for children, and application of theory to the practise of therapy to name a few. However, the theme that best encapsulates how the experiences of the participants and client coincide and what this work aims to explore, is that of the existential crisis. My understanding of the term 'existential crisis' and the way I use it throughout this portfolio refers to a moment or series of moments in a person's life when a belief or assumption that they have held, that gives meaning or purpose to their life, has been called into doubt. This event causes great anxiety as the givens that a person has grown up with - you will get married and be happy, you will have a family and be happy, you will be successful, be good and you will get what you want, follow a certain set of rules and you will succeed - all of those beliefs that give purpose, meaning and make life controllable, are taken away and life reveals itself to be cruel, unpredictable and seem meaningless. These events can lead people to question their life, search for meaning and reassess previously held beliefs. This type of moment and the anxiety that it causes is what I understand as an 'existential crisis'.

Section A: Firstly I will present the original piece of research. The research is a discourse analysis of heterosexual couples who have received a diagnosis of infertility and have recently been through IVF.

Section B: Secondly I will present an extended case study of a client who was referred by his GP for counselling. The client was referred for erectile dysfunction and through my work with him I will illustrate an integrative approach that combines

existential and cognitive behavioural therapies. The resulting therapy is described as a pragmatic existential therapy.

Section C: Thirdly I will present a paper ready for publication in the academic journal 'Sexual and Relationship Therapy' that draws on four of the discursive categories identified in the larger research study that construct the couples' experiences of IVF and infertility.

It is interesting to me that I should be writing the final piece of work for my doctorate on existential anxiety and crises. I did not have this planned far in advance but it is not surprising that my work naturally gravitates to existentialism and existential therapy. It was existential therapy that first brought to my attention the possibility of pursuing a career in counselling psychology. I had taken an interest in existentialism and through this had discovered the application of this philosophy to therapy through the writing of Emmy van Deurzen and Ernesto Spinelli, both heads of departments offering the doctorate in counselling psychology at the time. Although I ultimately chose a counselling psychology course that gave equal weight to a range of psychological therapies I tend to find myself coming back to existential theory as a way of understanding both my own and my clients' experiences of the world, their relationships, and themselves.

The other reason why I am not surprised to be writing about existentialism is that I have not been able to find a more consistent cause for people seeking out counselling than the existential crisis. Sometimes it can be a big, traumatic event in someone's life like the death of a loved one. At other times it can be a slow creeping sense that things aren't going to plan, not working out as they should, and the existential angst starts to manifest. The two existential crises that have occurred in the lives of the participants and client in these three pieces of work characterise these two events. Both the participants in the research and client in the case study

are faced with a threat to their desire to start a family. This particular existential crisis held both personal and professional significance for me through my own desire to start a family and through my work as a women's health counsellor in a maternity and gynaecology service. In my work I frequently see women who have experienced miscarriages, ectopic pregnancies and gynaecological problems that may affect their fertility. I see the sadness, anxiety and anger that these experiences can cause and how it presents not only physical trauma and grief but a disruption to assumptions they held about life which are suddenly in need of re-appraisal.

A diagnosis of infertility is experienced as a devastating event for many people and this is the experience of the couples interviewed as part of the research. Of course not all will experience it this way and the medical profession offers a solution to the problem of infertility in the form of IVF and other fertility treatments that help to ease the anxiety. The threat that something that was to give your life meaning could be denied you is ever present however and as the research in the area of infertility and IVF shows, in the face of this threat the couple is forced to find ways to maintain the hope that everything will work out in the end, or re-evaluate their goals and how they make sense of their lives. Whilst reviewing the literature however it became clear that there is very little out there on what this process of re-evaluation actually looks like. What form does it take? How is meaning constructed, de-constructed, and built back up? And in particular, what does this look like for a couple who are facing infertility and IVF together? How do two people bring their individuality together to create a joint narrative? Through a discourse analysis that focuses on how the couples manage this existential crisis, how they try to maintain the status quo, or re-evaluate how they create meaning in their lives, I shed some light on this intimate process.

The other, more creeping existential crisis is illustrated in the extended case study. The client was referred for erectile dysfunction that had no known physical cause. During the therapy what began to emerge was the story of a man whose life was not working out as he had planned. He was worried he had focused on the wrong things and wanted a relationship. This anxiety and pressure to find the right woman was contributing to his physical symptoms, the manifestation of internal existential angst. This work shows a more exploratory approach to the existential issues that have arisen for this client. Instead of a dialogue between members of a romantic couple, the 'couple' in this context is the client and me. We are both actively constructing the therapeutic relationship and constructing the client's existential issue and the possible solutions to it. I explore the use of social constructionist approaches to both therapy and research to show that they have a place both in contrast to and alongside more realist, positivist approaches to psychology.

I will now present the finished portfolio that takes a deeper look into the issues expressed in this introduction, and into experiences and meaning making that occurs during existential crises.

Section A: Doctoral Research

Negotiating Parenthood: a discourse analysis of

heterosexual couples in IVF treatment

Abstract

Infertility is seen as a distressing crisis for the couple and individual. There has tended to be too heavy a focus on the female's experience and not enough attention given to couples who go through IVF together. The aim of this research was to investigate how heterosexual couples co-construct their experience of infertility and fertility treatment. It was of interest how they construct their experience, how they construct themselves and each other, how they talk about alternatives to fertility treatment ie. adoption and childlessness, and how they each manage their own personal stake in the conversation.

Both members of the couple were interviewed together to allow for co-construction. A discourse analysis was conducted from a social-constructionist epistemological position. Three heterosexual couples were recruited and data was gathered through semi-structured interviews. Dominant discourses of IVF as struggle and sacrifice, the pain of infertility and what is lost by not having their own biological children were identified. This helped to build a picture of the couples as deserving parents but also led to constructions of unfairness and resentment. Childless people were characterised as materialistic and lacking meaning in life. The analysis looked at how the couple was constructed during the interview with the dominant discourse being the 'in it together' discourse. This was troubled by some topics like donor gametes, who the infertile one in the couple was, and different reactions to IVF. The current research not only adds to the literature on infertility and IVF but also to how couples work together to co-construct experience and meaning. Implications, limitations and areas for future research are discussed.

Chapter 1: Introduction and Literature Review

In this introductory section I will begin by positioning this current original piece of research in its wider context before reviewing the literature relevant to each part of the research question. This research has evolved through personal lived experience, academic literature reviews, and professional practice. It is essentially a coming together of two separate but related areas of interest: that of people's reproductive behaviours and choices, and romantic couple relationships. To reflect the process by which the research question was decided upon I will first introduce the subject area of peoples' reproductive behaviours and choices before carrying out an in depth literature review of the particular area of interest for this research which is infertility and fertility treatment. Included in this first section will also be a review of the literature on involuntary childlessness, voluntary childlessness or childfreedom, and the option of adoption for those unable to have their own children. In the second half of this section I will move on to exploring research on and with couples with a focus on communication within the couple before moving on to review discursive research with couples that explores the co-construction of meaning.

Reproductive choices and behaviours

There are a wide range of reproductive outcomes for people, some as a result of an explicit choice and others not. People's circumstances, cultures, religion, personality, education, gender, sexuality amongst many other factors all play their part in whether a person has a child or not, and of course this seemingly dichotomous category also carries within it many different scenarios. Factors like whether a child was intended and wanted, how many children someone might have, whether a person chooses not to have children or whether a person is not able to have children due to medical or social reasons, whether the child is adopted, a step-

child, a child conceived in a relationship or outside a relationship are all important in understanding and acknowledging the different circumstances under which children do or do not come into the world. Even the notion of choosing versus not choosing whether to have children is complicated as of course no one lives in a bubble and external and internal events act upon us to influence us. Societal expectations or economic circumstances can impact on how freely a person is able to make such choices and these external factors change across time. In a systematic review of English language studies from '*contemporary societies*' Mills, Rindfuss, McDonald & Velde (2011) deduce that the current decreasing birth rates affecting many European countries is largely attributable to increased access to contraception, economic uncertainty, women's increased participation in employment, changes to the way people engage in relationships, advances in women's education and lack of family friendly policies. Along with these there are many other external factors that can impact on reproductive outcomes. In countries with strong religious identities there are different cultural pressures and laws associated with reproduction, for example in some Catholic countries abortion is illegal or heavily restricted. Conversely in many other countries including the United Kingdom lesbian and gay couples are permitted to adopt or undergo fertility treatments in order to have their own children, again changing the landscape of how families are formed and subverting traditional familial stereotypes.

Along with the analysis of how changing cultures and social circumstances act upon reproductive behaviours and choices is research associated with individuals' childbearing motivations. This research has largely come about due to advances in contraception which has therefore afforded people more control over their reproductive behaviours (Miller, 1994). Miller (1994), who has done much research into childbearing behaviour and motivation in the United States, researched the reason behind women and men's decision to have a child. He concluded that

beyond the biological urge and social norms and pressures that are so often assumed to lie at the heart of a desire to procreate, there existed a range of psychological reasons for wanting children which he then used as a basis from which to develop the Childbearing Questionnaire (Miller, 1995) which included both positive and negative motivations. This questionnaire was later found to have cross-cultural validity when used in research to study the childbearing intentions of young Iranian couples (Pezeshki, Zeighami & Miller, 2005) and includes items arranged around categories such as '*the joys of pregnancy, feeling needed and connected, instrumental values of children, fears and worries of parenthood, negatives of child care'* (Miller, 1995; p.486-487). Stanford, Hobbs, Jameson, DeWitt & Fisher (2000) found much the same as Miller (1994) in their research with US based Caucasian and Hispanic women in that the decision to have children was based on life goals, values and beliefs about the importance of family. Langdridge, Sheeran & Connelly (2005) compiled a list of motives for having children that were identified in their research with white, married, UK couples which included biological, social and value/goal driven items. Adding to the otherwise largely heteronormative literature a Dutch study looking at childbearing motivations of lesbian mothers, both biological and social, was then compared against heterosexual mothers and fathers and found that the motivations in both groups were very similar (Bos, van Balan & van den Boom, 2004). They did find however that happiness was more highly rated as a motivational factor for lesbian mothers and that they had an overall stronger desire for children. It is interesting to note however that in a US study using the Childbearing Questionnaire, as developed by Miller (1995), comparing heterosexual couples in the process of accessing Artificial Reproductive Techniques (ART) with a normative sample, they found that the ART couples were more positively motivated and scored lower on negative motivations then the normative sample (Miller, Millstein & Pasta, 2008). This could mean that the stronger desire for children seen in the lesbian mothers studied by Bos et al. (2004) could be more related to a

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person's desire for something that could be denied them, something they have in common with heterosexual people seeking ART, than with a person's sexuality. Beyond the motivations of the individual, part of a US study by Schwerdtfeger, Todd, Oliver & Hubler (2013) included interviewing heterosexual couples who were pregnant and looked, in part, at their pregnancy intentions. Although just a small part of the overall research what did come across in some of the interview excerpts was that discussion between partners around having a child focused more on the practicalities such as timing rather than the motives or reasoning. It appeared that desire for children was established near the beginning of the relationship and conversations became more focused on deciding when to have children, rather than why.

A particularly interesting qualitative study that moved beyond lists of motivational factors was Purewal & Van Den Akker's (2007) British IPA study of participants who differed with regards to their cultural backgrounds, genders, relationship statuses, and parent statuses. It used reasons for and against parenthood as an interview guide and asked participants to express their opinions on each point. They found that participants valued a perceived selflessness associated with parenthood where one's own needs come second to the needs of a child. Conversely participants who stated they did not want a child at the time of the interview and had not already had children used this same discourse but instead said that they were currently too selfish to have a child. They also found that a sense of fulfilment was important to participants who often spoke of the positive aspects of parenting. They drew attention to how this fulfilment was spoken about often without any reference to the child itself which they said contradicted the previous theme of selflessness as the activity of parenting seemingly revolved around their own fulfilment and needs. They found that older participants were more likely to acknowledge the importance of genetic ties and the importance of a child being a part of both them and their

partner, and younger participants were more likely to idealise parenthood. What is particularly interesting about this research is how it lays bare not just the complexities of opinions around childbearing but also the idiosyncrasies and contradictions.

This research on reproductive behaviours, desires and choices indicates that the having or not having of children is necessarily intertwined with many aspects of what individuals regard as a meaningful life and goes far beyond the presence or absence of a base natural urge. In the western world with widespread access to contraception and sex education there has been a shift towards people taking more control of their reproductive choices (Mills et al. 2011). As cultures change this too impacts on reproductive behaviours with more women delaying childbearing (Mills et al. 2011), more people finding partners later in life (Mills et al. 2011), and increased acceptance of alternative relationships and families to the heterosexual nuclear family norm (British Social Attitudes survey 2013). Increased access to reproductive technologies allows those formerly excluded from having their own biological children, for example the medically infertile, those in same sex relationships or single women, more choice over how, when and whether they have children. So with reproductive choices and behaviours so connected with psychological, spiritual, social, existential and physical dimensions of human life (Miller, 1995; Langdridge et al. 2005; Stanford et al. 2000) what happens when a decision has been made but through various circumstances this choice is threatened? For those that have made the decision to try for their own biological children and subsequently found they were unable to conceive without medical treatment this has the potential to impact on these areas of their life. In the next section I will further explore and review the literature in this area. I will look at the literature surrounding the experiences of those that are identified as infertile and/or those that are contemplating/using/have used assisted reproductive technologies in order to have children.

Infertility and IVF

In the following section I will review the literature surrounding those who wish to have their own biological children but for medical or social reasons they cannot do so. I will begin by looking at the social and psychological impact of infertility and IVF before moving on to look at research exploring couples' experiences of infertility and IVF.

Since the 1980's studies into the psychological reactions to IVF (in vitro fertilisation) and other infertility treatments has become more and more common. This is hardly surprising seeing as the number of women each year undergoing fertility treatment in the UK is steadily increasing with latest figures showing that 48,147 women had either IVF or ICSI (intra-cytoplasmic sperm injection) treatment in 2011 (Human Fertilization and Embryology Authority, Fertility Treatment in 2011: trends & figures).

What has been clearly established from the literature is that infertility is experienced as a distressing crisis for the individual and couple (eg. Cousineau & Domar, 2007 (international summary paper of English language research); Greil, 1997 (international systematic review of English language research); Dunkel-Schetter & Lobel, 1991 (survey of empirical research publish in the English language); Brothers & Maddux, 2003 (US based primary research); Eunpu, 1995 (review of predominantly western research). This is hardly surprising given the already mentioned research which links desire to have a child with happiness, fulfilment of life goals, one's values, and belief in the importance of family. Many researchers have stressed the need for psychological support before, during and after IVF or other fertility treatments (eg. Beaurepaire, Jones, Theiring & Saunders, 1994 (Australian research); Cousineau & Domar, 2007; Eunpu, 1995; Glover, McLellan & Weaver, 2009 (UK research); Greil, 1997; Lee, Neimeyer & Chan. 2012 (Hong Kong

research); Perkins, 2006 (UK research); Sina, ter Meulen & Carrasco de Paula, 2010 (Italian research); Van der Broek , Emery, Wischmann & Thorn, 2010 (Pan-European specialist group paper); Weaver, Clifford, Hay & Robinson, 1997 (UK research); Peddie, Teijlingen & Bhattacharya, 2005 (Scottish research)) and indeed it is a requirement to offer counselling in the UK as part of fertility treatment. An interesting area of research has been that of the role played by gender in the perceived distress caused by infertility, with several studies concluding that women are more adversely affected then men (Dunkel-Schetter & Lobel, 1991; Jordan & Revenson, 1999 (meta-analysis of western research); Greil, 1997; Pasch, Dunkel-Schette & Christensen, 2002 (US research)). Although in a UK study by Perkins (2006), perhaps taking a more nuanced view, rather than quantifying the levels of distress experienced by men and women, distinguished qualitatively different reactions.

Beyond the acknowledging and quantifying of psychological distress caused by infertility and IVF attention has also been drawn to the wider social and cultural meaning of parenthood and society's idealisation of motherhood in particular (Purewal & Van Den Akker, 2007). Studies have highlighted the infertile individual's and couples' perceived exclusion from society and wider social networks due to their childless status which has been found across cultures (eg. Glover et al., 2009 (UK); Cousineau & Domar, 2007 (Western); Imeson & McMurray, 1996 (Australia): Tabong & Adongo, 2013 (Ghana)). It is likely that part of this distress is due to the assumption that one will be able to have children. It is safe to say that procreating is part of the normative life course and until quite recently has been seen as intrinsic to the purpose of marriage (Johansson & Berg, 2005; Sweden). This interruption to assumed or chosen life events is the existential crisis that links the pieces of work in this portfolio. This distressing event or realisation that one's desires for life are being

threatened leads to a need for reappraisal of goals, values and meaning (Bothers & Maddux, 2003; Webb & Daniluk, 1999 (USA)).

Along with research measuring the levels of distress experienced by men and women there has been attention drawn to gendered socio-cultural meanings of infertility. It has been noted how for many women, but not all, womanhood is intrinsically linked to motherhood (Ferland & Caron, 2013 (USA); Lindsey &Driskill, 2013 (USA)). This can have a profound effect on a woman's sense of self if she finds herself unable to have children. In addition to this threat to a woman's identity she is also often thought of as being the one carrying the burden of infertility as it has been observed that infertility is often assumed to be a woman's problem (Burnett, 2009 (cross cultural paper); Hinton & Miller, 2013 (UK)). Women are often positioned as nurturing, caring, and more willing to put the needs of others first, all traits which are associated with a mothering disposition. Women tend to bear the brunt of intrusive questions about their reproductive plans which is likely to be due to the assumption that all women possess a natural instinct to be a mother and nurture (Ulrich & Weatherell, 2000). In a New Zealand based study Ulrich & Weatherell (2000) take a critical feminist approach to this dominant discourse of motherhood as natural instinct arguing that it limits a woman's reproductive choices and ways in which a woman is able to construct her identity. In addition to these pressures placed on women to desire and identify with motherhood, women going through fertility treatments are often regarded as desperate and somewhat unstable (Ulrich & Weatherell, 2000). They argue that distress is an understandable recreation to infertility given how motherhood is so caught up in the identity of women and that these women should be seem as survivors rather than '*mad, bad and desperate'* (p.335)

Some studies have focused purely on the male experience of IVF treatment with Throsby & Gill's (2004) UK study finding a great ambivalence in men towards the technology of IVF. Dooley, Nolan & Sarma (2011) carried out in-depth interviews with Irish men who had been diagnosed with male factor infertility. They found that much the same as in research with women, the men found the diagnosis to be devastating. They also experienced feelings of shame and inadequacy at their lack of virility, much like Throsby & Gill (2004), and that they were reluctant to discuss their upset due to a belief that they must 'be strong' for their partner, which was also found by Hinton & Miller (2013). Perkins (2006) found that men were more likely to feel their masculinity is challenged and to not communicate negative emotions about the treatment or infertility to their partner, or anyone else. This is sometimes perceived as not caring or not being affected as much which in turn can put pressure on the relationship. It would appear that both men and women are subject to their identities being challenged by a diagnosis of infertility albeit in different ways. Men's identities are troubled not so much by not being able to be a father, a lifelong role, but with the act of procreating and virility. Despite these interesting studies the male experience of infertility is still an under researched area (Throsby & Gill 2004; Dooley et al. 2011; Wischmann & Thorn, 2013 (review of western, English language research)).

Although the majority of research is focussed on the individual's and in particular the woman's experience as they go through fertility treatment, there have been some interesting studies carried out which look at instances when people go through infertility as a couple. The following research focuses on various aspects of the couple relationship and the couple's experience of infertility and fertility treatment.

In a Canadian study Peterson, Newton & Rosen (2003) looked at how marital adjustment was mediated by congruence between partners' perceived infertility-

related stress. Data was gathered from husbands and wives separately in the form of questionnaires and the researchers found that higher congruence led to better marital adjustment. Following on from this in another Canadian study, Peterson, Newton, Rosen & Schulman (2006) studied how coping processes effected infertility related stress, depression and marital adjustment. It was interesting how the dynamic between the couples account for any significant results. They found that when the male partner engaged in high levels of distancing techniques, (making light of the situation and carrying on as normal), and his female partner engaged in low levels of this coping strategy, the female partner showed higher levels of depression and infertility related stress and the couple as a whole showed lower levels of marital adjustment. Conversely when they looked at self-control of emotions and behaviours, (when someone keeps their feelings to themself and does not let others know how bad things are), it was when women scored highly in this trait and men low that the men in the relationship showed increased levels of stress and depression and the level of marital satisfaction decreased. They also found that when both partners scored highly in accepting responsibility, (when one feels responsible for their infertility), they scored most highly out of any other couple combination on infertility stress and lowest on marital adjustment.

A study adding to the literature in support of the thesis that congruence and shared experience within the couple is important when adjusting to infertility is a Swiss study by Darwiche, Favez, Maillard, Germond, Guex, Despland & de Roten (2013). They interviewed couples prior to treatment and looked at the individual's capacity to acknowledge the emotional reality of their situation and level of narrative co-construction in the couple. They found that the ability to create a joint narrative which ascribes meaning to the couples' experience and the individuals' ability to accept the emotional reality of their infertility were associated with better marital satisfaction.

An interesting quantitative study looking at how quality of communication was mediated by differences in the male and female's approach to infertility was carried out by Pasch et al., (2002) in the US. They counted the instances of negative affect expressed towards participants' partners during a fifteen minute problem solving discussion related to their infertility and correlated this with information on four factors: how involved each partner was in the treatment, how much they wished to talk about having a child, how interested they were in having a child and how they viewed their self esteem. They found that overall it was the husbands' approach to infertility which had the biggest effect on quality of communication and the overall impact of infertility on the relationship. It is interesting to note this in light of the research into men's experiences of infertility and IVF mentioned earlier in that it would appear that men see it as important to emulate the hegemonic masculine traits of stoicism and strength in order to provide sufficient support to their female partner, and indeed to feel they themselves are coping, but that this in fact puts the relationship under pressure.

There have been several phenomenological studies carried out into couples' experience of infertility (eg. Imeson & McMurray, 1996 (Australia); Phipps, 1993 (USA); Glover McLellan & Weaver, 2009 (UK)). All have highlighted the distressing nature of infertility as experienced by participants, which adds to the quantitative literature on the emotional effects of infertility, and have given significant insight into the experience of infertility and the treatment endured by couples in the quest to become parents. Lee at al., (2012) interviewed Chinese couples and individuals who had either had successful or unsuccessful courses of IVF to explore the meaning that childbearing was given within Chinese culture. Using grounded theory and the laddering technique during interviewing they found that the meaning of childbearing fell into four main categories: self, Chinese values, relations with others and

existential purpose. One study of particular interest to the proposed research is that of Glover et al., (2009). This phenomenological study interviewed couples in much the same way as previous studies, but drew attention to the complex communication between partners and the impact it seemed to have on the sense couples made of their experience. Quotes from couples' communications included in the report drew attention to this; something which had been largely omitted from previous studies (Imeson & McMurray, 1996; Phipps, 1993). However, despite recognising the important role language played in its participants' accounts the researchers admitted that analysis of this was outside the remit of the study.

Most of the research explores the experience of individuals and couples as they go through fertility treatment and therefore does not explore what happens if fertility treatment fails to provide them with a child. From a sociological, feminist perspective Throsby (2002) conducted a discourse analysis of UK based women and couples who, after failed IVF treatment, found they were struggling to normalise their experience. Due to prevalent discourses of IVF being a successful cure for infertility, society's faith in technology, parenthood and especially motherhood being a natural phenomenon, participants struggled to reconcile their experience with limited discursive resources available to them of childlessness and the failure of modern medicine. The way IVF is marketed as a cure for infertility was highlighted by Lisa Jardine, the outgoing chair of HFEA, in 2013 in an article for the BBC online magazine entitled 'A point of view: IVF and the marketing of hope'. In it she expresses her regret at not being as successful as she had hoped in communicating the disadvantages of IVF and ICSI including the low success rates (less than one in three) and the cost of private treatment. As she says, the fertility treatment industry deals in hope and stories of miracle babies and celebrities giving birth following successful IVF are common but this does not reflect the reality for many women and couples.

I will now move on to review the literature addressing the alternatives to IVF.

The alternatives: adoption and childlessness

In this section I will focus on the two main alternatives to IVF: adoption and childlessness. I will present the literature associated with the transition to adoption for individuals and couples for whom fertility treatment was not an option or was unsuccessful. I will then move on to exploring the literature around childlessness. This discussion moves on from the previous section on infertility and IVF by taking a longitudinal view of lifelong childlessness as opposed to the temporary or current childlessness associated with those seeking treatment for infertility. I will also explore some of the language used to describe those who do not have children and explore how voluntary childlessness or childfreedom is spoken about in contrast to involuntary childlessness.

Adoption

There is a surprisingly small amount of research into the transition to adoption for infertile individuals or couples. Goldberg, Downing & Richardson (2009) looked at the differences in transition to adoption between US based lesbian and heterosexual couples. They found that couples reformulated what family meant to them and re-evaluated the importance of biological ties in the process of transitioning to adoption. They found that lesbian couples were more adept at this than heterosexual couples and suggest that this is explained by lesbians being part of a community where normative familial relationships are more readily challenged and subverted. It seemed that for the couples, being able to pursue adoption was beneficial to their relationship and sense of self that had been damaged by medical or social infertility. This same re-evaluation and adjustment of values with regards to the importance of biological parenthood was also an important stage in the

reconciliation of couples following unsuccessful fertility treatment in a Canadian longitudinal study by Daniluk (2001).

Wasinski (2015) looked at the biographical narratives of three French and Polish couples who have adopted as a result of infertility and found that a desire to fulfil parental roles, support from their wider families, belief that god will provide them with the solution to childlessness and readiness for adoption were all motives for pursuing adoption. In a study comparing the narratives of Chilean men who have used reproductive technologies and those who have adopted Herrera (2013) found that when men spoke about the adoption process they were more able to put themselves at the centre of the narrative, as being an equal partner in the process in comparison with being in a supporting role in the fertility treatment process. Although not a study looking explicitly at the transition to adoption for infertile couples, Lockerbie (2014), in a study exploring the experience of Canadian women adopting from China, drew attention to the use of pregnancy as a metaphor for the process of adoption in individual narratives and in adoption literature. She explained this by proposing that the loss of biological motherhood for infertile women is compensated for by the use of this pregnancy discourse.

Involuntarily childless, voluntarily childless, childfree

Many of the studies into childlessness in the early stages after abandoning fertility treatment, or whilst still undergoing treatment, find the issues of the childless are almost indistinguishable from the issues of the infertile. I will therefore focus on those studies that take a longer or more general view on the issue of childlessness. The terms used to describe those who do not have children are all quite loaded. The term childless implies a lack and is often used when talking about those who desire children but were unable to have any. In this way the involuntarily childless are separated from the voluntarily childless who are increasing being described as the

'childfree'. The separation is an important and interesting distinction to make as the literature in this area shows that not having children carries stigma especially when discussing women who choose not to have children.

Like so much of the research into infertility much of the research on childlessness focuses on the woman's experience. Indeed a very interesting analysis of representations of voluntarily childless men and women in the Swedish media (Peterson, 2014) found that the voices of childless men were absent from the media and therefore framed as unaffected by their childlessness in comparison to the voices of childless women which she claimed were characterised by doubt and troubled by their childless status.

Daniluk (2001) carried out a thoughtful longitudinal investigation into experience of Canadian couples transitioning to biological childlessness. What emerged during the interviews which took place over a period of three years and through a phenomenological analysis was how in the months following the abandonment of fertility treatment couples experience a sense of failure, profound loss and grief, and isolation. This theme of failure is highlighted in an Australian study using a discursive analysis by de Lacy (2002) whereby women who become mothers following IVF are positioned as winners and those unsuccessful after IVF are positioned as losers within a wider metaphor of IVF as a lottery. In Danilik (2001) during the second interview ten months after the first it was highlighted that couples felt a loss of meaning to their marriages and lives following unsuccessful treatment and did not know how to live a happy life without children. They felt angry at the medical profession for offering false hope and resentful towards people with children whom they perceived to be bad parents. Couples varied on how well they were able to re-evaluate the importance of biological parenthood to accommodate a different type of meaningful life. Those who were able to make adjustments either to

choosing adoption as an alternative or finding new meaning in aspects of life that do not involve children, like their career or volunteer work, fared better than those couples who did not agree on whether to pursue adoption or those unable to see adoption or childlessness as an option. In the final interview couples were able to acknowledge some of the gain they had experienced as a result of their unsuccessful fertility treatment including a strengthening of their relationships and an enhanced capacity to deal with life's difficulties. This notion of gains made through unsuccessful fertility treatment was also found in research with Chinese couples. In their research Lee, Choi, Chan, Chan, Ng, (2009) found couples reported personal gains which included improvements in their interpersonal relationships, personal growth through surviving a difficult life event, and spiritual growth.

In qualitative studies exploring the experiences of childlessness in women twenty years after fertility treatment (Wirtberg, Moller, Hogstrom, Tronstad & Lalos, 2007; Sweden) and postmenopausal women (Ferland & Caron, 2013; US) similar themes emerged. What was most striking was that the problem never went away for these women. They were still affected to varying degrees but most continued to think about their childlessness, and life events that reminded them of their childless status, like the menopause or their friends becoming grandparents, were very difficult for them. In both studies the women said that infertility and fertility treatment had had negative consequences for their sexuality. They continued to feel isolated and excluded from aspects of life involving children. Their sense of worth had been negatively affected and many felt continued anger towards the medical profession for either insensitivity or poor treatment. Those that were able to find a degree of meaning in their lives did so by finding other ways to provide care and nurturance. They were able to find meaning in their relationships with other people's children,

caring for elderly relatives, caring roles in their employment or taking care of animals.

There is growing interest into the motives of couples or individuals who choose not to have children. I believe it is important to explore this, however briefly, as the voluntarily childless/childfree are indistinguishable from the involuntarily childless, and so many of the motives and personal attributes one might associate with the voluntarily childless are also, albeit unwittingly, cast onto the involuntarily childless.

This increased interest may be related to the increase in people living childfree lives. According to the Office for National Statistics in 2013 one in five women aged 45 in the UK (the age considered to be the end of a woman's childbearing years) was childless, compared to one in nine women in the generation before (women born in 1940). In a US study, Park (2005) found participants cited lack of interest in children, personality traits they felt were not in line with being a parent and perceived sacrifices of leisure time, money and career were given as reasons why they did not want children. Taking the idea that personality plays a part in lack of desire to have children further, Avison & Furnham (2015) investigated any correlation between the big five personality traits and voluntary childlessness. The research was conducted online and participation was not restricted by nationality, however the survey was only available in English and the majority of respondents were based either in North America or Europe. They found that in comparison to parents the voluntarily childless scored higher on independence and lower on agreeableness and extraversion. They were also less religious and more politically liberal. Their conclusion was that personality plays an important part in the decision to not have children but as with all correlational studies it is difficult to claim causation and it is just as likely that having children will change a person's personality. Peterson (2014) interviewed voluntarily childless Swedish women and found that a discourse of

freedom was produced that framed childlessness positively as an aspect of their life that was fundamental to who they are, and motherhood as a negative impact on their freedom, describing parents as 'trapped'. She concludes that the use of the individualisation discourse and freedom discourse feeds into the stereotypical view of childless women as selfish. The conflating of freedom and selfishness is an interesting aspect of this research and in the general discourse of childlessness. It is perhaps the opposing discourse to the 'parenthood as selfless' discourse which suggests that once a person is a parent their needs are subjugated to the needs of their child. It would therefore follow that the childless are able and perhaps always want to put their own needs first and to be 'free' of responsibility to others. It is this accusation of selfishness that is often faced by both the voluntarily and involuntarily childless (Ferland & Caron, 2013).

As discussed at the beginning of this introduction the following research is a coming together of two separate but related topics. The IVF and infertility literature has been accused of focusing too heavily on individual experiences, especially that of the woman's experience, and there have been calls to increase research into the experience of couples that go through IVF together (Eunpu, 1995). Qualitative and quantitative research has so far not been able to analyse the complexities of communication within the couples' discourse that Glover et al. (2009) believed was vitally important to the sense couples could make of their experience. This current research aims to add to the literature in this area and I will therefore move on to positioning this current research in relation to other research involving couples. I will then set out the rationale for this piece of research drawing on all aspects of the literature review and set out my research question and aims.

Research on couple relationships

In this section of the literature review I will look at some of the research carried out on the couple relationship. Having identified a gap in the infertility research around the couple experience and in particular the way couples construct the meaning of their infertility and IVF experiences, means that an exploration of couple dynamics, communication, and factors associated with relationship satisfaction and stability are called for in order to place the current research within the context of what it means to do research with couples. Research with and on couples constitutes it own category and in order to interpret the data collected through this research effectively, a wider understanding of couple relationships is required.

Research involving couples is as diverse as research involving the individual and so I will try to focus on research which is particularly relevant to the current study. I will then move on to taking a closer look at several studies that have analysed couples' communication using discourse analysis.

Overview of research on couples

Research on couples spans many areas. There is research on how specific life events or topics are handled by the couples, for example how UK couples talk about one of them being diagnosed and treated for cancer (Seymour-Smith and Wetherell, 2006), or how UK couples share household duties (Pahl, 1984). There are studies specific to the process and/or outcome of couples therapy, with particular interest afforded to the outcome of Emotionally Focused Couples Therapy and Behavioural Couples Therapy. This has been reviewed by Bryne, Carr and Clark (2004) in a systematic review of English language research with both therapies being found to be beneficial for distressed couples. Another review of English language publications assessing systemic therapy outcomes for couples was carried out recently by Carr (2014) which found that systemic interventions were also effective at treating relationship problems.

The formation, maintenance and stability of couple relationships is also an area of interest and here there is much research linking this with attachment theory. In an international review and theoretical paper on attachment theory and relationship outcomes, the US and Israel based academics Mikulincer, Florian, Cowan &Cowan, (2002) argue that it offers a robust framework from which to understand why some relationships are more stable and satisfying than others. On the other hand, Blom and van Dijk (2007) took a more critical stance and whilst they acknowledged that attachment is an important aspect of the couple relationship it does not go far enough in providing a framework from which to understand the dyadic relationship as a whole. Instead they offer up a social systems theory drawing heavily on sociologist Luhmann (1984, 1987) which asserts that the couple is a symbolic system constructed through communication as opposed to being constructed by the actual humans involved.

There has been an excellent survey carried out by Gabb, Klett-Davies, Fink & Thomae (2013) involving 4494 participants in the UK completing an online survey to investigate how people experienced the quality and stability of their relationships. They were interested in how experiences differed at different stages in peoples' lives and how the presence or absence of children affected responses. They were also interested in how gendered work was done in the relationship to contribute to happy and stable relationships. There were many interesting findings from this survey and I will not attempt to summarise the findings here but it was interesting to note the differences in relationship satisfaction between those who had children and those who did not. For mothers, they were less satisfied with their relationship but more satisfied with life generally than childless women. Fathers were also less satisfied with their relationships and equally as satisfied with life overall in comparison to childless men. Mothers were also twice as likely as fathers to cite their children as

being the most important person in their life but there was some variation over the age range. In responses to an open question about why they felt their children/child were the most important people/person in their life the researchers noted that participants spoke about '*blood ties and a child being part of one's self*' (p.36) which they labelled as '*essentialist parental discourse*' (p.36).

There was also a positive correlation between relationship satisfaction and stressful life events which the researchers interpreted as the couples pulling together in difficult times. They did not differentiate between stresses internal and external to the relationship however which in a Swiss study Bodenmann, Ledermann, & Bradbury (2007) found effected marital satisfaction in different ways, with stresses internal to the relationship having a larger effect. It was also interesting to note that communication was very important to the participants, ranked highly on both what they appreciated about their relationship and what they were dissatisfied about in the relationship. In an accompanying article Gabb & Fink (2015) explore the uses of Multi-sensory Qualitative methodology to explore the everyday aspects of couples in long term relationships. In this study they draw attention to the complexities of the couple dynamic and how diverse the methods are which are used by couples to maintain their relationships through everyday interactions. They draw attention to ways participants are *doing* relationship work, actively constructing their experiences through various storytelling methods and how individualised this work is.

The issue of communication within the couple relationships seems to permeate most areas of research. Of course 'communication' can be measured in a variety of ways and assigned value labels like 'good communication' or 'negative communication'. It is also a matter of whether this communication is rated by observers or by the members of the couple and what this means for what is being measured. Indeed in a meta-analysis including both English language and non-English language papers

investigating the impact of communication skills on marriage and relationship education Blanchard, Hawkins, Baldwin and Fawcett, (2009) note that in studies that compare both observer rated communication and self/partner rated communication there are consistent disparities although the effect these discrepancies has on the results differs depending on context. The concept of communication being important to the success of a relationship is so familiar to us in the western world that it is often just taken as fact. There is substantial research to suggest that 'good communication' is indeed an important factor in marital satisfaction to varying to degrees (eg. Ledermann, Bodenmann, Rudaz &Bradbury, 2010 (Switzerland); Miller & Kannae, 1999 (Ghana); Gottman, Coan, Carrere & Swanson, 1998 (USA)) but the evidence suggests that it is a complicated topic, including the basics of deciphering what 'good communication' is. Gottman et al.'s US studies are arguably the most widely known in the field of communication and marital satisfaction/outcome and they created the Specific Affect Coding System (SPFF) through their studies evaluating marital communication. The tool itself is a highly nuanced and complex system of coding interactions between couples including verbal content, tone and facial expressions. The coding system is based on negative and positive communication which includes such categories as belligerence, stonewalling, contempt and whining on the negative side and affection, validation, humour and interest on the positive (Coan & Gottman, 2007; USA)). In Gottman et al. (1998) and Gottman & Levenson (2000), both US studies, they endeavoured to create a model of interaction that predicted marital happiness and stability of newly-wed couples over six year and fourteen year periods. In Gottman et al. (1998) couples were asked to complete various questionnaires assessing marital satisfaction and engage in a discussion about a topic that they disagreed on and that caused conflict in the relationship. This conversation was then rated by observers using the SPFF coding system. What emerged was a complex model but one that they said predicted marital satisfaction and stability. Although this is a simplistic summary of

their findings they essentially found that a husband rejecting the influence of their wife, wives starting conversations using negative communication, failure on the husbands part to deescalate his wife's low-intensity negative affect, failure of the wife to de-escalate her husband's high-intensity negative affect and failure to physiologically soothe the husband all predicted divorce. One of the findings that they found most interesting was that the active listening model of communication so advocated for across couple therapy models was not supported in their findings and they called for a re-think on this generally accepted intervention for couples.

In Gottman and Levenson (2000) they used slightly different models of marital dysfunction including the wife-demand-husband-withdraw model of interaction that Christenson (1987) first drew attention to in another US study as correlating with marital dissatisfaction. The results of this study were equally as nuanced but they claimed they were able to create models that accurately predicted early and later divorce. This is a rather crude summary of the complex findings but early divorce was largely predicted by the presence of negative affect and later divorce by the absence of positive affect. The wife-demand-husband-withdrawal pattern of communication was again found to be predictive of marriage breakdown. In the same vein as this previous research using mathematical models to understand interactions in couples Gottman, Levenson, Swanson, Swanson, Tyson & Yoshimoto (2003) compared US based lesbian, gay and heterosexual couples' communication during a conversation about an area of conflict in their relationship. Homosexual couples were less belligerent and domineering and expressed more humour than did the heterosexual couples. They were also more positive in their interactions and better at moderating each others' emotions. They also found that lesbian couples were more emotionally expressive than gay male couples. These are fascinating studies although they are not without criticism; Kim, Capaldi & Crosby (2007) failed to replicate the findings of Gottman et al. (1998) in another US

study, although this failure to replicate the findings was in turn critiqued by Heyman & Hunt (2007).

Building perhaps on the assertion by Blom and van Dijk (2007) that couples are a social system whose elements are communications between the players, Gottman and Driver (2005; USA) pitched two models of marriage functioning against one another, one based on personality theory that asserts that it is peoples characters that lead to marital breakdown, and Wile's (1993) thesis that marital issues arise from conversations couples should but do not have. They collected an enviable amount of data through recruiting participants to live for twenty-four hours in a monitored apartment to gather everyday interactions. Their results supported Wile's (1993) thesis and marital outcome was largely moderated by the husband's response to bids of affection from his wife as they occur in everyday interaction instead of focusing on how couples engage in conflict.

It must also be noted that research with couples has tended to focus on heterosexual couples and as can be seen from the language used, especially in research coming from the US including Gottman et al. (1998) and Gottman et al. (2003), there has been a tendency to also elevate couples with marital status above other relationship statuses such as co-habiting partners when conducting research with couples.

The importance of communication quality and style is well established in the literature and studies like Gottman & Driver (2005), Gottman et al. (1998) and Gottman et al. (2003) have gone some way to not only using conversational data to predict marital outcomes but to draw attention to the importance of small everyday interactions that couples do that construct their relationships, these moments of meeting that have lasting effects. As mentioned at the beginning of this section, the

research on couples is vast as it takes account of how complex and how important these relationships are to our experience of not just the relationship itself but to the way all life events are experienced when part of a couple. The complexities of the couple relationship and how moments of interaction construct the experience of couples is what this present study aims to explore further. There have been some, but not many, studies looking specifically at the discursive work being done by couples when talking about various topics and it is this that I will now move on to exploring.

Discursive research with couples

There has been much discursive research carried out with individuals discussing various aspects of their relationship. For example there has been much discursive research done in the area of how gendered discourses are employed when discussing division of household chores and childcare in western societies (eg. Dixon & Wetherell, 2004; Petrassi, 2012). It is interesting to note when researching issues pertaining to the couple relationship researchers choose to interview the members of the couple separately. Reviewing this literature it appears the researchers privileged the discourse of the participants when interviewed in the absence of their partners. It suggests that having the partner present would somehow contaminate the data in a way that the researcher would not. I argue that the presence of anybody or indeed an object like a tape recorder will necessarily influence the data. Not only do I not privilege the information gathered from an individual alone with a researcher but I argue that when researching how couples co-construct experiences and meaning in their relationship it would be necessary to have both members of the couple present. What follows is therefore an exploration of discursive research with couples that does not privilege individual discourse.

Discursive research with couples is quite scarce. Despite extensive literature reviews I have only been able to identify five studies that explore the interaction between individuals in a couple relationship using a discursive methodology, and two of these are an analysis of couples communication in couples' therapy. I will take each study in turn as they each have their own unique topic of analytical focus and I will then assess any similarities or differences in their findings.

I begin by looking at Edwards' (1995) research which explores how UK couples talk about troubles in their relationship in the context of couples' therapy. His focus here was to explore how couples accounted for their difficulties by formulating them as one off or extra-ordinary occurrences of conflict, a generalised pattern of difficulties, or glossed over. These different ways of presenting their situation he calls 'script formulations' and he looks to see how and why they were deployed during therapy sessions. In the couples' discursive work they would create characterisations of their partner that were evidenced by citing typical examples of their behaviour. This characterisation followed a generalised script and acted to illustrate that the partner's behaviour was consistent over time. What was interesting was how both partners both used this and counter argued these characterisations to apportion and deny blame in a sequence of storytelling. When one partner characterised their husband as pathologically jealous, a generalised script, she was able to deny blame for an incident where he became angry at her interactions with another man by insinuating that it was nothing she specifically *did* to upset him but just his irrational reaction. In the husband's response to this narrative he counters by characterising his wife as a flirt and therefore his reaction was a consequence of *her* behaviours and understandable. Edwards draws attention to finely tuned work the couples do to create symmetry between their accounts, each very attuned to the account of the other and ready to offer their counter-argument. It's an excellent article that closely examines the interaction of the couple and how the therapist formulates the couples'

story to make it amenable to the process of therapy and change. It furthers the social constructionist view that our accounts of ourselves and partners is not merely a factual description but is discursively created in order to achieve a desired effect or outcome, for example the apportioning of blame for relationship troubles.

Sinclair and Monk's (2004) article is largely focused on discursive therapy interventions when addressing conflict in couple relationships but within this it draws attention to the way people position themselves and their partners during disputes. By taking an extract from the therapy session of a heterosexual European American couple it shows how stereotypical gender roles are used to deflect blame and, more specifically, how the husband positioned himself within a stereotypical male discourse of the man of the family being the main breadwinner and therefore not to blame for not contributing to the household chores. Although the main focus of this study was to look at therapeutic interventions that can address this positioning, it again draws attention to the way couples will use rhetorical tools to achieve an aim and how we are not enslaved by discourse but are the creators of it.

A particularly interesting and relevant study for this current research was carried out by Seymour-Smith & Wetherell (2006) into gender support within couples' narratives of cancer. They interviewed couples in the UK where one had had cancer to explore the gendered nature of their support for the other and experience of illness. There were some enlightening findings including the formulation of a 'unified front' through the completion of each other's sentences, talking over one another and interchanging between the use of 'I' and 'we' as they conveyed their stories. They found that when the male partner was in the supporting role he would position himself as the 'strong' one or the one that keeps things going as normal. This masculine narrative of strength and reliability was contrasted with women's accounts

when they were in the supporting role which contained a lot more expressing of emotions, and this expression of emotion was framed as normal and appropriate.

They found that women would carry the aspects of the narrative that were more likely to evoke distress and emotions and also provided their male partners with an opening to talk more about the pain and emotions they may have experienced. This 'troubled' the men's normative masculine identities and the men engaged in discursive work to repair their identities, but once they were able to do this repair work it seemed that they benefitted from their female partner's willingness to open up the discourse to allow them to express more emotional aspects of their treatment. When roles were reversed, male as support female as cancer survivor, the researchers felt that men were not able to open up a space for the women to express a non-normative side to their experience and so the benefits of the heterosexual relationship were not evenly matched for men and women. They found that women were complicit in enabling men's typically masculine non-help seeking behaviours which adds to the benefits men tend to see to their health by being in relationships. They concluded *that "male supporters 'do what is necessary' while female supporters 'do emotions'"* (p.123). They framed this as a 'gift' that women give to men to offer a theory as to why men experience health benefits from being in heterosexual relationships. It's a very interesting study which draws attention to potential real life consequences of the discursive work couples do in their relationships.

Staying in the field of health research, Horton-Salway's (2001) UK study of the illness narrative of ME involved an interview with a heterosexual couple where the wife had ME. Although the primary interest of this study was the construction of a narrative of ME and not the couple's communication per se, I have included it here as it takes the reader through some of the discursive tools the couple used to

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construct their story. She draws attention to the way the couple work together to adhere to a script formulation of physical illness and conform to a standard narrative of a typical case of ME. The couple work to construct identities of the ME sufferer before and after illness to show how out of character her symptoms are, and introduce corroborative evidence from third parties that back up their narrative of ME as a physical illness. What comes across most strongly in the data with regards to how the couple work together is how strongly they adhere to the same narrative. It is clear that a lot is at stake for both the partner with ME and the couple as unit in creating a narrative of ME as a physical illness and defend against accusations of malingering, blame or psychosomatic illness.

I finish by looking at one final study by Tseliou & Eisler (2007) that took a systemic-discursive approach to interview data collected from British-Greek heterosexual couples. Unfortunately in the write-up of this study they did not provide sections of transcript, as the previous studies discussed in this section did, and so I can only report directly what they found and their interpretation of the transcripts. They found that stereotypes of what it is to be 'British/English' and 'Greek' were evident throughout the construction with Britishness often been spoken about as polite and organised and the Greek being cast as chaotic. This created a fundamental difference between the countries and therefore an incompatibility within the couple relationship which presented a challenge to the couple. They noted that it was overcome by one or other of the partners shifting their identity towards the other, for example a British person constructing herself as 'not an ordinary Brit' and containing personality traits that make her more like a Greek. The other way the couples countered this dilemma was for one of the partners to move the other partner closer to their nationality, 'she's not a normal Brit'. The researchers also noted a third method to overcome this apparent conflict of identities which was to create a third 'other' nationality, existing somewhere in the middle. As an interesting addition to

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the data collected from the interviews the researchers positioned these stereotypes that were constructed by the couples within a historical framework that explored the origins of British and Greek stereotypical identities.

This discursive research with couples is not necessarily amenable to synthesis but what it shows is the complexity and richness of couple interaction and the many layers of meaning that go into a couple co-constructing their relationship, their experiences as a couple, and their individual identity within a couple relationship. It is my intention to build upon this.

Rational for the present research

There is little disputing that infertility is a distressing event in a couples' life and there is legal recognition of services' duty to offer support to individuals and couples during treatment. The research so far has highlighted the nature and degree of distress and has been valuable in being able to understand what it might be like for people going through the experience. However, previous research has concentrated too heavily on the women's perspective and more attention is due to the couple as a unit. Peterson et al. (2006) justifies the preference for involving both members of the couple in infertility research very well by invoking systems theory. They suggest that in order to fully understand the experience of individuals it is necessary to place them within the context of their systemic relationships and to study the subjects' interactions within these relationships. They contest that as couples inevitably influence one another studying the relationship is key to studying the phenomenon under investigation. Indeed their results give weight to this assertion as it was not merely the individuals coping process that effected stress, depression and marital adjustment, but the combination of coping processes within the couple, for example high male distancing/low female distancing led to increase in infertility stress but low male distancing/low female distancing did not.

Phenomenological studies have fallen short of being able to explore the process of meaning making couples must go through when confronted with such a threat to previously held goals of biological parenthood, and the negotiation of a jointly held outlook. Glover et al. (2009)'s research drew attention to the complexities of the communication between the members of the couple and how it appeared to impact on what sense and meaning the couple were able to make of their situation. The aim of this study is to analyse the communication of couples as they discuss the meaning of parenthood in the context of a diagnosis of infertility. Research on childlessness has been heavily focused on the woman's experience and this research will therefore aim to contribute to the literature in this area by analysing the combined male and female discourses of the couple of childlessness. For this reason only couples who do not have children will be included in this research. It is of interest how different or oppositional gender constructions of male and female are produced during conflicts and how they are used to resolve any disagreements. In addition to this infertility continues to be seen as a mainly female issue (Hinton & Miller (2013) and the male experience of infertility continues to be under researched (Wischmann & Thorn, 2013). I therefore feel it important to retain the male voice and for this reason, along with the need for a homogenous sample given the expected low response rate, I have chosen to only interview heterosexual couples.

It is of interest how each member of the couple manages their own individual stake in the conversation as they discuss their view of the future, decision making, and the process of developing a joint meaning to their experience. It is hoped that data will emerge which can further the understanding of how language is used within a particular context to shape the meaning of the couples' experiences and the methods employed by each party by which this meaning is constructed. The way in which couples position themselves in society and their wider social networks, given

the afore mentioned importance placed upon parenthood in society, and the discursive resources on which participants draw in their attempt to reconcile their experiences will be of interest.

The proposed research will conduct a discourse analysis of heterosexual couples who do not have any children who are going through or recently been through IVF or other similar infertility treatments such as ICSI. The aim of the study is to identify a meaning making process the participants go through with the objective of finding a joint meaning. Discourse analysis will be used to identify discursive tools and resources used by participants and the impact these actions have as they negotiate a joint meaning.

In summary, my research question is: How do couples construct and negotiate a joint experience and meaning of infertility and IVF treatment?

A word on application

Discourse analytic research in psychology has come under criticism due to researchers' apparent reluctance to engage in significant exploration of the applicable nature of its findings (Willig, 1999). In this study I aim to approach the subject with its applicability in the forefront of my mind. It is hoped that the findings can be applied to couples therapy in order to enhance therapists' ability to tune into the nuances of couple's communication in order to facilitate the process of the couple's meaning making as a unit. There has been recognition of the value that social-constructionist research methodologies can bring to the field of systemic therapy as there is a shared importance of language in the co-construction of relationships and meaning in both (Burck, 2005). There has also been a call for more process focused research in couple's therapy (Gurman, 2011) and Spong (2010) made a case for more discursive research in the general field of counselling

and recommended the study of particular client issues as a way of enhancing understanding within a therapeutic context. As therapy requires language and communication in order to function I find the proposed research highly relevant to the world of counselling psychology practice and it is my hope to produce data which will be of use to practising couples' therapists and other professionals working with couples.

In the following section I will set out the method by which I will answer my research question stated in the previous section: How do couples construct and negotiate a joint experience and meaning of infertility and IVF treatment?

Epistemology and methodology

The epistemological position and methodology of this research are difficult to separate and therefore will be addressed together.

Discourse analysis and social constructionism go hand in hand. Often called 'the turn to language' discourse analysis became an alternative method of research in psychology as a reaction to positivist research in the 1970's (McLeod, 2001). It concentrates on how people use language and strives to understand what people do with language, its action orientation, and how it constructs their reality. The social constructionist position is that our knowledge and our understanding of the world is not a product of objective observation, perception and mental processing but is necessarily shaped and acted upon by our constant interactions with it and with each other (Burr, 1995). In taking this position discourse analysis is often associated with a relativist epistemology with relativism often being used interchangeably with constructionism. A relativist position is often construed as an extreme one, that those adopting a relativist position deny the existence of an objective reality. This is not the position here, and indeed in any of the discursive approaches I have drawn upon for this piece of research. The criticism that discourse analysis denies a reality, that it is 'antirealism' (McLaughlin, 2009), has been addressed by Potter & Edwards (2003) suggesting those levelling this criticism at discourse analysis, and discursive psychology in particular, are confusing an epistemological position with an ontological position. My social constructionist position here and methodology of discourse analysis takes a relativist epistemological position, but does not take a relativist ontological position. I do not contend that no reality exists, and make no

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statement on whether participants accounts are or are not reflective of reality, but suggest that the only way in which to study the experiences of my participants is through their own, and my, words. The position taken here is best described in the words of Willig (2008)p.102. '*that the non-discursive can only be conceived or experienced in any meaningful way when transformed into, and examined as, discourse'*. I therefore am not intending to discover the true essence of my participants experience as it is assumed that context and limitations and availability of discourses will act upon their accounts in a way that both constructs and is constructive of their experiences. It is however not to say that this is the only epistemological position available to me as there have been efforts to establish ways of carrying out discursive research under a critical realist epistemology. Sims-Schouten, Riley and Willig (2007) set out a detailed and intriguing systematic methodology for conducting such a study and indeed it was a consideration to take this approach during the synthesis of this study. As the research progressed however, it became clear that, although I do not reject the objective reality of my participants, it played little part in what I was hoping to investigate as the interest of this research. As the primary interest in this research is the couple and their reactions as a couple to infertility and IVF, I began to recognise that the very notion of 'a couple' is quite abstract, and therefore to base their experience in a 'reality' would be not only impossible but somewhat contradictory.

There are many ways of approaching discourse analysis and different factions are often in contention with each other (McLeod, 2001). There are broadly two main types of discourse analysis as practised in the social sciences (Willig, 2014). There is the approach which is generally based on the writing of Foucault and post-structuralism, and the approach which finds its origins in the discipline of conversation analysis and ethnomethodology (Willig 2014). The Foucauldian versions of discourse analysis are interested in how power is asserted through

specific discourses. It takes a macro view of discourse and critically analyses how specific discourses are used in both formally produced text and talk, and in informal interaction to impose, perpetuate or resist power. It recognises that discourses are produced in specific contexts and time periods and looks at what rhetorical resources are available and how these discourses position the speakers and act on the spoken about. This strand of discourse analysis is found in the writings of Norman Fairclough and Ian Parker amongst many others and is sometimes referred to as Critical Discourse Analysis or CDA. Although the current research does not explicitly use this particular strand of discourse analysis, it has nonetheless had an influence on most other forms of discourse analysis and can be used in conjunction with approaches whose origins lie in conversation analysis and ethnomethodology (Wetherell, 1998)

The other broad category of discourse analysis is that based on conversation analysis and ethnomethodology which is interested in the interactional aspects of language and seeks to understand how people use language to achieve certain aims (Potter and Wetherell, 1987). Its origins lie in the philosophy of Wittgenstein and his assertion that '*the meaning of words is constituted by their function*' (Willig, 2014: p.341) This approach to research in psychology, and in particular social psychology, was largely a reaction against the cognitivist theory of human psychology that had come to dominate in the 50's, 60's and 70's (Willig, 2013). This reaction against cognitivism spawned several books written in the 1980's that have latterly been seen as a precursor to what is labelled Discursive Psychology (Billig, 2012). Discursive approaches to the analysis of text and talk differ from cognitivist approaches in that they do not accept that spoken and written descriptions or explanations of events are merely '*depictions of an externally given world, or as realizations of underlying cognitive representations of that world*'. (Edwards & Potter, 1992 p.8). A discursive reading of text or talk instead looks at how these

descriptions or explanations are constructed within a particular context to achieve '*social actions'* (Edwards & Potter, 1992: p.8). Unlike other approaches to the analysis of talk and text it is interested in variations of accounts and how accounts change over time and in different contexts. It rejects the notion that people hold stable consistent views that are the expression of internally held views and instead looks at how people's accounts are both constructed and constructive (Potter and Wetherell, 1987). Discourse analysis includes a variety of approaches and is not a proscribed methodology and as such most texts on discourse analysis set out their general approach to language through worked examples. As an example, in Potter and Wetherell (1987) they offer an alternative to social representations theory that assumes people use a set of beliefs and schema to make sense of the world by offering a discursive theory of interpretative repertoires. To explain this they use Mulkay & Gilbert's (1984) studies of scientific discourse to show how scientists construct their accounts in accordance with the context in which they are produced to justify their actions and beliefs. In this Mulkay and Gilbert identified two interpretative repertoires: the empiricist repertoire and the contingent repertoire. What they found was that when discussing their own work scientists used the empiricist repertoire that scientific method is based on logic, is neutral and is objective. However, when accounting for the error of other scientists they used a contingent repertoire that the scientific method of these scientists is contaminated by psychological aspects of the individual, are not neutral and influenced by factors outside the objectivity of observable data. By using this example Potter and Wetherell explain a new approach to looking at people's accounts that illustrates the action orientation of talk.

It is the discourse analysis as put forward by Potter and Wetherell (1987), which was a precursor to what has come to be known as discursive psychology that I will be drawing on here as my methodology. It must be noted however that even the label

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discursive psychology is not a unified field and comprises various different approaches, sometimes quite different, using the same discursive psychology label (Edwards, 2005). The brand of discursive psychology that is most closely affiliated with the work of Potter and Wetherell (1987) is largely a product of academics working out of Loughborough University. It has become increasingly influenced by conversation analysis and more focused on how people manage their 'psychological business' (Edwards, 2005: p259) in everyday talk in interaction as opposed to the formal research interview.

I have chosen to use the term discourse analysis for this research instead of discursive psychology as I have followed the methodology as set out by Potter and Wetherell (1987) before the term discursive psychology came into common use. I have chosen this particular methodology as it allows for more variation in what can be spoken about during the analysis including the use of culturally available interpretative repertoires which are of interest in the current research. It also sets out a procedure for analysis of interview data which is the method of data collection utilised in this research. I therefore affiliate myself with this approach as opposed to any specific approach within the discursive psychology arena.

Discursive approach for the present research

For the purposes of this study I have drawn upon an approach to discourse analysis which stemmed from conversational analysis and is interested with what people do with language (Potter and Wetherell, 1987). The analysis of data will largely follow the ten stage procedure as put forth by Potter and Wetherell, (1987), however discourse analysts are not forthcoming with a prescribed method of analysis and advocate an understanding of what language can do and how to approach discourse analysis rather than step by step instructions. Given the elusive nature of

a methodology my aim is to approach the data with a set of specific questions in mind taken from Willig, (2014, p344):

- *What sorts of assumptions (about the world, about people) appear to underpin what is being said and how it is being said?*

- *Could what is being said have been said differently without fundamentally changing the meaning of what is being said? If so, how?*

- *What kind of discursive resources are being used to construct meaning here?*

- *What may be the potential consequences of the discourses that are used for those who are positioned by them, both in terms of their subjective experience and their ability to act in the world?*

- *How do speakers use the discursive resources that are available to them?*

- *What may be gained and what may be lost as a result of such deployments?*

The research sets out to answer how the meaning of parenthood is constructed by couples who are infertile and are undergoing the treatment which goes along with such a diagnosis in the quest to become parents. I want to examine how language constructs their joint reality: how the communication between two individuals, with their own individual reality, is structured and used in the process of creating one combined, integrated meaning. This process of meaning making will be in the context of a therapeutic like situation, in the presence of a third party, an outsider to the couple, and I will approach the data with the assumption that this fundamentally changes the joint reality of the couples which will be communicated. By approaching the data using discourse analysis I am interested in "*the ways in which speakers manage interest and stake*" (Willig, 2008, p. 97). I anticipate trying to seek out a process of negotiation, compromise, resolution or difference constructed through the couples' communication with each other in the form of language or other communications, for example silence, and through their communication with myself

as third party to the discussion. Although there are varying theories within this field (McLeod 2001) there appears to be a common social constructionist epistemology. Truth, and knowledge of truth only exists in particular contexts under particular circumstances and therefore an objective ultimate truth cannot be reached. People's position and reality is constantly evolving and can only be created and accessed through its construction through language.

Ethical Considerations

Given the distressing nature of infertility and the strain couples can be under during treatment, the ethical implications of the study were a major consideration for participants' inclusion. This research adhered to BPS Ethical Guideline for conducting research and was approved by City University Ethics committee. To safeguard against potential harm to participants couples must have had sufficient opportunity to engage in counselling so as not to use the research interview as a substitute. It was expected, however, that the interview would provide the couple with a somewhat therapeutic experience as a third, empathic party bearing witness to another's experience is a large part of the therapeutic process. The nature of the study was explained, both in written form and verbally in a pre interview telephone conversation with each participant. During this telephone conversation I explained that the process of talking about their infertility and fertility treatment could cause them distress. I asked about any mental health problems or any difficulties in their relationship that may be exacerbated by taking part in the interviews. They were made aware that the research is to be published and that it will be anonymised.

With regards to explaining the nature of the study participants were made aware that the primary interest is the couples' communication with each other and how they make sense of their situation. Participants were warned that engaging in an interview about their fertility and desire for children may have adverse effects on

both of them as individuals and as a couple, they may find the process distressing as it could raise unresolved conflicts within the relationship. They were informed the interviews would be audio-recorded and the recordings would subsequently be stored in an encrypted file. A guideline of one and a half to two hours was given so that they could make an informed decision about whether they wished to dedicate this time to the interview. A de-brief was carried out after the interview and feedback on how the process had been for them was welcomed. Informed consent was sought from both members of the couple individually in the form of a signed consent form. Participants were informed that they were free to withdraw their participation at any time during the interview with no adverse effect to them. They were free to refuse to answer any questions but informed this may result in the interview being terminated. If they expressed a desire to receive a copy of the research then this will be emailed to them after publication in City University Library. The code of ethics as set out by the BPS was adhered to and all ethical procedures and requirements of the School of Arts and Social Sciences at City University were followed. The full ethical approval form can be found in appendix 5.

Inclusion/exclusion criteria

As already discussed in the introduction and literature review, this research is interested in how couples engage in the co-construction of meaning. Therefore only participants willing to be interviewed as a couple were included. For the purposes of this study I have made the decision to only interview heterosexual couples. As already discussed in the introduction an aim of this research is to look at the impact gender has on how and what can be constructed by the couple. It is hoped this will add a new dimension and build upon much of the research outlined in the introduction which claims gender does play a part in how individuals experience infertility and infertility treatment. In addition to this I have chosen to only interview heterosexual couples for methodological reasons, in particular to have a

homogenous sample group given the small number of participants being recruited. Homosexual couples undergoing infertility treatment tend to face different decisions and complications. Lesbian couples inevitably need donor sperm and choices over whether to use an anonymous donor or one known to the couple is a big decision. For a lesbian couple there is also the discussion over which role each woman will take, for example the choice over whose eggs will be used and who will carry the pregnancy. These are just a couple of issues which will arise for a lesbian couple that a heterosexual couple will not need to address. Of course gay men may also be wishing to undergo fertility treatments to conceive but the matter of surrogacy is then an issue as is whose sperm will be used in the conception. In light of this I feel it appropriate to limit the investigation to one phenomenon, that of medical infertility, as opposed to what is known as social infertility. Social infertility is when due to sexual orientation or relationship status the individual or couple is not able to reproduce without medical intervention. This social infertility applies to homosexual couples and single women although of course social infertility does not necessarily preclude medical infertility.

Another exclusion criteria applied to this research was that potential participants who already had a child, either with their current partner or through a previous relationship were excluded from participating. The reason for this is that the current research is interested in childless discourses and as discussed in the introduction aims to address the gap in the current literature that focuses too heavily on women's childless discourses and not of the man and the couple as a unit.

I did not seek to use NHS premises to recruit participants and was only interested in participants by virtue of their experiences of infertility and fertility treatment and not their NHS experiences and therefore did not go through NHS ethical approval. To avoid any problems with regards to this I made the decision to not interview

participants who were currently undergoing a cycle of IVF funded by the NHS. Past NHS funded IVF was not an exclusion criterion.

Only participants who confirmed that they had been given the opportunity to attend counselling sessions if so desired were included for participation. This was deemed a necessary precaution to avoid participants using the research interview as a substitute for therapy. Couples must have discussed their options with health care professionals during the course of their treatment.

Willing participants were included regardless of age, ethnicity, marital status, length of relationship, socio-economic status or what stage of treatment they were in (unless currently undergoing an NHS funded IVF cycle). All participants had to be over eighteen years of age and able to give informed consent. There was no upper age limit.

Recruitment procedure

Potential participants were targeted by advertising on internet forums for people experiencing difficulties conceiving or undergoing fertility treatments. The adverts used can be found in appendix 4. Only those forums which provided a dedicated thread for research and media requests were used so as not to intrude on the sharing of experiences and support between members of the forum. The forums used were Fertility Friends, Infertility Network and Fertility Zone. I also contacted counsellors registered with the British Infertility Counsellors Association (BICA) to request assistance with recruitment and advertised this research on their website. I made contact with counsellors and patient support coordinators at private fertility clinics in the London area to request my posters and flyers were made available to their clients.

After an initial three months of advertising for participants with no respondents that fit my inclusion criteria I made the decision to offer a monetary incentive of £50 per couple. The ethical implications were considered of offering such an incentive. Much has been said about offering financial compensation or incentives for participation in research. Despite the fear that doing so is a form of coercion and therefore unethical, several studies have found that it is not coercive (eg. Emanuel, 2004: Singer & Bossarte, 2006; Wertheimer & Miller, 2007). Grady (2001) concludes that instead of coercing participants, offering money in exchange for participation was a necessary sign of respect for the efforts and time given by participants. A common argument has been that when money is offered participants will be more likely to take risks and this clouds their judgement and therefore informed consent is affected. Singer & Couper (2008) and Bentley and Thacker (2004) found that when participants were offered increasing amounts of money they were not willing to take any more risks than when offered smaller amounts. Bentley and Thacker (2004) concluded that offering money merely made people more willing to participate. This amendment to my recruitment method was approved by City University ethics committee (appendix 5).

As all recruitment was carried out by advertising and through other professionals, I did not have any direct contact with participants before they contacted me through email. In total, I received 10 emails from interested parties. Three of these did not meet my criteria of not having children; one did not qualify as her partner did not wish to participate; two disengaged during email correspondence; one withdrew her interest; three met my research criteria and both members of these couples agreed to participate. On all occasions it was the female in the relationship that made initial contact. All but one initial shows of interest were a result of potential participants seeing this research advertised on internet forums and all couples who went on to participate were recruited through this means.

Once initial email contact was made by the potential participant I elicited the email address of the other member of the couple and a response was sent to both thanking them for their interest and providing them with an information sheet with more details about the research (appendix 1). Exclusion criteria were explained and an invitation to talk further was offered if both were still interested in participating. If the participants responded positively to this a telephone conversation was arranged where I could verbally check that each participant met my research criteria, and to assess whether participants were genuine and enquire about any mental health or emotional difficulties that might put them at risk by taking part in the interviews. I also outlined the procedure (time frame, audio-recording, confidentiality, purpose of study). All couples who met the research criteria and progressed to the stage of telephone conversation were included in the research. Demographic data was not formally gathered from the participants as I wanted to allow participants to decide whether specifics about their personhood or position in society impacted on their experiences of infertility and IVF, and assumed this would be communicated through their discourse if they felt it appropriate. To avoid the results of this analysis being inappropriately generalised however, I will provide some context to the interviews. All participants were white British, were employed in skilled and semi-skilled professions, and although they came from a variety of backgrounds all could be categorised as belonging to the middle class. They were all in long term relationships but not necessarily married, and had been trying to conceive for several years with all having had at least one round of IVF/ICSI.

Participants were given the choice of meeting in consulting rooms in a location convenient for them or carrying out the interviews in their home. All participants elected to conduct the interviews in their own home and a time was arranged that suited the participants. In accordance with the procedures approved by the ethics

committee at City University to ensure my personal safety the postcode and house number of where I would be was made available to a friend or colleague should I not make contact with them within an agreed time. (see appendix 5 for full ethics form)

Interview procedure

The interviews were based on a loose structure, questions and prompts are included in appendix 9. This structure was based on my knowledge of the subject area, points of interest, and previous research carried out in this area, namely Throsby (2002) and Glover et al. (2009). As the interviews progressed I incorporated knowledge and experience gained in the previous interviews. I started each interview with the same question which was loosely 'Do you remember when you were first diagnosed or first realised you were having difficulties conceiving?' I would prompt participants and pose questions if this was necessary to move conversation along or make sure certain topics were covered but tried to allow the couple to direct the interview as much as possible. I adopted a facilitative style to allow the couple to set the tone for the interview as far as was possible. Interviews were terminated once the necessary areas had been covered and the conversation seemed to have come to a natural end.

When I arrived at the participants' homes each person was again provided with detailed information about the study (appendix 1). I explained the research and allowed participants to ask any questions they had. I verbally explained that all information would be anonymised and at the end of the interview gave participants the chance to choose their own pseudonyms. They were informed of their right to withdraw their consent at any time with no adverse affect to them. Informed consent was then obtained from each participant (appendix 2 for consent form). During this initial meeting I was informally assessing each participant to ensure that neither had been coerced into participating in the interview and that there were no obvious risk

factors, for example either partner being very emotional or reticent to talk. I again explained that I would be audio taping the interview and set the recorder down in plain sight. The interviews lasted between one hour thirty minutes, and two hours forty minutes. The interview that went on longer than the anticipated time did so with the full consent of the couple as they had not finished relating their IVF experiences and wished to continue.

Once the interview had finished the audio recorder was turned off. Participants were invited to ask questions and give feedback on how they experienced the interviews. Positive feedback from each couple was received with regards to how they experienced the interview. A de-brief leaflet was provided (appendix 3) containing information about support available should the interview have brought up any difficult thoughts or feelings. I asked participants if they wished to receive a copy of the completed research and all said that they would. The couples were thanked and compensated for their time and efforts. I followed up each interview with an email thanking each participant again.

Transcription

All interviews were transcribed manually by myself. I have included the transcription notation used in appendix 8. This notation was taken from Potter and Wetherell (1987) which in turn was a version of that created by Gail Jefferson. The notation I have chosen to include was based on my assessment of what I thought was likely to be of use when carrying out the analysis. Aspects of speech that were felt to potentially be of importance, for example when a participant emphasises a particular word, were included, and aspects which were thought unlikely to add to any interpretation of the text were not included, for example rising and falling intonation. I made a decision to leave out commas and full stops as this felt like a subjective interpretation of the participants speech which would permanently colour my reading

of the text. Instead of formal punctuation pauses were noted and longer pauses over one second were noted and timed.

The transcription acted as the first stage of the analysis as it was an opportunity to familiarise myself with the material and to tune into the tone and nuance of each interview.

Analytic strategy

Having been frustrated before embarking on my own discourse analytic research at the apparent reluctance of other proponents of this methodology to set out clear instructions for conducting an analysis, I now find myself a little more understanding of their position. In carrying out my own research I have come to understand that to prescribe a rigid structure to such a reading of data would be to risk missing the purpose of discursive enquiry, and to insinuate that a rigid structure was followed would be disingenuous. In the spirit of transparency however, I will attempt to give an accurate account of the process by which I came to decide on the content and structure of my analysis as presented in this paper.

Following transcription I then began the process of reading and re-reading the transcripts, making preliminary observations about what was being constructed and how. This coding process took a form similar to that described by Potter and Wetherell (1987) in that it was an attempt to begin to organise the raw data into manageable categories that would enable analysis proper. Sections of the data were categorised by various means by always referring back to my research questions: how is the experience of infertility being constructed? How is IVF treatment being constructed? How are the individual players being positioned and characterised? How is the couple being positioned and characterised? When are there moments of agreement? How are these moments being constructed? When

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are there moments of disagreement? How are these moments being constructed? How are the individual players furthering their causes? How is the couple as a unit furthering their joint cause? My focus at this stage was looking for both consistency across and within the couples' accounts and for differences both across and within the couples' accounts. Through being guided by my research questions and by the raw data that emerged during the interviews, it became apparent that there were two different, but connected constructions taking place; that of the IVF experience and that of the couple within the IVF experience. This then began to dictate how the raw data was organised. Throughout the coding and analysis my focus was on the '*constructive and functional dimensions of discourse*' (Potter and Wetherell, 1987. P.169) and tried to emulate the skill of Gilbert and Mulkay (1984) as praised in Potter and Wetherell (1987) for their ability to convey a functional explanation of the overall narrative of the scientists they were studying that accounted for much of the pattern that they saw within the discourse.

I then began to make lists and diagrammatic representations of the different discourses, positionings, and rhetorical strategies that I had identified through the initial coding, and sorted the raw data into these identified categories (a list of initial discourses can be found in appendix 7 and sample of transcript in appendix 6). Following Potter and Wetherell's (1987) procedure for analysis I then turned my focus to the function of the participants discourse and began to hypothesise on the purpose and potential consequences of deploying specific discourses. This was a frustrating and lengthy process whereby I would develop a theory of a discourse's function then return to the data in search of evidence only to be disappointed. It would be misleading to imply that I moved in a linear fashion from coding to analysis. The two took place side by side as I tried to make sense of the data and find evidence for my hypotheses, re-reading the transcripts, re-categorising sections and testing out new theories. This process of validation will be discussed further in

the following section. The final part of the analysis will be visible to the reader as I have dedicated a large proportion of this paper to the result section, a decision further discussed in the following section on validity. This final part of the analysis was guided by the questions posed by Willig (2014) that have already been cited earlier in the methodology section.

Throughout the analysis I use a variety of terms to describe the participants' speech. There is often disagreement and confusion about what the term 'discourse' means and exactly what speech acts and texts count as discourse (Potter and Wetherell, 1987; Potter, Wetherell, Gill & Edwards, 1990; Parker, 1990). I have found that the varied use of terminology and definitions can lead to works of discourse analysis becoming confusing and abstruse. For this reason I have chosen to use an inclusive definition of the term discourse to hopefully make this piece of work more accessible to all. I use terms like discourse, accounts, narrative and conversation somewhat interchangeably throughout the analysis to refer to the many ways people use their words to construct their experiences. When I discuss specific speech acts, for example interpretive repertoires, these terms are explicitly explained in the text. It is my hope that presenting my findings in this way will allow the reader to engage with the analysis without needing to grapple with the various ways aspects of speech and constructing experience through language are defined.

Validity

The question of validity tends to bring up some issues for qualitative methodologies. Without the apparent objectivity of the scientific method tool of statistical analysis qualitative methods can easily be accused of wild subjectivity, unreliability, cherry picking and uselessness in the 'real world'. Of course some of these issues have already been addressed in the section on my epistemological position in that I make no claim to be reporting here findings of underlying truth or psychological

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phenomenon that can be replicated over and over in a tightly controlled environment. Indeed, it is the stance of this research that criteria that can prove the validity and reliability of any type of research '*exist only in the land of positivist mythology*' as Potter and Wetherell (1987) put it. Having said this, it does not mean that one cannot take steps to ensure that the findings presented here have been examined and tested by various means to prove as much as is possible that what is being claimed is valid and of benefit to its readership.

I have again used Potter and Wetherell (1987) to guide my validation process as well as Yardley (2000). Potter and Wetherell list four techniques for validating discourse analysis, these are: coherence, participant's orientation, new problems, and fruitfulness. Coherence refers to whether what is produced at the end of the analysis gives a coherent overall picture of the function of the discourses and accounts for the smaller patterns of interaction. This was the process of continuously going back to the text to test hypotheses if variation occurred could I account for this variation. If not then I would have to abandon my hypothesis. Participant's orientation refers to whether I am privileging my own interpretation of an interaction over my participant's interpretation. If one of the participants does not respond to what I assumed was a question then I must interpret as not a question. New problems asserts that if participants engage in work to resolve a primary problem then one of the outcomes of this will be secondary problems. Essentially, in my effort to explain the ways participants resolve problems that arise lead to them potentially facing a new problem to solve. Fruitfulness refers to the goal of all good research which is to bring something new to the table. Does it present a novel idea and new perspectives on my subject.

Yardley's concepts are similar in many ways to that of Potter and Wetherell's but include reference to transparency and a reflexive attitude. As I have previously

mentioned I have dedicated a significant proportion of the paper to the analysis section. A large amount of this is taken up with extensive extracts from the original data. I have chosen to include these lengthy extracts to allow readers to see how I have come to my conclusions and avoid accusations of cherry picking small sections of discourse that can be used to justify sweeping statements. I am aware and fully accept that readers may have different theories to me about what participants are doing with their language in the extracts I have put forward for scrutiny. It is my opinion that just because multiple interpretations of a section of text are possible, it does not negate their validity.

It is also worth acknowledging at this time that I have omitted from this section discussion of reliability. Because I take the view that my participants' construction of their infertility and IVF experiences are bound by the context of the research interview and by the circumstances surrounding their lives at that particular moment when the interviews took place, I would not expect to be able to replicate, nor for anyone else to be able to replicate, my findings.

As another technique for providing evidence of the validity of my findings I have included a reflexive statement, as is usual for discourse analysis. The purpose of this is not to detract attention away from the research findings or from the participants, but to allow the reader to gain some insight into my own motivations and process during the research project so as to add another layer of transparency.

Reflexive Statement

Throughout the research I have kept a reflexive diary to record my thoughts and emotions as I have carried out each necessary step of the research through to completion. This section will in essence be a reflection on my reflections to provide

some insight into my relationship with the material and methodology, my experience of carrying out the research, and my motivations for conducting research into this area.

This research began to take shape during the first year of my current studies and has been a work in progress for the past three years. The beginning point was a long held interest in couples and couples therapy. It is difficult to say where this interest began but all aspects of couple relationships fascinated me. My interest in couple communication in particular began to take shape through my professional practice with clients, my own relationship with my partner, and my personal therapy. Clients would bring relationship difficulties to sessions, itself a delicate rhetorical dance involving apportioning of blame whilst also protecting the relationship and often managing the impression given of the absent partner. Often these clients felt unable, or did not want discuss these issues with their partner and I began to take notice of what was not said in relationships as opposed to what was. I was also seeing clients who were having difficulties in their relationships due to not agreeing on whether to have more children. This was an extremely delicate situation for these clients and they were engaged in a long negotiation to varying degrees of success. I was also working in a maternity and gynaecology department seeing women who had miscarried, had gynaecology problems which left their ability to have children in the future uncertain, and women who were pregnant or had recently given birth and were experiencing difficulties with the transition to motherhood and often having difficulties in their relationships. All of these factors combined to gently lead me to my research question and epistemological position.

In my personal life I was in to a long term relationship and we had begun to discuss our perspectives on having children. From the beginning of our relationship we were aware that having children would not be straight forward for us and as the research has progressed our infertility has been confirmed. It was through my own personal

therapy that I began to take a real interest in how I spoke about wanting children, and the future of my relationship with my partner in my therapy sessions, and how I managed these conversations differently with my partner. It was when my therapist challenged me on why I did not discuss my thoughts and feelings in the same way with my partner as I did with her that I came to the methodology of discourse analysis and epistemology of social constructionism to provide a framework from which to structure my research question. It felt at the time that my therapist's suggestion that I speak to my partner the same way I speak to her was naive, but it also occurred to me that she was privileging my narrative in her presence over my narrative in my partner's presence; as if I was speaking the 'truth' to her and withholding from him. On reflection I realised that I wanted different things from these two different people and that context and what is at stake influences what I was doing with my discourse.

It was this combination of my interest in couples, my own experience of the complexities of talking about a desire for children both in the context of fertility and infertility, and my experiences as both a therapist and client that culminated in this piece of research.

It is not unusual for research to hold personal relevance for the researcher but it does bring with it both pros and cons. It has required me to constantly reflect on everything I do and say to try to ensure my own thoughts and feelings are not contaminating the research to an extent that renders it useless. I fully acknowledge that all research is influenced by the researcher and my hope is that by acknowledging this I allow the reader to judge the findings fairly. I have been able to bring insight and sensitivity to this research that perhaps I would not have been able to do had I no personal experience of infertility or relationships. More importantly though, I feel my own experiences have led to a more critical stance. I appreciate how the topics around children and infertility are handled differently depending on

the context, I appreciate the delicacy of talking with your partner about future decisions and choices, and also how social pressures impact on what can be said and constructed in different contexts. It is also important to recognise that I have not had the same experiences as my participants, including no experience of IVF and so I have been aware throughout the research that my participants are in no way a reflection of me. It has been challenging at times to stay with some distressing material, and this perhaps goes some way to explaining why the research has taken longer than expected to complete.

It would be misleading to suggest that I have only been influenced by my own experiences. Throughout the research I have read widely about infertility, IVF and childlessness outside the academic literature. Newspaper articles including comments from the readerships, blogs, and representations on television and film both factual and fictional have all influenced how I see the subject and how I have approached the analysis. My ongoing clinical practice in the maternity and gynaecology department also continues to influence my research and likewise my research continues to influence my clinical practice.

I have noticed the parallels of conducting qualitative research with clinical practice and my experience of clinical supervision has been very valuable during the process. Throughout I continually asked myself 'Why am I saying that?' 'Who is that serving?' 'Where is the evidence for this?' For example I have questioned whether I am over identifying with a participant, is my so called 'stuff' getting in the way and do I need to address this privately before proceeding with the analysis. These are all questions I am accustomed to asking myself in clinical practice and I have used this same internalised supervisor to guide my research.

I hope that through being a reflexive researcher I have allowed the reader to judge the findings in light of what they know about the context in which the research took

place. I cannot separate myself from this research, nor do I believe any other researcher can, but I believe this does not invalidate it. Rather, I suggest it enhances it and allows for a critical, and therefore more fruitful, reading.

Now that I have outlined my research methodology and provided some insight into the context under which this research took place, I will now move on to the analysis itself.

Chapter 3: Analysis

Introduction and structure

In an attempt to provide a comprehensive account of the complex discourse gleaned from the three interviews I will set out my analysis in two sections which can broadly be divided into the construction of the IVF experience, and the construction of the couple in IVF treatment.

The sections are designed to move from a general account of the construction of meaning and experience co-created by the couples of IVF and infertility, to an exploration of how each individual in the couple relationship manages their stake to create and evaluate their joint experience. I will look at how couples construct their relationship through a dominant 'in it together' discourse and take a look at instances during the interviews where this dominant discourse is threatened.

The discourses identified in the analysis are as follows:

Part 1 The IVF experience

      1.1 IVF as struggle and sacrifice

      1.2 The pain of infertility and failed IVF

      1.3 What's lost by not having own biological children

      1.4 Unfairness of infertility

      1.5 Adoption as solution/not solution to the problem of infertility

      1.6 Childlessness discourses

Part 2 The couple in IVF treatment

      2.1 In it together

      2.2 Challenges to the 'in it together' discourse

            2.2.1 Whose infertility

            2.2.2 Donor gametes

            2.2.3 Differences in emotional reactions

The structure and contents of the following sections is in itself a discursive accomplishment designed to create a coherent narrative for both myself and the

reader as both I and my participants attempt to find meaning in the complexity of relationships and infertility treatment.

1. The IVF experience

1.1 IVF as struggle and sacrifice

One of the aspects of each couples discourse that came over most strongly was how they spoke about the amount of sacrifice, struggle, and effort that goes into undertaking IVF. This construction of effort and sacrifice occurred throughout the interviews when discussing all aspects of infertility and treatment. The extract below is a good example of how the couples constructed the emotional and physical effort and sacrifice they made in the attempt to conceive.

Ext.1

40:	10	Isobel: maybe it's not as
	11	Alan: ⌐yeah⌐
	12	Isobel: ⌊good⌋ a quality as we think and (.)
	13	we'd 've (.) you know lost us (1.6) so much
	14	more ti:me more pain mo:re (.) money you
	15	Alan: ⌐ °yeah° ⌐
	16	Isobel: know ⌐it's like (1.5)
	17	Alan: and it's it's it's yeah (.) it's like
	18	and I think one of the things that like
	19	kind of like I don't know m-maybe this is
	20	the kind of like where do you where do you
	21	place your anger (.) then one of the things
	22	that I I got angry about was the fact that
	23	like you know (1.0) u:m Isobel is being
	24	pumped (.) full of these chemicals and like
	25	and she took a hell of a lot of chemicals

26 *this time (.) like you you were having*

41: 1 *these like hormone patches like t-two of*

  2 *them slapped onto you every day (.) you*

  3 *like they they'd even like (yeah) we'd kind*

  4 *of pushed for it and they'd they'd en-*

  5 *enabled it and allowed it to like to take*

  6 *Viagra cos it increases blood flow (.) .u:m*

  7 *it was like all of these different things*

  8 *that you were doing*

  9   ⌐*and then suddenly it's like* ¬

  10 *Isobel:*⌊ *yeah and it had gone on for*⌋ *ages yeah*

In line 40.14 of extract 1 Isobel lists three things that are involved and sacrificed with every round of IVF. In this instance the list of things that were sacrificed are: time, pain, money, conforming to the much spoken about rhetorical tool of the list of three. The list of three is used to emphasise the speaker's point and in this case concretises the actual things suffered or lost in the process of IVF. All of the couples used lists frequently throughout the interviews when talking about the arduous nature of IVF, often listing more than three steps in the procedure of IVF, or things lost or sacrificed. A good example of this listing is shown in extract 2 below.

Ext. 2

21: 4 *Rebecca: .but even during treatment like the*

  5 *f- the first week you have to go and*

  6 *have your blood test every morning (.)*

  7 *you have to then go back to the clinic*

  8 *you have a scan every other da:y (.)*

  9 *and then week two: (.) you have a blood*

  10 *test in the morning (.) and then you*

11   *have to wait arou:nd (.) and have a*

12   *blood test in the afternoon (1.1) and a*

13   *scan every other day as well (1.0) and*

14   *it's so: intense (.)*

It is interesting to note how the rhythm of the list conveys a monotonous as well as exhausting process.

Returning now to extract 1, Alan picks up the discourse of the amount of effort put into each IVF round by talking about one specific aspect of the treatment. He prefaces this with a statement of awareness on lines 40.19-40.21 as was common with Alan's discourse. He continues to talk about his anger, a strong word, at his partner being '*pumped full of these chemicals*'. The imagery he is creating here is quite extreme; he uses the term '*pumped*' which conjures a picture of a woman being violated in an almost aggressive way by the medical profession. He uses the term '*chemical*' instead of medication or drugs which again is very harsh sounding. Chemicals are dangerous and harmful to the human body and he continues to say that she took '*a hell of a lot'*. This is an extreme case formulation, painting a picture of abuse in order to get across just how arduous the treatment regime was. As Potter and Wetherell (1987) pointed out, extreme case formulations are a rhetorical tool used to add weight to one's argument and often as a way of justifying criticism, something that Alan is doing to the medical profession in this extract.

Alan then moves on to talking about the specifics in order to justify his claim that Isobel was taking a lot of chemicals. Again when talking about the hormone patches in line 41.1 and 41.2 he says that there were two every day, not each day or per day. The use of the word '*every*' add to his extreme case formulation. Alan also says that they were '*slapped*' on. This is a violent term used to bolster his discourse of abuse. He then begins to talk about the use of Viagra, adding a disclaimer that they

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had requested it (line 41.3-40.4) before positioning the medical professionals as enablers, (line 41.5) insinuating that they were ultimately responsible. Isobel joins the discourse adding weight to Alan's claims by joining in the extreme case formulation by using the term 'ages' to describe the length of treatment.

Following on from extract 1 and 2, extract 3 also picks up on the emphasis that is placed on the woman going through IVF.

Ext.3

9	24	*Danielle: and anyway so we'd (.) w- I lost*
	25	*weight (.) which kill- you know it was*
	26	*really difficult (.) u:m (.) and I did*
10	1	*personal training and y- that was*
	2	*really quite a struggle*
	3	*Tom: =mm*
	4	*Danielle: and if it hadn't been for the*
	5	*motivation of (.) of (.) the fertility*
	6	*thing I I don't think I would ever 've*
	7	*done it*

As in ext.1 where Alan talks about the efforts Isobel made, Danielle begins by using the term '*we'd*' before pausing, beginning to say '*we*' again and adjusting to use '*I*'. This adjustment from 'we' to 'I' was frequent during the interviews as the participants attempted to either separate themselves from the 'couple' or struggled to produce a joint experience. Here Danielle is forced to talk about her sacrifice, making this a discourse of the individual, not the couple. Danielle also begins to create an extreme case formulation in line 9.25 by beginning to say that losing weight '*killed*' her, before changing course and using the less extreme phrase '*really difficult*'. She then goes on to reinforce this effort in lines 10.1 and 10.2 by emphasising the word

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'*really*'. She finishes this passage by stating that she wouldn't have '*ever*' lost weight had it not been for fertility treatment, making sure that the listener knows that this effort is IVF specific, not a struggle she would have undertaken under normal circumstances and therefore emphasising the amount of effort that is required and expended whilst undergoing fertility treatment.

In this extract 4 Danielle is managing a potential contradiction to the sacrifice and struggle discourse when talking about her behaviour following an ectopic pregnancy.

Ext.4

98	1	*Danielle: had a really good time and then (.)*
	2	*got I got really drunk (.) which I*
	3	*don't normally do certainly not*
	4	*throughout all this obviously cos you*
	5	*stop drinking when you're trying (.)*
	6	*desperately to conceive as well give up*
	7	*everything else (.)*

She is quick to follow up her claim of drunkenness with positioning it in reference to her '*normal*' behaviour of relative sobriety and then goes a step further to make sure that the listener knows that she was not indulging in alcohol when going through treatment by saying '*certainly*' and using the term '*obviously*', as if it is a universal truth and therefore making it clear she was not drinking when trying to conceive. Danielle then takes the discourse of abstinence further by first positioning herself as '*desperate*' to conceive and building the extreme case of giving up 'everything' when one is trying for a baby.

Rebecca and Simon's discourse varied somewhat from the other two couples in how they constructed their sacrifice when going through IVF. Rebecca and Simon had

opted for very expensive private treatment and much of the sacrifices they speak of

were of a monetary nature which enabled them to make excuses for a lack of

sacrifice in other areas.

Ext.5

12:	*3*	*Rebecca: and then we ended up (1.1)*
	4	*going ahead and (.) starting things*
	5	*properly didn't we starting things off*
	6	*I still hadn't lost weight at this time*
	7	*.a:nd Simon hadn't properly (.) when I*
	8	*say given up alcohol I don't mean that*
	9	*as in he's a (.) alcoholic [laughs*
	10	*loudly]*
	11	*Lindsay: [laughs]*
	12	*Simon: [laughs] I wasn't an addict*
	13	*Rebecca: I mean as in like (.) sticking to*
	14	*the five units a week (.) it was more*
	15	*than that weren't it (.)*
	16	*we'd still go out on a*
	17	*Simon: well I was just (inaudible)*
	18	*Rebecca: =Saturday ni:ght and*
	19	*Simon: =that's pretty normal weren't I*
	20	*really*
	21	*Rebecca: and I was still smoking (1.1) and I*
	22	*didn't really quit smoking until (1.0)*
	23	*a week or two*
	24	*Simon: about that*
	25	*Rebecca: (.) before (.) a:nd about a week or*
	26	*two for you for (.) you know sticking*

13:   1   *under the units (1.4) so that was one*

      2   *thing but because we were so young (.)*

      3   *I:: was twenty five at the time (1.1)*

      4   *.a:nd (1.2) people at [fertility*

      5   *clinic] and (.) and even on like*

      6   *fertility friends and that were*

      7   *Simon:* *everybody weren't it*

      8   *Rebecca: =very much like 'oh yeah well you're*

      9   *young you'll be fine'*

      10   *Lindsay: mm hm*

      11   *Rebecca: and I felt as if a- although I*

      12   *hadn't done those (.) health things (.)*

      13   *I also felt that [clinic] took a little*

      14   *bit of a blasé approach (.) you know*

      15   *like we were an easy statistic because*

      16   *I was so young*

An interesting aspect of this passage of discourse of Rebecca and Simon's interview was that apart from a very brief reference in Alan and Isobel's interview about Alan taking care of his health they were the only couple to include comments about the physical health of the male partner. Rebecca is discussing her lack of weight loss, using the phrase '*I still hadn't lost weight at this time*', insinuating that she was to lose weight in the future, and then swiftly shifts the focus to Simon to equally share out the burden or blame for not playing by the IVF rules of physical health and clean living. Rebecca continues with a disclaimer on lines 12.7-9 saying that Simon is not an alcoholic and follows this with a loud laugh which sends a strong message that this is a ludicrous and laughable claim. The response from both me and Simon is to join in this laugh therefore jointly dismissing this ludicrous notion and allowing the

conversation to move on without fear of being judged an alcoholic. In line 12.16 Rebecca addresses Simon directly asking for him to verify her account, which he proceeds to characterise as '*normal*'. What is interesting throughout this passage is the sharing of the burden. Rebecca oscillates between talking about herself and about Simon, and creates a picture of this couples being in the treatment together, both making, or not making, sacrifices and therefore shifting the focus away from the female and onto the couple as a whole. The way in which they interact, verifying each other's accounts and both participating in this narrative also contributes to the impression of jointly held experience. This will be revisited later in the analysis.

On line 13.2 Rebecca then makes the transition to justifying their lack of self control over losing weight, smoking and drinking when she says 'but'. The justification is that they are '*so young'* and she goes on to state her actual age at the time to verify this claim. The blame is also managed by shifting it onto the '*blasé approach'* of the clinic (line 13.14) and to other people on an internet forum for people in need of fertility treatment (line 13.6) providing a quote to further enhance the legitimacy of her claims. This is a way of providing corroborative evidence described by Wooffitt (1992) as active voicing whereby the voices of other parties are invoked to turn a statement that is open to disbelief into a corroborated fact. Simon then supports Rebecca by his extreme formulation that '*everybody'* told them they would not have any problems. This disclaimer helps absolve the couple from blame and guilt for not taking the steps most see as important to enhancing the chance of successful IVF.

1.2 The pain of infertility and failed IVF
Part of the narrative that came across during each of the interviews was that of the pain of failed IVF and infertility in general. This fed into a wider discourse of the unfairness of infertility which will be addressed in the next section and in the second part of the analysis where the couples attempt to position themselves as particularly

deserving of children. In this section I will present extracts from each of the couples which characterise the way in which each constructed the pain they felt with regards to failed IVF and infertility. Even though the words used to describe their feelings differed, what came across from all the couples was the sense of lack, a feeling of a life or person left incomplete by an inability to bear children.

Ext.6

16	13	Alan: =we looked at it and we thought it and
	14	initially we both thought it was pregnant
	15	Isobel: ⌐ yeah ⌐
	16	Alan: └ and ┘ then we realised afterwards that
	17	it wasn't (.) so there's that kind of like
	18	you know you get that (.) heightened
	19	anticipation
	20	Lindsay: ⌐mm hm
	21	Alan: │and you kind│ of get those butterflies
	22	and then you realise that it's not
	23	Isobel: =it's awful=
	24	Alan: =yeah=
	25	Isobel: it (was) awful
	26	Alan: it's like uh deprivation
17:	1	Isobel: yeah=

In extract 6 Alan and Isobel are describing the process of doing a pregnancy test after their first round of IVF. Alan had previously complained about the quality of the pregnancy tests they were provided with therefore setting up the scenario where they mistakenly believed the result to be positive. Alan uses the words '*we*' and '*both*' creating a sense of a shared experience and also excusing this thought that the result was positive when it was not, essentially saying 'it wasn't just me who was

mistaken'. The effect this build up has is that it makes the fallout even worse by setting up a height from which to fall. He creates a story of excitement and building joy by using '*anticipation*' and '*butterflies'* before dropping the negative result on the listener after which Isobel interjects with '*it's awful'*. The two work together, agreeing and building on each other's feelings to create a shared loss. Isobel's '*awful*' is followed by the discourse of lack by Alan describing the feeling as '*deprivation*', another extreme word that conjures imagery of torture.

Ext.7

40	1	Alan: it's (like a) I mean like your your
	2	response was grief like it was just like
	3	you know
	4	Isobel: yeah yeah
	5	Alan: like shea:r (.) brutal grief

Alan continues his extreme narrative by characterising Isobel's response to another failed round as '*shear brutal grief*', which again has a powerful impact on the listener and conveys a sense of deep pain.

Ext. 8

41	17	Isobel: in the end though I think the worst bits
	18	have been when we've done the pregnancy
	19	test and it's been negative and I'm glad
	20	that we didn't have to do that again cos
	21	⌐ I just ⌐ think
	22	Alan: ⌊ yeah ⌋
	23	Isobel: it's almost I almost like feel like I
	24	have flashbacks to those moments [laugh]
	25	and I don't (.) yeah (.) yeah I don't
42	1	ever want to do that again so (1.8)

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Extract 8 and 9 from Isobel and Alan, and Danielle and Thomas' interview illustrate an interpretative repertoire used by the two women to convey how painful and traumatic the experience of failed pregnancy and IVF is. In these extracts they both employ a psychiatric narrative.

Ext.9

124   2   *Danielle: so I hadn't been down to my mum's*

         3   *(.) I g- I'd g- I really can't even*

         4   *remember that time now (.) I think that*

         5   *must be your mental*

         6   *Tom: mm*

         7   *Danielle: 's not the first time that my brain*

         8   *Has ⌈completely⌉*

         9   *Tom: ⌊(inaudible)⌋*

         10   *Danielle: blocked something that's happened*

         11   *(.) that's been a bit (.) traumatic or*

         12   *whatever (.) I honestly can't remember it now*

For Isobel her psychiatric discourse is one of 'flashbacks' and for Danielle its repressed memory. These are widely known symptoms of trauma and prevalent in everyday, layman discourse when talking about traumatic events. By using the psychiatric discourse, albeit tentatively on Isobel's part, it elevates their trauma to a clinical level, one of extreme psychological pain that has induced a psychiatric response. An interpretative repertoire is a culturally available discourse that can be used as type of script from which to frame one's experience (Potter and Wetherell, 1987). The language of psychology and psychiatry has become common place in western culture and in this instance the two women are employing this discourse to help construct their experiences to convey the extreme nature of their psychic pain.

In extract 10 Isobel and Alan return to the discourse of lack.

Ext.10

86 1   *Isobel:= project that like (.) I've <u>always</u> se-*

    2   *like I feel like I have room for in my life*

    3   *(.) like I feel like it's this*

    4   *Alan: °=mm°*

    5   *Isobel: thing I have energy and love to do this*

    6   *thing and if I didn't do it (1.7) there*

    7   *would be something <u>huge</u> missing out of a-*

    8   *and then and I'd know that I'd kind of look*

    9   *back on my life and think (.) I (.) I*

    10   *didn't (.) fulfil my full potential which*

    11   *is I think is all you can do with your life*

    12   *is think like what's my potential and how*

    13   *can I fulfil it and (.) so I suppose (.)*

    14   *the   ⌈kind of⌉*

    15   *Alan:⌊I don't⌋think you would be a complete*

    16   *person if you didn't have children*

    17   *Isobel:⌈yeah⌉*

    18   *Alan: ⌊I don't⌋ think you would feel (.)*

    19   *complete and I think that's something that*

    20   *like I really kind of (.) like um appreciate in you*

Isobel starts by showing that she has the required personal assets to care for a child, namely '*room*' (86:2), '*energy and love'* (86:5). She also emphatically states that she has '*always*' (86:1) felt that she has had these assets showing consistency and how this has been a lifelong ambition for her to have children. It also helps to show that this is her 'potential' as she moves on to discuss. Isobel says that there

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would be something huge missing from her life if she were to not have children, creating a sense of catastrophe if she were not able to fulfil this dream. She also creates a sense of lasting regret by saying in line 86:8-9 that she would '*look back on my life*' if she were not able to fulfil her potential. Isobel continues to set up an extreme scenario where the only thing that you can do with your life is fulfil your potential, and as she has previously conveyed that to have children would be to fulfil hers, she has set up a rather powerful but also risky scenario for herself. The extreme narrative is followed up by Alan saying that he does not believe she would be a complete person if she did not have children (86:15-16) and he goes on to repeat this claim and compliment her for it. Although this conveys a picture of someone fully committed to raising children and therefore very deserving of children it also creates a potential catastrophe if it never happens for her. Isobel goes on to acknowledge this by saying that they only have plan B, adoption, and if that doesn't work out then it leaves them in a bad place. This is a problem that will be discussed further in later sections but it does present a real dilemma for the couples. If childlessness is characterised as catastrophic then how do they construct a narrative of fulfilment and positivity in their future lives if IVF fails and adoption is not the answer?

In extract 11 Simon is responding to my question '*Why is it that you want children?*' Simon also uses a discourse of lack to describe a potential life without children.

Ext.11

61   8   Simon: well the reason I want (1.4) I want

*   9   children is (1.8) it's a it's a I feel*

*   10   it's a missing part*

*   11   Lindsay: mm hm*

*   12   Simon: like our our lifestyle and our (.)*

*   13   well yeah our life as we are as a*

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14   *couple is is is a jigsaw but it's the*

15   *missing piece (1.4) and I wanna fill*

16   *that piece in so that we can build a*

17   *whole picture of our life with them (.)*

18   *and I feel that that that part is*

19   *missing at the moment and*

In this extract Simon is using '*I*' when discussing his desire for children, instead of '*we*'. This was a common feature of Simon and Rebecca's interview, each being very careful to speak for themselves, and Simon often corrected himself when he started a sentence with 'we' instead of 'I' or 'me'. This careful use of 'I' statements created a picture of the couple as two individuals rather than a single unit, each holding their own opinions. This will be revisited latter in the analysis when discussing how couples resolved differences. Simon uses the analogy of a jigsaw to give a visual illustration of his sense of incompleteness without a child. This discourse of being incomplete, although not quite as catastrophic as Isobel's narrative, leaves a potential space to be filled if they are unable to conceive, or adopt, a child.

In extract 12 Alan has been talking about the taking back of ownership of Isobel's body following several IVF cycles after deciding to stop IVF and adopt instead. What's interesting about this extract is that even though Alan is attempting to create a positive discourse around abandoning IVF for adoption for Isobel in that she can have a drink, smoke, eat fattening foods, Isobel begins by agreeing with this construction of liberation but after a lengthened pause feels it necessary to assert her unhappiness about never being able to bear a child.

Ext.12

102   11   *Isobel: =yeah there are certain kind of*

12   *liberations*

        13   *Alan:* ⌜*yeah*⌝

        14   *Isobel:* ⌞*aren't*⌟ *there (.) like certain kind of*

        15   *(1.7) yeah I'll <u>never</u> feel happy that I'm*

        16   *not gonna be pregnant and <u>never</u> feel like*

        17   *(1.6) yeah*

This sort of statement following a more positive discourse around life without children, or in this case life without having to be pregnant or undergo more IVF, appeared in all couples' interviews. On occasion the discourse may be around having more freedom to spend money on fun or desirable things but would be ended with a statement about being willing to give all that up for a child, or that it could never replace a child. In Isobel's statement she sends a clear message that having ownership of her body and the liberation from IVF is no substitute for being pregnant. This is important in creating a narrative of a deserving couple or individual by being unwavering in their desire for a child. It also shows how important it was for Isobel to convey to me, readers and perhaps also to Alan, the pain and sorrow of not being able to get pregnant

Extract 13 begins with Tom explaining their decision to change clinic following their first failed round of IVF.

Ext. 13

174   6   *Tom: =but it was mainly just cos we were*

        7   *so (1.0) annoyed (.) by how they'd*

        8   *handled it (.) at the at*

        9   ⌜*the end*⌝

        10   *Danielle:* ⌞*yeah*⌟ *(.) and also just terrible*

        11   *memories now from (.) bawling (.) just*

12	_crying_ and crying and crying
13	Tom: yeah
14	Lindsay: mm hm
15	Danielle: =after receiving what felt like the
16	worst news in the world
17	T: mm
18	Danielle: um which at the time it was I suppose for us

As was quite typical of Tom during the interview he is seen in line 174:6-8 focusing on the mistakes made by people at the clinic or administrative tasks not being carried out in a timely fashion; quite practical things about the process of IVF. Danielle then picks up the narrative by talking over him and taking a much more emotional position, again something that was common throughout their interview. She speaks of terrible memories and uses the list of three in line 174:12 '_crying and crying and crying'_ to illustrate how emotional she was at the time. Danielle also introduces some perspective into her account by saying '_receiving what felt like'_ on line 174:15, instead of 'receiving what was' which has the affect of letting the listener know that she is aware of the subjective nature of her reaction. One of the consequences of this little declaration of perspective is that it allows her to use the phrase '_the worst news in the world'_ without sounding melodramatic but still conveying the intense emotions she was feeling at the time. She continues to show some perspective by following this statement up with '_which at the time it was I suppose for us'_ (174:18-19). Here she shows that the passage of time has changed the way she feels about the news and also acknowledges the subjective nature of the reaction again by saying '_for us'_. Showing a level of perspective and self awareness as is illustrated above was common in all the interviews. It seemed to give the couples more freedom to use extreme language, as above, but also played

a part in managing how they came across in the interview. Perhaps it was important for them to show self awareness given my role as a psychologist, perhaps to fend off any interpretations I may be making.

1.3 What's lost by not having own biological children

This next section builds on the last by adding to the sense of loss with particular emphasis on the biological aspect of parenting. Because adoption is a possible alternative route to parenthood, I was interested to see how biological parenthood is constructed by the couples. Having set up a description of IVF as involving a lot of effort, struggle and sacrifice it presents a challenge for the couple to justify putting themselves through such an ordeal. So in addition to childlessness being constructed as incompleteness and in some cases a catastrophic outcome in one's life, the following extracts are illustrative of what the couples conveyed as lacking or problematic by not having their own biological children.

Ext 14

74	10	*Lindsay: what do you think it is about that*
	11	*biologica:l (.) connection (1.0) that made*
	12	*you want that one biological (.)*
	13	*Alan: well it's (1.2) you know it's it's (1.0)*
	14	*u:::h you wanna leave something on this*
	15	*planet you wanna you you wanna maintain the*
	16	*line (.)⌈ you know⌉*
	17	*Isobel:⌊mm ⌋*
	18	*Alan: =the kind of like the the genetic line*
	19	*(.) um and (.) you know neither of us are*
	20	*gonna be able to do that we wanna create*
	21	*some and also it's about creating something*
	22	*together*

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23   *Lindsay: mm hm*

24   *Alan: you know it's about creating you know*

25   *(.) this creature (.) is a product of us*

26   *it's a representation of our love (.) and I*

75   1   *think that that is just a gift (.)*

Alan responds to my question initially with a couple of long pauses and some filler words to convey an internal thought process. He then follows by combining an existential and a genetic discourse that evokes a fundamental human desire and task to produce offspring, before finishing with a somewhat religious discourse of child as 'gift' (75:1). By employing these three discourses he presents the notion of fathering a child as very important and necessary work to be done whilst alive. The existential, '*you wanna leave something on this planet*' and the genetic, '*maintain the line....the genetic line*' is given a universality by Alan saying '*you know*' (74:13, 74:16, 74:19) and by saying '*you wanna leave something*' (74:14) instead of 'I wanna leave something'. By using 'you' in the plural sense he turns an individual desire into a desire shared by all people. The employment of an imperative to procreate was used by all three men and can be seen in a later extract from the interview with Tom and Danielle where Tom is stating his case for use of his sperm and a donor egg in the event of several failed IVF rounds using Danielle's eggs. In this instance Tom refers to his desire to father a child as his '*biological imperative*' therefore positioning his desire for a child that is biologically his as fundamental to his nature as a man, and therefore not merely a personal preference. In extract 15 Simon employs a similar discourse of evolutionary theory to explain his sense of shame at not being able to father a child without the intervention of medical technology.

Ext. 15

38   12   *Simon: I didn't*

13   *want anybody to know and I think that's*

14   *(.) down to (1.5) it makes you feel a*

15   *bit lesser (.) man if you know what I*

16   *mean to say that you've got issues and*

17   *you can't (.) I don't know whether it*

18   *goes back to some caveman instinct that*

19   *you're the man and you should go and*

20   *provide family and all (.) and to have*

21   *that taken away from you is a bit of a*

22   *dent in your armour*

23   *Lindsay: mm hm*

This passage takes place when discussing how widely known it is that they are going through IVF. Simon hedges his assertion about '*some caveman instinct'* (38:18) with ''*I don't know whether'* which allows him to create this discourse without being criticised for making a false claim. Interesting in this extract is that Simon makes this evolutionary desire gender specific and invokes a discourse of shame. Simon also depersonalises his account by using '*you're*' and '*you*' in line 38:19, again alluding to a sense of universality in this desire or need to procreate.

Ext.16

81   11   *Isobel: =having a kid together makes us part of*

      12   *each other's families*

      13   *Alan: yeah*

      14   *Isobel: like (.) in a way that like (1.2) I mean*

      15   *you <u>are</u> part of my family but there's*

      16   *something about (.) like you say if we (.)*

      17   *have something that's a mix of each of our*

      18   *families it's like (.) not just (.) mixing*

19		*us but like (1.0) fundamentally mixing our*
20		*families*

In extract 16 and in the lines 74:21-22 in extract 18 Isobel and Alan find importance in '*creating something together*' and '*fundamentally mixing our families*'. Isobel is careful to affirm Alan's role in her family (81:15) as a disclaimer, as well as using the phrase '*like you say*' in order to give the impression that this is a jointly held view, before saying that their families cannot be mixed in the same way without having children. Whilst Alan characterises this creation as something that solidifies the couple relationship, '*representation of our love*' (74:26), Isobel speaks more broadly about solidifying both of their whole families' relationship. This wider purpose to having children, beyond just the couple relationship to the affect of having children on their wider families was raised on several occasions. It may be that positioning the act of procreating as an act with a wider purpose than just satisfying the couple's desire deflects any criticism about it being a selfish endeavour. Indeed an accusation that wanting to be the biological parents of a child is a selfish desire is defended against by the combined positioning of procreation as purposeful within the wider family, and as an innate and universal desire and therefore not within the control of the individual.

In extract 17 Alan has been discussing his reasons for wanting a child that is genetically his.

Ext.17

76	9	*Alan: ...and and in a in a way I*
	10	*think a lot of those things don't have to*
	11	*be biological (.) like with regards to like*
	12	*kind of making mistakes and passing things*
	13	*on to kids (.) .but like you know (.) as*

14   I'm sure you are well aware like you know

15   (.) um (.) a large part of intelligence (.)

16   is is is is genetic and the environment

17   around and the interaction with the

18   environment (.) .but you know that that can

19   include like (.) whether or not (1.0) the

20   kid's (1.0) mother is is is is drinking (.)

21   or doing drugs or something like that⌈that⌉

22   Lindsay: ⌊mm ⌋

23   Alan: =can impact their intelligence (.) so

24   it's like kind of realising that we're

25   not gonna be able to kind of then (1.0) pass

Alan has been discussing the role of teaching his child not to make the same mistakes as him and handing down wisdom, something that also featured heavily in Simon's narrative as to why he wants children. At the beginning of this extract Alan acknowledges that these activities are not exclusive to one's own, biological children, and so begins to create a discourse of what is important about the genetic connection that he previously mentioned in extract 14. In line 76:14 Alan says '*I'm sure you are well aware*' before going on to say that intelligence is largely genetic. Here he is bringing me as the 'expert psychologist' into the discourse as a way of corroborating his 'fact'. The effect of this phrase is to make it difficult, or impossible, to disagree with him as it is presented as an absolute fact that I should be aware of. By presenting the idea that intelligence is largely genetic it again adds to the idea that to have one's own biological children is the sensible and obvious thing to do. It gives an element of control over the characteristics of the child and allows you to pass on characteristics of yourself that are desirable, therefore adding to the evolutionary discourse. Following up the assertion that intelligence is largely genetic

he then says that it is also in part down to environment, thereby acknowledging the nature/nurture interaction discourse that is widely used in psychology. This presents a challenge to the discourse of control through genes and so he resolves this by choosing an environmental factor that is also under the control of the couple: the mother drinking alcohol or doing drugs.

1.4 Unfairness of Infertility

This section looks at how the couples interpreted their infertility as unfair, and how this characterisation sets up a narrative of them as particularly deserving of children. The way in which the couples built their case of unfairness fell broadly into one of two categories. Alan and Isobel's narrative followed a characterisation of unfairness based on their own capacities to be excellent parents. They spoke of past experiences they had had with children to evidence their claim, other people's opinions, and spoke explicitly about how they each believed the other to have the potential to be an excellent parent. Danielle and Tom, and Rebecca and Simon both engaged in a different strategy for constructing their experience of infertility as unfair. They used extreme case formulations of undeserving, bad parents which then sets them up as the opposite of such a person, and reinforces the unfairness of their predicament. The consequences of the two strategies are then discussed. I will start by analysing Alan and Isobel's construction of unfairness and the positioning of them as deserving parents.

Ext.18

68   22   Isobel: like (.) I think that like (.) like (.)

23   he is <u>really</u> extraordinary with kids like

24   and you know we've worked (.) done a lot of

25   volunteering with kids and worked with kids

26   and (.) I remember we were in this camp in

69   1   America working with kids and this woman

2   *came up to me ......*

5   *(.) she was a parent of like one of the*

6   *four year old girl girls that were all in*

7   *love with Alan like in this place [laugh]*

8   *and she was like (.) 'so are you are you*

9   *Alan's partner' I said yeah and she's like*

10   *(.) 'he has got to have children he really*

11   *needs children' like=*

12   *Alan: [laughs]*

13   *Isobel: =and it was like (.)⌈it was like ok⌉*

14   *Alan: ⌊ (that's cool) ⌋*

15   *Lindsay: [soft laugh}*

16   *Isobel: =yeah I know I know (.) but it is like*

17   *(.) you were really amazing with kids and*

18   *you were really amazing like*

In this extract Isobel had been talking about how having children has always been important to both herself and Alan. She begins in line 68:23 by using the uncompromising phrase '*really extraordinary'*, emphasising '*really*'. This sets up her narrative of Alan being particularly deserving of having children and there being a real sadness and unfairness that this is not possible. Isobel continues to evidence her claim that Alan is extraordinary with children by saying that they have done '*a lot*' of volunteer work, and other work, (line 68:25) with children. Isobel then uses a rhetorical tool of contextualisation (Edwards and Potter, 1992) that helps to build the factual basis of her report. Isobel cites a specific incident that occurred at a camp in America which firstly proves to us that they have in fact done volunteer work, and sets up a scene where she corroborates her claim of Alan's parenting qualities by introducing a third party, the mother of the four year old girl. This woman is then

quoted which is a rhetorical tool used to make the speaker's claim more believable. This parent also uses an extreme case formulation to communicate just how much she believes Alan needs to be a parent. The purpose of this passage is to allow Isobel to add legitimacy to her claim of Alan's superior parenting abilities by introducing an objective third party so as to defend against an accusation of bias towards him. She effectively does this and concludes by stressing that she thinks he is 'really amazing' by repeating this and emphasising 'really'. The consequence of this construction of unfairness is that both the couple and the listener are left saddened by the unfairness of infertility. This is in contrast to the construction of unfairness which the other two couples engaged in which had a different effect.

In the next extract Danielle is talking about having to go to her local women's health centre in the early stages of fertility treatment and encountering other pregnant women.

Ext. 19

24	7	Danielle: and the <u>worst</u> thing for me
	8	(.) is (.) the fact that (.) on pretty much
	9	every occasion there would be a heavily
	10	pregnant woman stood outside the
	11	women's health unit smoking a fag
	12	Tom: =smoking a fag
	13	Danielle: and there I was you know given up
	14	caffeine (.) given up (1.1) you know
	15	(.) cakes [laughs]
	16	Tom: yeah
	17	Danielle: done loads of exerc- everything <u>just</u>
	18	to even get into that position and
	19	there they are stood there and

20   *[gestures to smoking a cigarette] and*

21   *oh my god (.) it is so frustrating*

22   *Tom: yeah*

23   *Danielle: a- and again (.) the feeling of*

24   *bitterness*

25   *Tom: yeah*

Danielle begins by setting up the scene by again taking on an extreme discourse by saying that what is to follow is the '*worst thing'* (line 24:7) and following this up by telling the listener that what she is about to say is a '*fact*' (line 24:8). This declaration that what she is about to say is factual removes any doubt that her story is tainted with subjectivity. She then moderates her language slightly, which again makes her more believable by saying '*pretty much every occasion'* (line 24:8-9) instead of saying 'every single occasion' which perhaps would raise suspicions in the listener's mind. Danielle then tells of the heavily pregnant women all smoking cigarettes outside the unit. Her use of the term 'heavily' allows us to cast aside any doubt that the women were indeed pregnant, or that they perhaps were unaware that they were pregnant. Tom joins in the conversation by backing up Danielle's narrative and agreeing with the sentiment of unfairness and resentment. After constructing an image of these bad mothers who are undeserving of the child they are carrying, Danielle then moves on to evidence her own qualities that make her a more deserving parent. She positions herself in direct opposition to this 'bad' mother who is unwilling to make sacrifices for the safety of her unborn child by talking about all the sacrifices she has made before even getting close to the point of conceiving. She uses a list of three to emphasise her point, '*given up caffeine, given up, you know, cakes...done loads of exerc-*' (lines 24:13-17) as Tom interjects to support her narrative. This discourse of unfairness by comparison leaves the couple and listener

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with a sense of resentment and bitterness, as is expressed by Danielle at the end of the extract: *'and again, the feeling of bitterness'* (lines 24:23-24).

This construction of the bad mother was also used by Simon as shown in the following extract. It followed a similar narrative to that of Danielle and Tom but instead of ending with a statement of bitterness, Simon constructs an image of them as great parents who could save this child from its inevitable fate.

Ext. 20

62	13	Simon: well it is but it is a waste of re-
	14	you know and it *infuriates* me as we
	15	mentioned earlier (.) and I shouldn't
	16	say this really but (.) you'll walk
	17	down the town and you'll see some
	18	absolute *wreck* of a woman they're
	19	smoking (.) probably three parts drunk
	20	as well (.) f-ing and blinding she's
	21	got a child by the back walking (.) the
	22	child is an inconvenience (.) and you
	23	see this child's crying or something
	24	and it's not looked after (.) and I
	25	just think do you know what (.) if we
	26	could pick you up and bring you into
63	1	our life we could give you *such* a good
	2	life (.) we could *really*
	3	Rebecca: mm
	4	Simon: =make a difference to your life ...

Simon has been speaking about how them not being able to have children is a wasted resource. He continues with his narrative by producing an extreme case formulation of a bad mother, using extreme rhetoric, '*wreck of a woman*' (line 62:18), and saying that he has seen this type of woman '*down the town*' (line 62:17), adding context to his narrative to show the listener that this is not a fictional character. Simon also uses the three part list to emphasise what a bad mother this woman is: '*smoking, probably three parts drunk, f-ing and blinding*' (lines 62:19-20). He corroborates his story of this being an unfit mother by showing that the child is unhappy, '*this child's crying*' (line 62:23) and then transitions to position them as a couple in opposition to this woman as a couple who are capable of caring for this child to such an extent that it would turn the child's life around (line 63:4).

Simon used this discourse of extreme selflessness and sacrifice on several occasions during the interview and it is notable that both of the other couples are characterising their superior parenting skills by talking about how they are willing to make sacrifices or how they have something of value to offer potential children. This draws on the discourse of parenting as selfless and is positioned in opposition to a childless existence as selfish. This will be discussed in greater detail in the next section when I will look at discourses of childlessness.

These discourses of unfairness, bitterness and the positioning of couples as particularly worthy parents could be seen in their wider context in various ways. One such way is as stated above. The couples are drawing on a widely used discourse of parenting as selfless, but this only goes so far for couples undergoing fertility treatment as they face a more complex situation. Firstly, it could be seen within the context of these particular interviews. The couples have all made efforts to construct their experiences of IVF as a struggle and as a sacrifice. This leaves them with a potential challenge of 'Why put themselves through this?' Having spoken about

their own pain and loss at not being able to fulfil their potential and goal of having children, they bolster this justification of undergoing gruelling treatment by turning the focus outward by saying what they are able to provide for a child. Another potential purpose of this discourse is that it defends against accusations of selfishness for undergoing IVF. Accusation of selfishness for not adopting, using NHS resources for non essential reasons, and adding to the over populated world are all present in everyday discourse and one such trope is explicitly mentioned by Danielle during the interview:

Ext. 21

265   3   Danielle: it's not a right to have a child (.)

*   4   °as I'm frequently reminded°*

In this extract Danielle is repeating a phrase that she is insinuating she has heard on many occasions, with a resentful tone. And indeed it could be argued that the NHS also implies this when it restricts, and in some cases ceases, to offer IVF cycles.

1.5 Adoption as solution/ not the solution to the problem of infertility

In the previous section I presented an extract from Isobel and Alan's interview to show how they constructed their experience of infertility as unfair. I noted how Isobel positioned Alan as '*extraordinary*' with children and how this led to a feeling of sadness that they could not have children. Another consequence of this discourse however, is that it sets up their narrative of being destined for something more challenging than conventional parenthood. For Alan and Isobel, IVF has come to an end and they have made the decision to pursue adoption. This section will look at how Alan and Isobel construct adoption as the solution to infertility, and how the other two couples handle this option in the context of still being in the middle of IVF treatment.

In extract 22 we see Isobel continuing the narrative of Alan as an extraordinary parent. She is using persuasive language in line 70:17 saying '*I do I really think*' and I wonder who it is she is trying to persuade; me, Alan or herself.

Ext. 22

70	17	Isobel: but I do I really think you have
	18	something amazing to give and like it it
	19	would've great if you could've given that
	20	to our birth child but that would've been
	21	(.) ⌈ I don't know ⌉
	22	Alan:⌊ too easy= ⌋
	23	Isobel: =yeah
71	1	Alan: ⌈ no I know what you mean well this is
	2	part of the creating the narrative.
	3	Isobel: there's someone out there who needs it
	4	more ⌋
	5	Lindsay: mm hm
	6	Alan: you know
	7	Isobel: yeah (.) but I <u>really</u> think that (.)
	8	like=
	9	Alan: =yeah
	10	Isobel: there's other things I (.) say where I'm
	11	like (.) (ringing) a bit hollow [laugh] but
	12	not that (.) yeah
	13	Alan: °(thank you)°

Isobel and Alan then go on to position a birth child as an easy option (lines 70:21-23). At this point Alan and Isobel talk over one another, with Alan making a meta physical comment about creating a narrative. This was something that Alan

references on a couple of occasions and could be a consequence of his awareness of the type of analysis I am carrying out. This awareness of the creation of a narrative perhaps is intended to display his knowledge, or it may be intended to defend against interpretations I may make. Taking over from Alan, Isobel continues with her 'destined for more' discourse and positions their intention to adopt as a selfless act, providing a home for a needy child (line 71:3-4). Isobel then responds to Alan's comment about creating a narrative by again using persuasive language, line 71:7. It appears that Isobel is not satisfied by framing their reasons for pursuing adoption merely as a narrative tool and aims to locate her story at a deeper, more objective level. She manages this by positioning her current claim of Alan's superiority as a parent against other claims she might make that are not genuine (lines 71:10-12). By doing this Isobel attempts to add legitimacy to her claim by acknowledging that on occasion she may be less then truthful, '(*ringing) a bit hollow'*, this self disclosure helps us to believe that on this occasion Isobel is being truthful. Her persuasion is successful and Alan accepts her compliment (line 71:13).

Alan's awareness of the creation of a narrative is again shown below in an extract where he dominates the conversation to explain the development of their 'adoption as solution' discourse. At the beginning we see Alan again referencing narrative (line43:4).

Ext.23

43   2   Alan:...I think what made it

*   3   easier for us is that actually (.) um (.)*

*   4   part of the narrative that we've created*

*   5   and you know it's like anything you know*

*   6   you pick something out from your past and*

*   7   you use it as a means to kind of like then*

*   8   explain why what you're gonna do next is*

9   okay (.) but like I remember having a

10   conversation with friends when I was

11   seventeen years old in a pub and I remember

12   very clearly (.) the period I remember

13   where the bar was I remember like what you

14   know (.) who was at the table (1.3) and

15   uh and I said 'oh yeah I'm totally gonna adopt

16   (.) u:m absolutely'=

17   Isobel: =yeah

On this occasion Alan goes further in his explanation of how a 'narrative' works and this acts as a long disclaimer. Hewitt & Stokes (1975) state that disclaimers are generally used to preface a potentially offensive statement so avoid judgement, e.g. 'I'm not racist but..'. In this case it seems Alan is using a disclaimer as a means of protecting against his narrative being dismissed as false or irrelevant. He ends his disclaimer with 'but' (line: 43:9) and goes on to explain the event in his life which has helped build the narrative. What is interesting about this extract is how much effort Alan puts in to convincing both himself and me that this incident did in fact take place, another example of the use of context to turn a relaying of an event into a factual account (Edwards & Potter, 1992). He mentions a specific age, seventeen (line 43:11), specific place, a pub (line 43:11), alludes to remembering specifics about the interior of the pub and who was there (lines 43:13-14), and uses the word 'remember' four times in the space of five lines of discourse, before completing with a quote which further legitimises his claim. The amount of effort being put in to this passage indicates that despite an awareness of the uses of constructing a narrative to justify one's actions, this story from his youth holds a deep meaning for him and adds gravitas to their decision to pursue adoption.

What follows is Alan talking about an incident in the life of the couple where Isobel had been distressed while learning about the needs of children in care. Isobel then takes up the narrative that further elaborates on why they are pursuing adoption. In this joint narrative that is being constructed by the couple, they are both positioning their desire to adopt in the past and the present. This then negates any accusation that adoption is a second choice for the couple, a consolation prize. In extract 24 Isobel recalls a growing excited about adoption, even when they were going through IVF (lines 45:12-13).

Ext.24

45	*11*	*Isobel: I also think that like (.) the part of*
	12	*us that was getting excited about adoption*
	13	*(.) that was really growing I remember (.)*
	14	*even before the first round saying to my*
	15	*friend (.) like (1.2) that there was a <u>part</u>*
	16	*of me that was thinking shit what if it*
	17	*works cos I feel like we have a child that*
	18	*we're supposed to adopt that like*
	19	*Alan: °mm°*
	20	*Isobel: you know I feel like we're betraying by*
	21	*going through fertility treatment like I*
	22	*had that kind of feeling (1.1)*

Isobel talks about 'even before the first round' (line 45:14), again positioning her desire to adopt prior to IVF, and corroborates her story by introducing a friend who has played witness to this desire, (lines 45:14-15). Isobel creates a narrative of destiny, and her fear that her destiny may not be met if they conceived during IVF treatment.

The overall effect of Isobel and Alan's narrative is that not only is adoption the solution to infertility, infertility has in some ways enabled them to fulfil their potential and destiny. This narrative has been constructed by first positioning both Alan and Isobel as extraordinary parents who have the capacity to take on a more challenging type of parenting. They then recall incidents from their past which show their interest in adoption, prior to any diagnosis of infertility, and then enhance this by constructing adoption as their destiny. This positive discourse allows the couple to more forward, post IVF, as they have found a suitable solution. The other two couples were in a different position in that they were both intending to undergo further IVF cycles. This meant that they were still hoping IVF would be the solution to their infertility and made discussing adoption a more complex issue.

I start with an extract from the interview with Rebecca and Simon. Prior to my question Simon had been discussing how he came around to the idea of using donor sperm and followed this up by saying that he would take in an abused child if it meant the child could be happy. In the middle of his discourse Rebecca had interjected to say that she 'couldn't do adoption' but this was not taken up by Simon at the time. I had then interpreted his story in the same way as Rebecca, as a willingness to pursue adoption, and in my question I was attempting to synthesise their different positions on adoption and donor gametes, addressing Simon's position first, followed by Rebecca's.

Simon is quick to correct my assumption, and talks over me to assert his position. He first reaffirms his position on donor gametes but introduces doubt over adoption. The issue of adoption presents couples with a complex situation to navigate. As mentioned earlier in the analysis, couples undergoing IVF are at risk of being accused of selfishness for not choosing adoption instead of fertility treatment, and it also presents a challenges to the discourse of parenthood being a selfless act. As

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Simon moves forward to justify his position he is faced with this sensitive situation and manages it by locating the problem with adoption in himself and in the couple (lines 83:18-19).

Ext.25

83	*10*	*Lindsay: mm but now you would consider a*
	11	*donor <u>and</u> adoption but you wouldn't*
	12	*consider⌈ad-adoption but*
	13	*Simon: ⌊ .donor yeah (.)⌋ adoption I don't know*
	14	*Lindsay: mm hm*
	15	*Simon: =I'd have to have a think about it*
	16	*and the reason being for adoption is*
	17	*(1.8) I don't know how strong <u>I</u> am or*
	18	*how strong the relationship is to be*
	19	*able to take on (.) a child that may*
	20	*have issues and*
	21	*Rebecca: they don't <u>always</u> have issues*
	22	*Simon: =not always have issues but (.) I*
	23	*don't know how⌈I'd react to it*
	24	*Rebecca: ⌊they quite often⌋*
84	*1*	*Simon: like (.) taking on a child is (.)*
	2	*cos you can't obviously say we want a*
	3	*baby*
	4	*Lindsay: mm hm*
	5	*Rebecca: well you can*
	6	*Simon: can you? (.) oh I*
	7	*⌈didn't think you could⌉*
	8	*Rebecca:⌊yeah but it's (.) ⌋ incredibly limiting*

After Simon's remark about taking on a child with issues Rebecca interjects in a way that was characteristic throughout the interview. Rebecca is responding to Simon's hedged comment about a child that '*may have issues'* and interjects by disputing that they '*always have issues'*, using extreme language that Simon had not himself used. The result of this is that Simon is forced to adjust his claims of adopted children having 'issues' which threatens his justification as to why adoption may not be the solution to the problem of infertility for him. Even though Rebecca again interjects on line 83:25 by reversing her statement and appearing to back-up Simon's claims of adopted children having issues, Simon has begun to formulate another reason why adoption would be difficult for them. Simon goes on to claim that they would not be able to request a baby, '*obviously'*. By using '*obviously'* (line 84:2) Simon presents this as fact that is widely known. Again Rebecca interjects to dispute this claim (line 84:5) before again seemingly backing Simon's claim up by saying that it would be 'incredibly limiting' if they were to request a baby.

There are several elements to this passage of discourse that are of interest. The first being Simon's justification of why adoption is not the answer. His location of the problem with adoption in both himself and the couple in reference to the inevitability of having to cope with an older child with 'issues' allows him to construct his decision as at least responsible, if not completely fending off accusations of selfishness or being self-centred. The second interesting aspect of this passage is the way Rebecca interjects to undermine Simon's argument. The intention behind this is most likely not an attempt to make him change his mind, as she has already said that she would not like to adopt. It may be that Rebecca's intention is to assert her authority as the knowledgeable one in the relationship, especially in aspects related to children in care, as she goes on to say that she would not like to adopt '*because of my work I'd feel like I was taking my work home'*, therefore insinuating that she has specialist knowledge in the area of looked after children. Asserting her

authority by challenging or undermining Simon was a common dynamic in this interview and will be looked at again later in the analysis.

In these next two extracts from the interview with Danielle and Tom they are managing a situation where their views on adoption as solution to infertility do not match up. In extract 26 Tom has taken over the conversation to put across his own views, separate from the couple or Danielle's, about why adoption is not currently the answer to infertility for him. At the beginning Tom is quite clearly setting up his narrative by emphasising the '*my*' in '*from my side*' (line 200:6) and then using dismissive language '*whatever*' (line 200:7) when referencing adoption and fostering, before firmly locating the interest in this in Danielle. What follows is the beginning of a negotiation process that pits his desires against hers.

Ext.26

200	5	Tom: but (I mean) (.) from from (.) from
	6	*my* side I suppose because (.) like you
	7	said we'd talked about (.) whatever
	8	adoption fostering which you've always
	9	been particularly interested in
	10	Danielle: yeah
	11	Tom: but (.) I've always (.) *personally*
	12	(.) felt that you know (.) I'm happy to
	13	go down that route (.) but I would like
	14	to:: (1.1) I suppose exhau:st (.) the:
	15	(.) natural if you can call IVF that
	16	Danielle: [laughs]
	17	Tom: u:h (.) the the natural route ie of
	18	it being ⌈ our
	19	Danielle:⌊ours ⌉ ⌈yeah

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20   Lindsay: mm hm

21   Tom: child (.) before (.) before we go

22   down that route and ⌈if we⌉

23   Lindsay: ⌊ mm ⌋

24   Tom: =can have just one of our own (.) I

25   don't give a shit if we adopt ten (.)

26   but (.) I- th- I I don't know I feel as

201   1   though I have a (.) sort of biological

      2   imperative (.) to (.) have my own kid

In line 200:12-13 we can see Tom laying down a disclaimer as part of his

negotiation. He is 'happy' to acquiesce to Danielle's desire to adopt 'but' his

requests must first be met, therefore setting up a scenario of compromise. He goes

on to set out his demands for them to '*exhaust*' the '*natural*' options available to

them which elicits confirmatory utterances from both Danielle and I. Tom then goes

on to create a deliberate extreme case scenario of adopting ten children (line

200:25) to emphasise just how compromising he is, as long as his requests are met.

He then goes on to justify his demands by again adopting the discourse of evolution,

therefore locating the desire in an innate tendency, particularly present in men.

What follows is a long discussion about the use of donor eggs which was a major

point of contention between the couple during the interview. This will be looked at

later in the analysis. After a long negotiation about the possibility of using a donor

egg, Danielle then changes the subject by bringing the conversation back to the idea

of adoption as the solution to the problem of infertility. Here, she is managing their

conflicting views on adoption by explaining his lack of interest in watching

programmes about the adoption process. She first starts by reaffirming her interest

in adoption with the caveat that you need to be '*armed with all the information*'

thereby giving the impression that she has done some research into what's involved. She then goes on to talk about the programmes she has seen about '*poor kids'* (line 210:11) waiting to be adopted. By positioning these children as '*poor kids'* she is setting up a narrative of adopting children as a selfless act and perhaps could be seen as taking a moral high ground in comparison to using donor eggs, Tom's preferred course of action should IVF with their Danielle's eggs be unsuccessful.

Ext.27

210	6	*Danielle: u:m (.) and but adoption I would (.)*
	7	*definitely be interested in although*
	8	*(.) I (.) I feel that (.) you have to*
	9	*be armed with all the information (.) and*
	10	*the many programmes that have been*
	11	*on recently about these poor kids*
	12	*waiting to be (.) chosen or being*
	13	*written off (.) for being too old to be*
	14	*chosen I've tried to get him to watch*
	15	*but (.) he's not interested mainly*
	16	*because (.) that kind of (.) thing just*
	17	*doesn't interest you naturally anyway does it*
	18	*Tom: yeah*
	19	*Danielle: =that's not the sort of TV you would*
	20	*naturally watch*
	21	*Tom: =no*

Danielle continues by saying that she has tried to get Tom to watch these programmes with her but 'he's not interested'. This presents a difficult scenario for Danielle as it exposes a potential rift in the relationship and threat to her desire to adopt should IVF be unsuccessful. She manages this by referring to his general

taste in TV programmes, lines 210:16-17, saying that it doesn't '*naturally*' interest

him. The intention behind this is to perhaps diffuse this potentially problematic

difference by claiming that his disinterest is not with adoption per se, but with a

certain type of broadcast, therefore maintaining not just the impression of a solid

relationship, but the possibility that Tom is in fact interested in adoption. Appealing

to distinct personality types and personal characteristics was a rhetorical tool used

frequently by Tom and Danielle to manage differences in approach and opinion and

this will be further explored later in the analysis.

1.6 Childlessness discourses

Another potential solution to the problem of infertility is to accept or choose a

childless future. Discourses of childlessness came up throughout the interviews,

both spontaneously and in direct response to my questions about whether they

knew childless couples or whether they had considered not pursuing IVF.

Similarities emerged in how the couples constructed childlessness, with the general

impression that childlessness would lead to selfishness, bitterness, materialism,

compensatory behaviours or possessions, and unfulfilled potential. Some of these

discourses have been looked at earlier in the analysis, for example unfulfilled

potential when discussing the pain of infertility and failed IVF, and discourses of

bitterness when discussing the unfairness of infertility. I have therefore concentrated

on discourses not yet discussed.

In extract 28 Danielle talks about a cousin she has who cannot have children. The

point Danielle is putting across in this extract is how she is uncomfortable with the

sympathy she feels for this cousin. But along with introducing a discourse of feeling

pity for those without children, there is contained within this extract one of the

discourses of childlessness most frequently employed by the couples: the discourse

of materialism. Danielle first establishes the factual basis of her story by naming a

specific person and prompting a response from Tom to confirm such a person

exists. Danielle then goes on to list extravagant possessions that this couple own

and extravagant holidays they go on.

Ext.28

253 1 *Danielle: I I've got a cousin who: um (1.0)*

   2   *who's married to a woman sh- they can't*

   3   *have kids (.) my cousin [name] []'s*

   4   *older ⌈brother*

   5   *Tom: ⌊ yeah*

   6   *Danielle: um and they have (.) they've got you*

   7   *know a Jacuzzi in the garden in a (.)*

   8   *in a (.) in a chalet and they go (.)*

   9   *got a speed boat and they go to the*

   10   *⌈Caribbean*

   11 *Tom: ⌊yeah*

   12 *Danielle: =all the time they're they're (.)*

   13 *you know living it up (.) at the end of*

   14 *the day (1.1) even when I look at their*

   15 *pictures on facebook (think) I can't*

   16 *help thinking (.) a::h they can't have*

   17 *kids they (haven't had) there's a bit*

   18 *of me that's ⌈being patronising*

   19 *Tom: ⌊yeah (.) yeah*

   20 *Danielle: =and (.) sympathetic towards*

   21   *⌈them*

   22 *Tom: ⌊yeah*

The impression is that the couple have substituted children, or been enabled by lack of children, to engage in a lifestyle that is full of expensive things '*jacuzzi*', '*chalet*', '*speedboat*', and lots of fun, '*they go to the Caribbean all the time*'. This discourse of materialism is in stark contrast to the one of parenting as selflessness. Danielle goes on to say that even with this extravagant lifestyle she feels sympathy and is patronising them, indicating that she feels that they are merely compensating and are not fulfilled.

Rebecca was the only participant to say that she still contemplates not having children. In extract 29 Rebecca is responding to my question about whether they had considered not having children. She is quick to respond, interjecting, and shows that for her it may remain a possibility. As was common in their interview, Rebecca makes sure she is talking for herself (line 90:23). Despite Rebecca initially acknowledging that she has, and continues to, contemplate a childless future, she begins to rescind this by introducing the notion that this is a '*protective mechanism*' (line 91:1-2).

Ext.33

90	15	Lindsay: have you ever considered (1.0) not
	16	having children either beforehand all
	17	of all of this or or⌈now⌉
	18	Rebecca: ⌊yeah⌋
	19	Lindsay: =do you consider the possibility of
	20	it
	21	Rebecca: yeah loads of times
	22	Simon: mm
	23	Rebecca: I have anyway
	24	Simon: yeah
	25	Rebecca: I would still stay it's probably ten

26   percent there (1.4) just because (1.3)

91   1   I but I think that's a (.) protective

        2   mechanism

Rebecca quantifies the part of her that still contemplates a childless future, showing that it is just a small part of her. She then introduces a psychological concept of a '*protective mechanism*' that allows her to show self-awareness, perhaps in an attempt to 'speak my language' as a psychologist, but also casts doubt over whether she genuinely would be content without children. It may be necessary for Rebecca to discount her feelings about not having children in order to justify why she is putting herself through the gruelling experience of IVF treatment, and to defend against being seen wishing to lead a selfish life. Following Rebecca's remarks about contemplating childlessness, Simon offers his own opinion on a childless future, as Rebecca departs momentarily. Simon engages in the discourse of childlessness leading to selfishness and becoming materialistic (lines 91:21 and 91:25)

Ext.30

91   18   Simon: yeah I don't know I I think for me

        19   if (.) if I didn't have children I'd

        20   (.) I'd find myself becoming quite

        21   selfish

        22   Lindsay: mm

        23   Rebecca: to the loo [leaves to go to the

        24   toilet}

        25   Simon: and materialistic (1.0) more than we

        26   are now at the moment so (1.4) like

92   1   let's say if if if if someone turned

        2   round and said look you two can never

        3   have children (.) I would be like right

4   okay so what can we focus on in life

5   (1.0) I'd be like okay right we'll go

6   (.) travel the world or we'll do

7   something like this instead or (1.0)

8   you know we'll we'll go and buy (.) a

9   damn great house and we'll have fast

10   cars and all the rest of it (.) and

11   we'll have to fill our lives in with

12   that instead

13   Lindsay: mm

14   Simon: but that isn't (.) that isn't what I

15   want (.) do you know that's (.) that's

16   not a challenge for me that's just

17   that's an easy way out

Simon uses the example of their current materialistic lifestyle, enabled by the absence of children, to further evidence that life without children enables materialism. He creates a scenario to think through and justify his claims of selfishness and introduces an existential crisis in the face of being told they could not have children, *'what can we focus on in life'* (line 92:3). This implies that children, merely by their existence, give a couple focus in life, and without them there is a need to compensate. Simon's discourse then echoes that of Danielle by talking about '*travel*', '*damn great house*', '*fast cars*' and that they will '*fill our lives in with that instead*'. Simon finishes this extract by referring to a childless life as an '*easy way out*' in opposition to having children as a '*challenge*' (lines 92:16-17). The intention behind this discourse may in part be to further the discourse of parenthood as selfless, giving and fulfilling. The consequence however is that he has constructed an unsatisfying picture of a life without children which presents a

dilemma for this couple in particular, as they have said they do not currently see adoption as a possibility should IVF be unsuccessful.

In this next extract we see Isobel talking about why she wants children and transitions to show her understanding and empathy with couples who, after unsuccessful IVF, decide to accept a future without children. She continues with her 'fulfilling your potential' discourse by using the similar phrase '*given all you can give*' before taking a long pause, which signals she is processing another thought, before producing the transitional phrase '*having said that*' (line 90:12-13).

Ext.31

90	*10*	*Isobel: and yeah and looking back and thinking*
	11	*you've done (1.0) you've kind of given all*
	12	*you can give (2.3) mm (1.8) having said*
	13	*that I don't judge people who don't (.)*
	14	*like I think that there's loads of um (.)*
	15	*great (.) other things that you can do with*
	16	*your life (.) like (.) I (.) I think people*
	17	*who (.) come through fertility treatment*
	18	*and think that that's the end of the road*
	19	*in terms of parenthood for them (.) I*
	20	*really get that I really get that like (.)*
	21	*you know and I hope that they find*
	22	*something else that they can (.) like*
	23	*another project I would certainly need*
	24	*another project (.) even if that's like I*
	25	*don't know (.) do a lot of travelling or*
	26	*(.) you know (.) get a couple of dogs you*
92	*1*	*know something (.) something else there so*

2   *it's not (.) but I think for us it's <u>always</u>*

3   *been part of our (.)*

4   *Alan: °yeah°*

5   *Isobel: story (.) ⌈ like*

6   *Lindsay: ⌊mm hm*

By acknowledging that other people may not go on to adopt following IVF treatment she locates her desire for children within herself and not something that is universal. Isobel makes efforts to show her non-judgemental stance, and empathy for those who choose not to adopt. What is interesting about Isobel's discourse is that, even though it is not the extreme discourse of materialism that has been constructed in extracts 28 and 30, it is still a discourse of compensation and the 'projects' she chooses to cite are the familiar *'travelling'* (line 90:25) and new compensatory method of getting '*a couple dogs'*. This is particularly interesting because during the interview Isobel has constructed a picture of her, so far childless, life with Alan as one that includes many selfless, fulfilling and giving roles. She has spoken of volunteering with children and being a big part of her niece's and nephew's life and yet she does reference these sorts of activities as a means of compensating for not having her own children. Instead, Isobel draws on more inward looking alternatives to parenting, '*travel*' and getting '*a couple of dogs'*. This emphasises how unsatisfactory a life without children would be for her.

The consequence of these childless discourses is that it proposes an unsatisfactory future if IVF is unsuccessful and if adoption is not seen as the answer to infertility. The negative connotations of selfishness, materialism, compensation and unfulfilled potential is in direct contrast to the discourses of parenthood already discussed which have been about selflessness, giving, creating a greater sense of meaning and purpose in life. A childless future is constructed as vapid and inward looking and

potentially causing large difficulties for a couple searching for meaning and fulfilment in the event of unsuccessful IVF.

2. The couple in IVF treatment

The dominant 'In it together' discourse and potential threats to it

This next part of the analysis moves away from focusing on how couples create their experience and meaning of infertility and IVF treatment and towards how they construct their relationship within the context of infertility and IVF. Of course these two elements of speech cannot be delineated as couples both construct their experiences of IVF and infertility whilst simultaneously constructing their relationship within this experience. However, the way in which the couples constructed their relationship has consequences for the meaning they were able to make of their experiences. I will begin by deconstructing the dominant, explicit discourse the couples used to characterise their experience of IVF and infertility as a couple which was the 'In it together' discourse. I will then analyse moments in the interviews when this dominant discourse was under threat, when couples were faced with a topic or situation where their opinions or reactions differed.

2.1 In it together

The discourse of 'In it together' has been characterised as the dominant discourse because it was the explicit narrative of all the couples when discussing their reaction as a couple to infertility and IVF, and when asked directly how infertility and IVF has affected their relationship. I have included extracts from all three interviews to illustrate the ways in which the couples constructed their narratives of 'in it together'. In extract 32 Isobel has been discussing how, due to the primary cause of infertility being Alan's low sperm count, having both of their bodies under scrutiny and involved in the process has affected their experience as a couple. She uses the

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phrase 'in it together' (line 54:10) and immediately goes on to position themselves in direct comparison to 'a lot of other couples' (line 54:11).

Ext.32

54   9   Isobel: but yeah (.) I do think we've been in it

10   (.) in it together a lot more than (1.3) a

11   lot of couples who go through it

12   Alan: °mm°

13   Isobel: °mm°

14   Alan: I think what's what's what's also kind

15   of (.) you know (.) I think it's one of

16   those things where it's like you you it's

17   us against the world things so I think that

18   automatically creates a sense of kind of

19   cohesion (.) um and then all these other

20   like factors come into play I think one of

21   the other factors is that all our fucking

23   friends were getting pregnant

Alan picks up the narrative on line 54:14 and further elaborates on the 'in it together' discourse by presenting the phrase '*us against the world*' (line 54:17). This imagery of being in opposition to the rest of the world is further explained at the end of the extract when he references all of their friends getting pregnant (lines 54:21-22), building the narrative that their perceived difference to the rest of their friends acts as a uniting force between them.

In extract 33 Danielle and Tom work together, often speaking over one another, to create their 'in it together' discourse. Tom is referring back to a question I had asked several pages earlier in the conversation about how the '*whole thing'* has affected

their relationship. Here he begins by framing the experiences as a positive one with regards to the affect on the relationship. Danielle is quick to interject to join him by expanding on this positive experience by saying that they '*are a team'*. Tom continues with his discourse, unaffected by Danielle's, to complete his thoughts on why the experience has been positive (line 235:15).

Ext.33

235 10   Tom: like just said it sort of (.) well

     11   in my view I think it (.) it's has

     12   affected ours in many ways positively

     13   (1.0) because you ⌈know⌉

     14   Danielle: ⌊we ⌋ totally

     15   Tom: ⌈ it (.) it it tests you to the ⌉ limit

     16   Danielle:⌊ we (.) we totally are a team ⌋

     17   Danielle: yeah

     18   Tom: u::h (.) and (.) you know (.)

     19   so that's positive in that respect

The notion of being 'tested' is raised in various ways in all of the couple's discourse. It refers back to the discourse of struggle and sacrifice, of the endurance of IVF as illustrated by extensive timelines, the pain of infertility, and unsuccessful pregnancies and IVF. It draws on a common discourse of 'what doesn't kill you makes you stronger' and shows that the couple have passed this 'test' to the relationship. This concept of being tested was often positioned in contrast to their experiences as a couple prior to a diagnosis of infertility. This is illustrated in a short extract from Isobel and Alan's interview where they are also constructing a discourse of being 'tested'. Here Isobel says that they haven't had any '*major challenges*' which Alan clarifies as things '*like jobs and money'* and uses the phrase '*you know'* to suggest that these are widely known issues in relationships and need

no further explaining or justifying. This differentiation from regular issues that arise in a relationship has been noted by Edwards (1997) as a way of constructing an exceptional event.

Ext.34

108   5   Isobel: =then you know we didn't have any major

*   6   challenges (.) really⌈you know like⌉*

*   7   Alan: ⌊it was like   ⌋*

*   8   jobs and money (.)⌈you know⌉*

*   9   Isobel: ⌊yeah   ⌋*

*   10   Alan: like the classics that every (.)*

*   11   relationship has*

By listing 'normal' issues 'every' relationship contends with Alan positions infertility and IVF as an exceptional event, a real test for the relationship and sets them apart from most other couples. This setting apart from other couples is made even more explicit by Simon and Rebecca when talking about the affect IVF has had on their relationship. First Simon expresses surprise at the strength of the relationship giving the impression that not only is the relationship good, it is in fact better than even he realised. He also incorporates Rebecca's point of view into his discourse '*we both said*' (line 122:12), which was rare for this couple and shows how this is something that they have discussed and agreed on, which in itself echoes the 'in it together' discourse. This joint opinion is further evidenced by talking over one another to agree and build on the other's comments, and the sharing of a common language, (lines 122:20 and 122:21) '*They broke 'em*', '*that broke them*'. Rebecca has introduced a comparison with another couple. She makes sure we know this is a 'real' couple as she has named them which gives weight to her claim that other couples aren't as 'strong' as they are.

Ext.35

122   11   Simon: and it was like wow

       12   this this relationship (.) we both said

       13   (.) we've surprised each other at how

       14   strong we are

       15   Rebecca: mm

       16   Simon: ⌈with each other⌉

       17   Rebecca:⌊yeah because⌋ with (.) [another

       18   couple] (.) they weren't at

       19   ⌈all we're they⌉

       20   Simon:⌊they broke 'em⌋

       21   Rebecca: =that broke them

       22   Simon: that split them up whereas for us it

       23   done the complete opposite and drawn us

       24   together (.) we both

       25   Rebecca: =and they'd spent time trying to

123   1   prep <u>us</u> for the⌈treatment⌉

       2   Simon: ⌊mm (.) ⌋yeah

       3   Rebecca: like oh and you know you might blame

       4   each other and you might do this you

       5   might do that (.) and actually <u>none</u> of

       6   that happened

       7   Simon: no

Simon takes up the narrative of how differently they fared in comparison to the other couple by positioning themselves in extreme opposition by saying for them IVF has '*done the complete opposite*' (line 122:23), and again draws on a togetherness discourse. Rebecca goes on to say that this couple had warned them about issues

that might arise in the relationship, one of which being '*blame*' (line 123:3). This is interesting because she contradicts a claim she made earlier in the interview that she had blamed Simon in the beginning, but now has '*ninety-eight percent no blame'* (line 112:21-22). Therefore, in order for Rebecca to maintain the discourse of 'in it together' she removes any difficulties from their experience as a couple by adopting an extreme position that, '*actually none of that happened'*, emphasising '*none*' (lines 123:5-6).

As is evident in the extracts above, constructing the 'in it together' discourse was something that both members of the couple could quite easily co-construct. They talked over one another, built on the narrative of the other, and an acceleration of turn taking often occurred as these sections of conversation developed. This, in itself, helped construct a feeling of togetherness when witnessing these moments in the interview.

It is of course not surprising that the dominant discourse when discussing their relationship was positive. It would be unlikely for couples experiencing difficulties in their relationship to allow a stranger (a stranger who is a psychologist at that) into their homes to scrutinise them; and indeed if serious relationship issues were evident I would not have continued with the interviews. The reason for presenting this discourse here is that it presents a challenge to the couples when issues arise in other parts of the interview that threaten this dominant discourse, and this is what I move on to exploring now.

2.2 Challenges to the 'In it together' discourse

In the following extracts I will take a closer look at how the couples negotiate challenges to the 'in it together' discourse. There was both variety and consistency within and between couples as to what presented a challenge and each couple

approached the challenges in a different way. As merely a way of structuring this next section I will arrange the negotiations that took place within the couples according to the topic discussed. The topic is largely irrelevant but provides context to the conversations taking place and therefore acts as useful structure and saves space explaining the nature of each individual extract. I will look at some of the topics that most often presented difficulties to the couples. These topics were: whose infertility, donor gametes and different emotional responses to infertility and IVF.

2.2.1 Whose infertility

A potential threat to the discourse of 'In it together' is how that couple perceived the location of the infertility. The origin of the couples' difficulties could lie in the male, the female, or in both the male and female to differing degrees. In the scene setting stages of the interviews all the couples shared a simplistic narrative that the origins of their infertility lay in just one of the partners. In Alan and Isobel's case it was communicated that it was male factor infertility due to very low sperm count. Danielle and Tom communicated that their diagnosis was female factor, and Rebecca and Simon said that their infertility was male factor. As the interviews with Alan and Isobel and Rebecca and Simon progressed this simplistic narrative around whose infertility it was became more complex. The couples engaged in discursive activities that at times attempted to negate the importance of one partner being the cause of their infertility, and at other times reinforced the importance of the infertility being located in just one of them. This was done for various reasons and I will begin by examining extracts which attempted to adjust the narrative of infertility being located in one of the individuals.

The following extract is from Alan and Isobel's interview. They had been discussing their move away from IVF into adoption and how as treatment progressed they

found out that Isobel had thinner womb lining than usual and lower ovarian reserves than would be expected for someone her age. Isobel had volunteered this information and had speculated that even if Alan had a high sperm count there was doubt over whether she would be able to conceive. Alan readily took up this narrative that they are a 'double whammy' case and continues with this below. He emphasises that for him it was very important to know that the cause of their infertility lay with both of them. In lines 50:12-23 he shifts the narrative of their infertility to a 'double whammy' case by talking about how he has had to come to terms with his physical inability to have children without a miracle taking place and thereby insinuating that Isobel is now having to come to terms with her own physical inability to have children. After a period of his being dominant in the conversation Isobel then takes over and asserts her own take on their inability to have children.

Ext.36

50	12	Alan: and and and that f- that you know
	13	(.) a (.) for _me_ that felt really important but
	14	then at the same time I've had over a year
	15	and a half realising that I can't
	16	physically (1.1) I can't physically have
	17	children
	18	Lindsay: mm hm
	19	Alan: u:m or that if I did it would be um um
	20	you know it would be a miracle (.) um (.)
	21	u:h and so like so I've had that kind of
	22	preparation time in a way that I don't
	23	think you (.) maybe had but I
	24	Isobel: yeah but I feel like (1.0) _we_ can't
51	1	Alan: we⌈can't yeah ⌉
	2	Isobel: ⌊do you know what⌋ I mean and it

3   doesn't and (1.1) and (1.0) I suppose I

4   have to live with not knowing whether I

5   could or not and it doesn't=

6   Alan: =yeah=

7   Isobel: =uh but um (.) I'm really (1.0) happy

8   not to know

9   Alan: yeah=

10   Isobel: =it doesn't matter does it

12   Alan: °mm°

13   Isobel: I think at the beginning it seemed

14   _really_ important the news was (.) you have

15   like (.) a nearly zero sperm count like it

16   was that was really bad and that was like

17   the news and then (.) like _really_ quickly

18   it's not (.) about you or

19   Alan: ⎡ it's about what we've (done) ⎤

20   Isobel⎣ it doesn't matter who it is ⎦ it's like

21   at the end of the day=

22   Alan: =yeah

23   Isobel: the the results the same for both of us so

24   Alan: =yeah

In line 50:24 Isobel emphasises that '_we_' can't have children to which Alan responds

in agreement. She then offers a correction to his narrative of their infertility being a

joint infertility by making clear that her diagnosis is not so absolute, and she does

not know whether she would be able to conceive under different circumstances. She

then says that 'it doesn't matter' who is infertile but this is somewhat contradictory to

what is taking place in the discourse between them. Isobel is, in effect, taking issue

with Alan's discourse of joint infertility to assert her own discourse of joint infertility, one that maintains her own fertility. Isobel then reasserts why they cannot have children by reminding me and Alan that the diagnosis was his low sperm count but introduces a journey into the narrative that means whose infertility it is is no longer relevant. This notion of thoughts and feelings changing as time has passed was common in all of the interviews. It allows Isobel to both acknowledge elements of blame or responsibility for their situation and deny them. She locates their infertility not in a medical diagnosis but in a situation that exists between them.

The issue of whose infertility it is is a very difficult situation for the couples to navigate as it is laden with the possibility of blame, guilt and responsibility. There seems to be something important for Isobel in maintaining her fertility whilst simultaneously saying that who is fertile and who is infertile is irrelevant. There is a subtle negotiation taking place of what it means to be 'in it together' whilst also easing feelings of blame and guilt on Alan's part, and asserting the integrity of her body on Isobel's.

This next extract is from the interview with Rebecca and Simon where I have raised the issue of whose infertility it is, and whether this makes a difference to their experiences. Rebecca and Simon's interview style was more risky in that they gave the impression of being very honest by allowing more negative aspects of their experiences to be expressed explicitly. I begin this extract by referring back to something Simon had previously said (line 111:17-18) about feeling guilty as he carries the burden of the medical diagnosis. I refer to his own words in an attempt to reassure him that it is not me who is apportioning blame. Rebecca responds by drawing out her words and taking a relatively long pause (line 112:1). This could be to show that she is thinking hard about the answer, perhaps indicating that it is a sensitive subject to negotiate and she is choosing her words carefully. She then

both admits that she blamed Simon for their situation and disavows this blames simultaneously by characterising it as a '*natural process*' (line 112:5) and something done '*without knowing it*' (line 112:2-3). She then further normalises this experience of blame by referring to another couple who went through IVF, insinuating that they felt the same way (line 112:5-7), before revealing that there had been a discrepancy between her internal and external dialogue. This suggests that this blame was not previously expressed to Simon. This then prompts Simon to ask for clarification over whether Rebecca blames him for their situation.

Ext.37

111	17	Lindsay: mm (1.1) so going back to something
	18	that you said about feeling guilty that
	19	(.) it's sort of (.) you're the reason
	20	why you're going through the whole
	21	process do you think it makes a
	22	difference sort of (.) .whose fer-
	23	infertility it is as it were (.) would
	24	it be different if say
	25	Rebecca: = mm
	26	Lindsay: =if it were you or
112	1	Rebecca: I:::m:: (1.8) I do think that it (.)
	2	I don't know (.) I think it you without
	3	knowing it happened you have an element
	4	of blame (.) I think that I that's kind
	5	of a natural process (1.7) and just
	6	remembering with our friends who went
	7	through it (.) as much as outwardly
	8	what you're <u>saying</u> (1.9) isn't actually
	9	inwardly what you're thinking (.) if

10   *that makes sense*

11   *Simon: =so do do you blame me (.) slightly*

12   *for I I mean in any way do you sort of*

13   *think (.) god if it wasn't for you I*

14   *wouldn't have to go through all this*

15   *Rebecca: u::m (.) no (.) I did but not now*

16   *Simon: oh*

17   *Rebecca: no (.) not now*

18   *Simon: see I sort of still (.) I still*

19   *carry that bur- (.) in*

20   ⌈*my mind I still carry that burden*⌉

21   *Rebecca:* ⌊*I'd say I'm (.) ninety: eight* ⌋

22   *percent (.) no blame*

Rebecca responds by introducing the notion of a journey, or time passing, similar to Isobel (line 112:15). By saying that she did blame Simon but no longer does she locates the problem of whose infertility it is in the past and therefore maintains the 'in it together' discourse in the present. Simon makes it clear that he still holds himself responsible for their infertility which perhaps gives Rebecca permission to introduce a caveat into the 'no blame' discourse. Rebecca slightly changes her claim of no blame to '*ninety-eight percent no blame'* which presents a real challenge to Simon, the relationship, and the 'in it together' discourse. Simon responds with a long pause before seeming to disregard this last part of Rebecca's narrative by repeating the same statement he made before this last revelation, maintaining that the guilt, or 'burden' he carries, is self inflicted. What is interesting about this section is why Rebecca introduces this caveat and what the consequence for the couple is. Simon has successfully disregarded the statement therefore maintaining the integrity of the relationship. The conversation continues and Rebecca begins to note issues with

her own fertility (low ovarian reserve, her weight) and Simon takes comfort in this, adjusting his analysis of their infertility being one hundred percent his to eighty percent his and twenty percent Rebecca's. I then ask whether it would be easier if they carried the burden fifty-fifty to which Simon responds that it doesn't '*make a lot of difference now'*. In Extract 38 we can see that Simon continues to disregard Rebecca's earlier comment about maintaining an element of blame and says that *'she don't hold that blame to me'* (line 116:16-17) therefore re-establishing the 'in it together' discourse. Rebecca joins this conversation, talking over Simon, to assert her acceptance of the situation, *'it is what it is'* (line 116:19). Simon begins using the words 'we' and 'us' to establish a strong narrative of joint infertility and a united front. In line 117-2-3 however, Rebecca interjects with another caveat.

Ext.42

116	*16*	*Simon: like Rebecca said she don't hold*
	17	*that blame (.) to me now and (.) I've*
	18	*sort* ⌈ *of accepted* ⌉
	19	*Rebecca:* ⌊ *it is what it is* ⌋ *in my mind*
	20	*Simon: yeah and I'm the same (.) this we*
	21	*got the problem (.) it's between us (.)*
	22	⌈ *it's not* ⌉
	23	*Lindsay:* ⌊ *mm hm* ⌋
	24	*Simon: =my problem it's not Rebecca's*
	25	*problem it's <u>our</u> problem (1.1) and (.)*
117	*1*	*that's how* ⌈ *that's how I see it* ⌉
	2	*Rebecca:* ⌊ *I think it (.)* ⌋ *it*
	3	*will only become an issue if (.)*
	4	*[cough] (.) if we'd had (.) if we'd had*
	5	*like three treatments and it still*
	6	*wasn't working*

7	Simon: mm
8	Rebecca: =and then we'd have to start looking
9	down the road's of (.) donor (.)
10	whether that be donor egg donor sperm
11	whatever both
12	Simon: mm
13	Rebecca: I think then (1.9) then you might
14	feel differently
15	Simon: well it brings it to the surface a
16	bit more then

Rebecca punctuates her discourse with several short pauses as she introduces her caveat that whose infertility it is is only irrelevant if they successfully conceive within three cycles of IVF (lines 117:3-6). This creates instability as the couple are only 'in it together' and blame free in specific circumstances. This is somewhat managed by firstly positioning this problem in a hypothetical future, and by locating the problematic feelings that may come up solely in Simon (line 117:13-14). By saying that '*you might feel differently'* Rebecca avoids potential conflict between them, 'we might feel differently', or within her 'I might feel differently', and so it becomes something Simon will have to deal with or adjust to, and therefore not a direct threat to the relationship. This tendency to be quite challenging on Rebecca's part during the interview is explored more in the next section which looks at how couples manage the possibility of using donor gametes.

2.2.2 Donor gametes

Along with how the couples constructed the cause of their infertility, the issue of using donor sperm or donor eggs caused the most difficulties to the 'in it together' discourse. In the following extract Simon and Rebecca construct an account of how

they came to resolve a disagreement about the use of donor sperm. The disagreement is presented in the past and the resolution is explained. This is then followed by extracts from Tom and Danielle's interview where the disagreement about the use of donor eggs has not been resolved and continues to take place live in the interaction.

Simon is discussing how he is sympathetic to the strain IVF puts on Rebecca's body and is saying he is open to the possibility of using donor sperm should they still be unsuccessful after three rounds of IVF. He begins by again using the narrative of time passing to show an evolution in his thinking and feeling and also to locate any problems he had with donor sperm in the past. He is also clear that the decision has been his, and therefore we as listeners can assume it has not been a result of persuasion by Rebecca. He says '*I've come to terms'* and locates this process of resolution internally *'in my head'*. Rebecca then interjects, again in quite a challenging way, to illustrate how against the idea Simon was. This challenging style was common throughout the interview and will be raised again later in the analysis. What is quite interesting is that Rebecca makes no efforts to reconcile this difference in opinion and instead Simon is left to do the rhetorical work.

Ext.39

80	18	Simon: =this is something that I've come to
	19	terms in my head over the time that
	20	Rebecca: you were <u>adamant</u> you didn't want
	21	donor (.) when we went for the first
	22	one cos we talked about the options
	23	like
	24	Simon: mm hm
	25	Rebecca: you know adoption and
	26	Lindsay: mm hm
81	1	Rebecca: all that kind of stuff and and donor

2	⌐and you⌐
3	Simon:⌐yeah⌐

4   Rebecca: were like 'no that wouldn't be mine

5   it wouldn't be mine'

6   Simon: mm

7   Rebecca: and you wouldn't (.) even consider

8	It ⌐as⌐
9	Simon:⌐no⌐

10   Rebecca: as even an option for the future

11   Simon: no but I think more now it's (.) I

12   (.) my mindset's changed quite a lot

13   (.) now and it's (.) it's not just

14   through our (.) lives that's happened

15   here I mean a lot of things have

16   happened at work and like different

17   career progressions have made me think

18   in different ways (1.4) and (.) but I

19   now think well (.) a child's a child

20   doesn't matter whether it's your blood

21   running through it or not it's

22   Lindsay: =°mm hm°

Rebecca makes use of quotes to back up her account of Simon's complete rejection of the idea of using donor sperm (line 81:4-5), and further illustrates how against the idea Simon was by saying that he wouldn't '*even*' consider it in a hypothetical '*future*'. This extreme account of Simon's opinion leaves him with a lot of work to do to show how and why he has now come to change his mind. Simon uses the discourse of a personal journey, separate from the influence of the relationship or

Rebecca to account for the change, '*not just through our lives*' (line 81:12-14) '*things have happened at work*' (line 81:15-16). He evidences his claim that 'things' have happened to him by giving the example of '*career progressions*' (line 81:17). He locates the change within himself and characterises it as cognitive shift '*made me think in different ways*' (line 81:17-18), before deploying a narrative of nurture being more important than nature, '*doesn't matter whether it's your blood*' (line 81:20).

This potential challenge to the 'in it together' discourse has been resolved by locating the problem in the past and by Simon rising to the challenge by displaying his own personal, internal journey that has led to the change. It is interesting that resolution of this disagreement came about solely through a change within Simon and not by negotiation within the relationship. This is somewhat typical of the way this particular couple resolved differences during the interview; Rebecca's position would stay somewhat stable and resolution of a difference was achieved by a shift on Simon's part.

This next extract presents a very different attempt to resolve a disagreement about the use of donor gametes. Tom and Danielle have been discussing how their experience may have been different if the cause of their infertility lay with Tom. During this discussion Danielle refers back to a statement she had made in response to a question from me about how they have made decisions. She has previously said that they had not disagreed on anything significant but she has now remembered something. They then began discussing their different opinions on the use of donor eggs. The following extract is the beginning of a lengthy negotiation process, but sets the scene by showing how Danielle positions herself as emotionally or ethically oriented and Tom positions himself as rationally oriented. Danielle starts by saying that it '*doesn't sit right*' (line 205:2) with her framing her opposition to the use of donor eggs ambiguously as perhaps emotional or ethical.

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She is also very clear on her stance by saying '*I wouldn't be happy to do that*' (line 205:3). It is then Danielle who continues by introducing Tom's opposing position, saying he would be '*very happy*' (line 205:5-6) showing that they have discussed this previously. Tom then takes over the narrative to express his own position. Tom quickly changes tack from just stating his opinion '*because we still get (.)*' (line 205:8) to a narrative that sets up his 'logical' conclusion. He presents the options of being '*both of our kids*' (line 205:10) or with adoption at the other extreme '*neither of our kids*' (205:14), with the caveat that this is '*genetically speaking*' (line 205:12). This argument then follows through to its natural conclusion that there is a middle ground '*it would still be a part of one of us*' (line 205:19-20).

Ext.44

205 2   *Danielle: I (.) that doesn't sit right with me*

     3   *at all I wouldn't be happy to do that*

     4   *Tom: mm*

     5   *Danielle: where as Tom would still be very*

     6   *happy to do that because it would*

     7   ⌈ *be*

     8   *Tom:* ⌊ *because* ⌋ *we still get (.) c- rather*

     9   *than y- you know (.) you can have (.)*

     10   *it being both of our kids (.) or if you*

     11   *go down the adoption route it's (1.0)*

     12   *you know* ⌈ *genetically speaking*

     13   *Danielle:* ⌊ *biologically*

     14   *Tom: =neither of our kids (.) but if you*

     15   *do the donor egg route at least then*

     16   *(1.1) I've still I've sort of (.)*

     17   *maintained my biological imperative*

     18   *Lindsay: mm*

19   Tom: to don't know it would still be a

20   part of (.) one of us (.) which for _me_

21   (.) logically (.) sounds like a no

22   brainer (.) but

23   Danielle: just ⌈doesn't sit right with me yeah⌉

24   Tom: ⌊you're on the other (.) yeah ⌋

25   Danielle: I j- I ⌈just (.) I   ⌉

26   Tom: ⌊but I don't see⌋

Tom again draws on a discourse of evolution by bringing his 'biological imperative' to reproduce into his argument for using donor eggs, thereby depersonalising his desire and locating it in his natural masculinity. He then concludes by saying that this is the '_logical_' answer and '_a no brainer_' (line 205:21-22). This not only positions his argument as 'logical' but has the consequence of positioning Danielle's as the illogical one as his argument is so obvious to him. Danielle maintains her ambiguous position seemly based on an emotional or ethical argument. He then invites her to justify her position by finishing with '_but I don't see_'. The positioning of logical one versus emotional one is a discourse that is drawn on by this couple to characterise themselves and explain their dynamic as a couple. Here we see it playing out in the subtext to some degree but in this situation the different positions do not balance each other out but perpetuate the disagreement. What follows is a negotiation where Danielle begins to justify her position by saying she could not donate her eggs as this would be akin to giving a child up for adoption and therefore should not accept donor eggs. She then attempts to bring the conversation to a close by saying that it's a 'grey area' for them and thankfully not currently relevant. This use of idioms to end a line of conversation particularly one that is causing or has the potential to cause conflict has been noted by Edwards (1995). At the beginning of this extract Danielle is still trying to bring the unresolved discussion to close by attempting to

change the subject back to her desire to pursue adoption should IVF be

unsuccessful. She emphasises how much research she has done into adoption and,

as was similar to Alan and Isobel's discourse around adoption, positions her interest

in it as prior to infertility and IVF (lines 208:21-23). As we can see though, Tom does

not take the cue from Danielle that she wishes to end the discussion and re-

introduces the topic of donor egg with the suggestion of a 'compromise' (line 208:25)

Ext.41

208	19	Danielle: really don't know what would happen
	20	I've done a <u>hell</u> a lot of research into
	21	adoption (.) I'm interested in it
	22	anyway I work with (.)
	23	⌈looked after children⌉
	24	Tom:⌊I would see I would ⌋see a
	25	compromise as doing (.) doing (1.1) one
	26	of each
209	1	Danielle: [loud laugh]
	2	Tom: could go down the (.) donor egg
	3	route (1.0) .and then adopt (.) as well
	4	(1.6) that that
	5	⌈I would see as a good compromise⌉
	6	personally
	7	Danielle:⌊but I would be carrying a child ⌋
	8	that's not (.) genetically mine [short
	9	laugh]
	10	Tom: yeah bu:t
	11	Danielle: it's a bit like being a s- surrogate
	12	Tom: yeah
	13	Danielle: hh for your kid

14   Tom: yeah

15   Danielle: [laughs]

16   Tom: u::h (.)⌈ but I (.) you know (.) yeah⌉

17   Danielle: ⌊anyway anyway (.)⌋

18   so that's a bit of a grey area for us

Tom again positions himself as the logical one by introducing this 'compromise' of both donor egg and adoption, positioning egg donor as something he wants and adoption as something Danielle wants. Danielle interjects with a loud laugh which could signal two things. The laugh could be seen as a display of her indignation at such a suggestion, or could be a device to diffuse a difficult situation. Her repeated laughter during this short exchange would suggest that it is being used to make light of their disagreement and diffuse the situation. Danielle continues to express her position by drawing on an analogy of being a surrogate. Here Danielle privileges nature over nurture by using phrases '*genetically not mine'*, '*like being a surrogate'* and '*your kid'* to describe this potential child conceived with a donor egg, however she remains open to adopting a child.

This disagreement presents a major challenge to the 'in it together' discourse as their attempts to negotiate a jointly agreed outcome have not been successful. As each individual attempts to persuade the other or offer compromises it becomes clear that an agreement will not be met and Danielle moves to once again try to shut down the conversation, signalling clearly to Tom that she wishes to move on by saying '*anyway anyway'* (line 209:17) before again using an idiom by referring to the disagreement as a '*grey area'* (line 209:18). This time Tom acts on Danielle's cue to change the direction of the conversation. The issue remains unresolved, but allows the couple to successfully move on with their narrative.

2.2.3 Differences in emotional reactions

Another area that caused some difficulty to the couples was how they managed different reactions and approaches to their infertility and IVF treatment. I have chosen to present two extracts, one from Tom and Danielle's interview and one from Simon and Rebecca's interview that show how the different couples managed a discrepancy in their emotional reactions to events in their IVF experiences.

In extract 42 Danielle and Tom have been relating the story of their first round of IVF and how, after doing several pregnancy tests, she discovered she was pregnant. Danielle then brings up Tom's cautious attitude which has been touched upon many times during their interview. As previously mentioned, throughout the interview Tom was characterised as the cautious, rational one and Danielle was characterised as the emotional one. Here, Danielle is again pointing out this difference, introducing a disconnect between them, which she then proceeds to try and resolve. The first notable aspect of her assertion that Tom was very cautious is that she says he *'refused'* (line 121:20) to get excited. She does not say that 'you weren't excited', 'couldn't get excited' but that his lack of excitement was a purposeful response. At first the use of 'refuse' could be taken in an accusatory way, bringing up notions of stubbornness, reticence, withholding, and perhaps there is some disappointment or anger that he would not join her in her excitement, indeed she could have used the phrase 'didn't allow yourself to get excited'. However, the use of the word 'refuse' allows Danielle to insinuate that Tom's lack of visible excitement was not an indication of lack of ability to feel any excitement. If Tom was genuinely not excited at the prospect of his partner being pregnant, especially after having undergone IVF, that would be a massive challenge to the future of the relationship and potential family. Instead, Tom's lack of excited is framed as a somewhat protective measure. Danielle then goes further to resolve this potential challenge to the relationship and 'in it together' discourse by framing Tom's lack of excitement as a good thing. She

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produces an extreme case scenario of '*a terrible frenzy*' (line 122:2) if he had been

as excited as her and so employs a sort of balancing out discourse whereby their

opposing reactions combine to create a more measured, harmonious response.

Ext.42

121	19	Danielle: and <u>e</u>- but at that point you were
	20	very cautious you⌈ refused ⌉
	21	Tom: ⌊ yeah ⌋
	22	Danielle: =to get excited about it which
	23	⌈ was ⌉
	24	Tom:⌊ yeah ⌋
	25	Danielle: good for me (.) because if you'd
	26	been as excited as I was (.) we
122	1	would've whipped ourselves in a into a
	2	terrible frenzy
	3	Tom: yeah
	4	Danielle: u::m (.) and I I was in all honesty
	5	because it was happening to <u>my</u> body (.)
	6	⌈ and I felt pregnant (.) pissing all
	7	the time
	8	Tom:⌊ yeah yeah yeah you were hormonal
	9	and (everything) ⌋
	10	Danielle: was hormona:l
	11	Tom: =yeah

On closer analysis of this 'balancing out' discourse, we can see that in fact it is Tom

who 'balances out' Danielle as her reaction is the one that needs moderating. This

'balancing out' discourse was used throughout their interview. Each was positioned

in opposition to one another so that they each carried out a separate role. Tom is

rational, Danielle is emotional, and the combined effect was balanced and harmonious. It is worth pointing out at this point the gendered nature of Tom and Danielle's roles, with the woman taking on the emotional work and the man taking on the rational. Danielle then goes even further with her attempts to resolve this potential difficulty by explaining her own excitement as a result of physiological changes in her body, which of course Tom was not experiencing and therefore could not be expected to feel the same. Danielle and Tom work together at this point to construct the discourse of the 'crazy hormonal pregnant lady' by firstly giving evidence that she was pregnant '*felt pregnant'* (line 122:6), '*pissing all the time'* (lines 122:6-7) before Tom brings in the discourse of hormones being responsible for her emotional reaction which Danielle then backs up (lines 122:8-10). This potential challenge to the 'in it together' discourse has been successfully managed and the couple continue to relate their story.

In extract 43 Rebecca and Simon are faced with a similar dilemma to navigate. What is interesting are the similarities between Rebecca and Simon and Danielle and Tom in the way each individual is positioned within the relationship but the different way in which the potential problem is resolved. The beginning of this extract is me asking the couple whether they are 'both equally keen on having children'. This was a closed question and Rebecca responded accordingly with a closed response, '*yeah'* (line 73:3). It is then Simon who introduces the notion of a previous discrepancy in their desires but as has been noted in previous extracts, begins to manage this situation by locating it firmly in the past, '*now we are'* (line 73:4). He then moves on to explain his assertion that things were different in the past. He very tentatively, '*you was I mean you I think'* (lines 73:7-8) assigns a position of the emotional one to Rebecca before quickly managing his own stake in the narrative by making sure we know that he '*wasn't relieved'* that the IVF had been unsuccessful. Rebecca then joins the narrative to back him up by once again characterising Simon

as '*practical*' (line 73:12), as she had done on several occasions during the

interview.

Ext.43

73   1   *Lindsay: would you say you're both equally*

        2   *keen on having children*

        3   *Rebecca: yeah*

        4   *Simon: <u>now</u> we are aren't we*

        5   *Rebecca: yeah*

        6   *Simon: =this past experience (1.3) when we*

        7   *come out of IVF last time (1.0) you was*

        8   *I mean you I think (.) you was more*

        9   *upset than I was (.) I wasn't relieved*

      10   *not by any means (.) ⌐ one because of*

      11   *Rebecca: ⌊ no but you (.)*

      12   *were practical weren't you*

      13   *Simon: =yeah I was again*

      14   ⌐ I was practical minded*

      15   *Rebecca: ⌊ it was like next morning ⌋ you wake*

      16   *up (.) right that's it (.) you weren't*

      17   *emotional about it at all*

      18   *Simon: no I was like well there's no future*

      19   *in the past that's done*

      20   *Lindsay: mm hm*

      21   *Simon: let's look forward and move on*

      22   *whereas it took a lot longer for you*

      23   *Rebecca: mm*

      24   *Simon: but now this time now it's like*

      25   *right now actually we do (1.0) do*

26 really want it now and (.) and I do

74 1 think we want it on the same level's

2 like (.) I'm⌐ prepared ⌐

3 Rebecca:⌊ well I just⌋ think you're

4 on my level (.) I've always been at the

5 same level

6 Simon: yeah

By characterising Simon as 'practical' in this instance, and drawing on the way he has so far been characterised in the interview, they manage the situation by framing Simon's response as just his natural way of dealing with these types of situation. It is therefore not an indication of a deeper problem, in this case potentially not wanting a child, but his natural coping mechanism. It is interesting to note at this point the similarity to the gendered roles assigned to Danielle and Tom: woman is emotional and man is practical/rational. Rebecca goes on to further illustrate his reaction by characterising it in quite an extreme way, as not being '*emotional about it at all*' (line 73:17) which leads to Simon justifying his reaction. He continues to position himself as a practical man, introducing a phrase '*there's no future in the past*' (line 73:18-19), perhaps another example of an idiom being used to bring a contentious topic of conversation to a close, and then moves again to locate this issue in the past, '*but now this time now*' (line 73:24). As was evident when looking at how this couple resolved the issue of using donor sperm earlier in the analysis, the potential threat to the 'in it together' discourse has been resolved by Simon moving to meet Rebecca where she is. They have worked together to locate this difficulty in the past, and to characterise Simon's lack of emotion as 'just the way he is' and not a reflection on this specific situation.

The analysis is now complete and I will now move on to the discussion where I will both summarise and synthesise my findings.

Chapter 4: Discussion

In this section I will first summarise and synthesise my findings whilst exploring how this current research relates to previous research in the field of IVF, infertility and couple relationships. The discourses found in the analysis have been separated into three sections that reflect the overall way the couples co-constructed their experience and meaning of infertility and IVF. I will then evaluate this research referring back to the tests of validity explored in the methodology section by Potter & Wetherell (1987) and Yardley (2000). I will evaluate whether the current research answered the question it set out to investigate and what the limitations are of the research. I will finish by looking at future studies which build on the work accomplished here and explore the implications of this study for the field of counselling psychology and beyond.

Summary and discussion of findings

The purpose of this research was to explore how couples construct their experience of infertility and IVF treatment. I was interested in how couples accomplished the task of negotiating a joint experience whilst also managing their own individual stake in the conversation. The aim was to look at both what is being constructed and how it is being constructed, and to assess the impact and consequences of this for the individuals and couples.

IVF as struggle and sacrifice; The pain of infertility and failed IVF; What's lost by not having own biological children; Unfairness of infertility

I began by analysing how the participants worked together to construct their experience of IVF treatment and infertility. The couples characterised their experience of IVF as a hard struggle which involves effort and sacrifice. This struggle and sacrifice is a mainstay of most research into IVF treatment and it is

generally accepted that infertility and IVF treatment is distressing and gruelling (e.g. Beaurepaire et al., 1994; Cousineau & Domar, 2007; Eunpu, 1995; Glover et al., 2009; Greil, 1997; Lee et al., 2012; Perkins, 2006). The current research also shows a level of ambivalence around the amount of sacrifice needed to undergo IVF and in some cases resentment towards the medical profession for not doing enough or for doing too much which has also been noted in past research (Throsby, 2002; Throsby & Gill 2004; Glover et al.2009). What this analysis has added to the field is an exploration of how this discourse is constructed by the couples. The first point to note is how united the couples were in their construction of IVF as sacrifice and struggle. They were able to easily construct their experience as a unit and this did not trouble the couple relationship at all. The co-creation of meaning was aided by the use of extreme case formulations that enhanced the couples' narratives and seemed to act as a uniting feature of their discourse. It would seem that the sharing of this gruelling process was important for the sense the couple could make of their experiences. It is interesting to note that inherent inequalities between the genders during the process of IVF were put to one side in the couples' efforts to create a combined experience.

Up to this point the research has tried to understand the experience of distress suffered due to infertility and IVF at a deeper level through qualitative exploration (e.g. Glover et al., 2009, Imeson & McMurray, 1996; Lee et al. 2012) or to quantify the levels of distress (e.g. Brothers & Maddox, 2003; see Greil, 1997 for comprehensive literature review) and although this analysis does not dispute the distress or gruelling nature of treatment, what this analysis draws attention to is what the couples are able to do by constructing their experiences in this way. Looking at the performative aspects of this discourse I propose that it enabled the couples to lay a foundation for positioning them as particularly deserving parents. This research is the first to make a connection between the couples' construction of IVF as

sacrifice and struggle, and how this impacts on the meaning they give to their infertility. The discourse of sacrifice and struggle also builds on a narrative of parenthood and the quest to become parents as selfless. This discourse of parenthood as selfless is in line with previous research including that of Purewall and Van Den Akker (2007) and Stanford et al., (2000). The construction of the couples as particularly deserving of being parents was accomplished by one of two different discourses. The first was used by Alan and Isobel who used their past experience with children, opinions of each other, and corroborating evidence from third parties to position themselves as deserving. The use of corroborating evidence to enhance the reliability of a couple's narrative was also noted in Horton-Salway's (2001) research. This discourse created a picture of unfairness and a sense of sadness that they, of all people, were not able to have their own children. The discourse used by the other two couples was that of comparing themselves against other, less deserving parents. This was done by constructing extreme case formulations of neglectful or abusive mothers and then positioning themselves in direct opposition to them. This also built a discourse of unfairness but instead of feeling sadness at their inability to have children, the emotion created was a sense of bitterness and resentment. This resentment was also noted by Glover et al. (2009) who also found couples would criticise other parents they believed to be inadequate. They also found that these criticisms were often followed by statements that then positioned the participants as good parents (Glover et al.,2009). What is of interest in this analysis is how this construction acts on the couple and on the sense they are able to make of their experiences. I suggest that this is an unhelpful discourse as it not only seems to breed resentment and bitterness which may well delay being able to accept their loss should they not be able to conceive through IVF or naturally, but also feeds into the idealisation of parenthood and demonization of parents who make mistakes.

Constructing the experience of IVF as a struggle allowed the couples to position themselves as selfless and deserving but it did however present some secondary problems for the couples. It raises questions as to why they would put themselves through such an ordeal. This was in part resolved by the discourse of infertility as painful and in some circumstances catastrophic, and therefore worth the struggle and sacrifice of IVF in an effort to resolve this problem. This construction of infertility is very much in line with previous research which consistently finds infertility to be experienced as a distressing crisis (e.g. Cousineau & Domar, 2007; Greil, 1997; Dunkel-Schetter & Lobel, 1991; Brothers & Maddux, 2003; Eunpu, 1995) and indeed the idea that people who have had treatment and come out the other side are 'survivors' (Ulrich & Weatherell, 2000). The desire to have their own biological children was also framed as a natural and necessary aspect of life through the use of evolution and existential discourses found in much of the literature on childbearing motives (e.g. Miller, 1994; Langdridge, Sheeran and Connelly, 2005; Bos, van Balan & van den Boom, 2004; Purewal & Van Den Akker's, 2007). As Ulrich & Weatherell (2000) argue in their feminist critique of motherhood, invoking a natural instinct discourse limits the reproductive choices of women as their sense of identity as a woman is so inextricable from motherhood. It was not just women in this analysis though who felt having children was expected and necessary and perhaps it is just as important to the life of the couple as a unit to be biological parents.

In concluding this first section of the discussion I will summarise the new insights this research has provide. The overall pattern of communication within the couples was one of enthusiastic co-construction where the participants were in agreement with each other and did not trouble each other's accounts. Through various rhetorical devices they cultivated an extreme discourse of pain, sacrifice and struggle that was constructed by the participants as a joint experience. This allowed

the couples to position themselves as particularly worthy parents which acted to justify their engagement in fertility treatment.

Adoption as solution/not solution to the problem of infertility; Childlessness discourses

I went on to explore how the couple managed the other options of adoption and childlessness as solutions to the problem of infertility. For one couple adoption was characterised as the solution to infertility. They worked together to make this part of their narrative by placing their desire to adopt as preceding their decision to undergo IVF and using a discourse of destiny to allow adoption to resolve their problem of infertility. This is somewhat different from the shift in the construction of what parenthood means that was found in Goldberg et al., (2009) when looking at the transition couples made from IVF to adoption, and in Parry (2005). For the couple in this analysis it was not so much a change in perspective but a returning to an already held but latent desire that allowed them to move on. Instead of a re-evaluation of the meaning of parenthood perhaps it is more similar to some of the views expressed in Wasinski (2015) that adoption being part of their family history was an important factor in pursuing adoption following unsuccessful fertility treatment. Past research has stressed the need for a reappraisal of what being a parent means and ideals of what a family is in the face of infertility (Bothers & Maddux, 2003; Purewal & Van Den Akker, 2007) but has failed to explain what this re-evaluation may look like. The current research shows how Alan and Isobel worked to together to co-construct meaning around their infertility and how a couple might be able to find a way to move forward together into adoption as a solution to infertility.

No research has so far looked at how couples co-construct their position on the possibility of adoption as a solution to infertility and this research provides insight

into how couples may justify their positions. We have already seen how a harmonious reappraisal of the meaning of parenthood can unfold through Alan and Isobel's discourse. For the other two couples it was not as straightforward for them as they were planning to undergo more rounds of IVF in the future. Simon and Rebecca's discourse showed the delicate situation for the couples when navigating the topic of adoption because they were in danger of compromising the narrative of parenthood as selfless. During the discourse Rebecca seemed antagonistic but in effect this allowed for the couple to produce a measured discourse that showed a thoughtful appraisal of adoption as an option for them. By positioning the problem of adoption within themselves and not in the potential adoptive child they were successful at least in constructing themselves as responsible if not completely selfless.

For Danielle and Tom it was further complicated because Danielle was interested in adoption but Tom was reluctant to commit until they had exhausted their IVF options. This divergence in opinion has been shown to be problematic for the quality of the relationships (Daniluk, 2001) and perhaps is also indicated here by the disagreements that followed about how adoption should be approached. Danielle used similar discourses to Alan and Isobel when discussing her interest in adoption by locating her interest in adoption prior to IVF treatment. This adds to the thesis that creating a narrative of interest in adoption that pre-dates infertility and fertility treatment is a useful resource for those facing uncertainty about their ability to have their own biological children. In the negotiation of adoption as solution to the problem of infertility Tom used the evolutionary discourse of 'biological imperative' to assert his continued focus on IVF and drew on the positioning of him as logical and practical to justify his position of focusing on the present and not looking too far ahead. This contributes to the research into men's reactions to infertility and

childlessness that men are invested in the ideal of biological fatherhood that is associated with masculinity and virility (Throsy & Gill, 2004; Dooley et al., 2011).

The final part of the first section looked at discourses of childlessness that came up throughout the interviews. Participants characterised a childless future as filled with sadness, bitterness and resentment, and unfulfilled potential. They used discourses of materialism and selfishness when talking about other childless couples and when envisioning a potential childless future for themselves. It would seem that here the couples are drawing on discourses of the voluntarily childless as noted by Avison & Furnham (2015), Peterson (2015), Park (2005) and Ferland & Caron (2013) as selfish, materialistic and individualistic, despite their awareness that the involuntarily childless may have made many sacrifices in their quest for children. It would appear that there is little distinction between the voluntarily and involuntarily childless which may further explain their desire to position themselves as sacrificing, selfless and deserving when constructing their experiences of IVF and infertility. In all, each couple's construction of childlessness was negative which potentially presents the couple with a big problem should IVF be unsuccessful and adoption not seen as the solution to infertility. As mentioned in the literature review there is increasing research being done into voluntary childlessness/childfreedom which does not fit the narrative of the involuntarily childless that is constructed by the couples here. What is notably missing from the construction of childlessness in this research is the mention of career progression and the importance of a career that is often present when speaking of those who do not have children (Park, 2005), as well as the meaning and fulfilment that can be found in taking on a caring role outside of one's own children (Wirtberg et al. 2007; Ferland & Caron, 2013).

In concluding this second part of the discussion I would like to draw attention to the new insights the current research brings to the existing literature. This is the first

study to specifically focus on the co-construction of meaning within a couple who are faced with infertility. Although past research has called for re-evaluations of prior held beliefs and goals in the face of infertility no study has been able to look at the fine-grained interaction that goes on within a couple relationship as they actually do this. I have given examples of three difference positions in relation to adoption as a possible solution and shown the discursive work that goes in to attempting to build a jointly held position of the couple as a single unit. In addition to this I have contributed to the literature on childless discourses showing how unsatisfactory they are and how they limit the meaning couples can make of their lives if they are not able to conceive through IVF or naturally. It seems that the public discourses available to the couples to attribute meaning to a childless life are extremely limited. I suggest more should be done to bring narratives of meaningful lives of those who wish but were not able to have children to allow for a wider range of lifestyles to be valued.

In it together; Challenges to the 'in it together' discourse

The second part of the analysis focused on how the participants worked to construct 'the couple' in their experience of IVF and infertility. The dominant discourse of all the couples was the 'in it together' discourse which presented the couple as a united front and very much sharing the experience of infertility and IVF. This has been found with other discursive research with couples (Seymour-Smith & Wetherell, 2007; Horton-Salway, 2001).They constructed their experiences as a positive influence on the strength of their relationship using a discourse of being tested which has proven to them how strong their relationship is. This positive effect on the relationship was also found by Lee et al., (2009) and Goldberg et al., (2009), and Glover et al., (2009) also found that the strength of the relationship was an important part of couples' narrative when researching the meaning of infertility to couples. This discourse of 'in it together' was not surprising given that the couples I interviewed

were unlikely to be going through difficulties in their relationship and if they were there may well have been reluctance to openly express such difficulties. It is possible however that merely being a couple who are willing to talk together may mediate this particular finding. Peterson et el. (2006) and Pasch et al. (2002) findings were that it is the male partner's willingness to engage in conversation about the couple's infertility that leads to better marital satisfaction. As all men in the relationship were willing to fully participate in the interviews this may go some way to explaining the level of satisfaction reported by the couples.

The challenge the 'in it together' discourse presented to the couples was how they resolved moments in the interview or moments in their IVF experience that did not conform to this narrative. I presented extracts organised into three categories according to what was being discussed at the time. The issue of donor gametes, who in the couple had the diagnosis of infertility, and different reactions to infertility and IVF presented difficulties to more than one of the couples and were used to illustrate the different negotiating techniques used by the couples.

The difficulty presented by the issue of who has the diagnosis of infertility was more pronounced in the two couples who in the beginning of their interviews presented their infertility as male factor infertility. As Glover et al., (2009) found in their research with infertile couples, when the diagnosis of infertility lies with just one member of the couple it led to a review of their commitment to the relationship. This could indicate why the couples in this research engaged in rhetorical work to resolve this potential dilemma. At points in the interview both the women in these couples presented some factors which allowed for them to take some responsibility for the couple not being able to conceive which were readily taken up by the male partner. Alan in particular took up this narrative of joint infertility very readily which led to Isobel reasserting the integrity of her own fertility and introducing her own version of

joint infertility. Alan conformed to Isobel's narrative and the situation was resolved.

This is an interesting dynamic and one that is clearly useful to the couple as it

resolved the potential conflict. This may well reflect one of the findings of Gottman et

al. (1998) who found that men who more readily accepted the influence of their wife

were in more satisfying relationships. Rebecca and Simon's discussion of who was

infertile revolved around apportioning of blame which the couple admitted was

present. They used a narrative of a journey, also used by Isobel, to position any

issues around blame in the past and therefore not a threat to the relationship in the

present. As the existing literature in how couples negotiate meaning is quite sparse

the current research provides insight into how these issues are handled within a

couple. Although I do not suggest this is the only way couples resolve differences it

not only supports Gottman et al.'s (1998) findings but it shows what this process

actually looks like live in the interaction.

Next I looked at the issue of using donor sperm or eggs and problems this

presented to the 'in it together' discourse. I looked at extracts from Danielle and

Tom, and Simon and Rebecca's interviews. Simon and Rebecca's issue around

donor gametes was presented as a resolved problem that they related to me in the

present. It was Simon who was given and who took the responsibility for resolving

this dilemma. The narrative of a journey that takes account of a change in

perspective allowed Simon to position this problem in the past and therefore not a

threat to the relationship. He has moved his position closer to his partner's and

therefore displays a similar approach to conflict resolution as noted by Gottman et

al. (1998) by accepting his partner's influence but also the act of shifting ones

identity towards the other as noted by Tseliou & Eisler (2007) in their study of

national identity within Greek-British heterosexual relationships.

The extract from Danielle and Tom was very different in that the issue of using donor eggs is positioned not as a past problem but one that takes place live in the interaction. Here we saw how the couple negotiate and manage their individual stake in the interaction. They each began by framing their argument by positioning themselves either logically driven (Tom), or emotionally/ethically driven (Danielle). It is interesting to note the stereotypical gender roles being assumed here, similar to the roles noted by Seymour-Smith & Wetherell (2007) in their analysis of couples where one has had cancer, whereby women tended to do the emotional work. What is interesting in this analysis is how by taking a feminine, emotional position it is easy for Danielle to be undermined. She shows flexibility however by shifting her position gradually to appeal to a more masculine, logical position to echo Tom's logically constructed argument but this is ultimately not accepted by Tom. This leaves the issue unresolved and Danielle makes a move to shut down the conversation as way of resolving the disagreement for the time being. What is quite fascinating about this exchange is that it echoes Edwards (1995) assertion that idioms are used at the end of a sequential pattern of speech that brings the current line of interaction to end, and allows a subject change to deal with difficulties in producing complaints, and in this case disagreement. Here we can see Danielle deploy just this strategy by the use of the phrase 'grey area' before changing subject.

The final section of the analysis looked at how couples managed differences in reaction and approach to IVF and infertility. I identified a 'balancing out' discourse used by Danielle and Tom to turn Tom's supposed lack of excitement upon Danielle becoming pregnant into a positive response by it counteracting Danielle's overexcitement. Each of their reactions to the same news was also characterised as typical for them and therefore not a reflection on the specific situation of Danielle getting pregnant. They both worked together to explain away their different reactions

and in doing so mitigated any problems that might arise from not experiencing the event in the same way. I suggest that in these instances couples are drawing on an, 'opposites attract' or 'yin and yang' discourse to resolve what could be a dilemma. As far as I am aware this specific discourse has not been identified previously and given how prolific it was during the interviews I would anticipate that it is a widely used tool for organising roles and resolving differences in couple relationships. The problem with this discourse, as is illustrated in their discussion regarding donor eggs, is that each partner becomes stuck in their positions and limits the types of arguments and roles they can play in the relationship, perhaps illustrating Willig's (2000) assertion that although it is assumed that discourses are produced in context, some become internalised and perhaps this is the case with this particular discourse. As Edwards (1995) noted when researching troubles talk in couples therapy, the couples in therapy would assign blame by characterising the undesirable behaviours or traits as part of their personality and therefore not a response to someone they may have given to provoke a certain reaction.

Rebecca and Simon also managed a scenario where their emotional responses to unsuccessful IVF differed. They also characterised their responses as typical for them and I made note of the gendered nature of their typical responses. Instead of using a 'balancing out' discourse as identified in Danielle and Tom's interactions, it is the movement of one person's perspective that resolves the problem. In this case it is Simon who does the rhetorical work by again locating the problem in the past and showing that he has now shifted his position to meet Rebecca where she is. This is an interesting finding in light of the research by Peterson et al.(2003) that found that marital adjustment of couples in IVF treatment was mediated by congruence between partner's perceived infertility-related stress. It would indicate that couples who are able to construct a narrative of similar emotional reactions would benefit from better adjustment. In the extracts presented in the analysis it was

shown that the couples felt their different emotional reactions needed to be resolved which could indicate that what the couples were experiencing in these moments was akin to the lack to marital adjustment found by Peterson et al., (2003). I noted the gendered nature of the roles the male and female partners took when discussing their reactions to infertility and IVF with women being positioned as the emotional one and men as the practical/rational one. I did not perceive that the women in these relationship were necessarily 'doing the emotional work' for their male partners as was proposed by Seymour-Smith & Wetherell (2006) but this may well be because of the nature of IVF and infertility. Not only are men necessarily not the focus of treatment and therefore not in need of support in the way the men who had cancer were in the Seymour-Smith & Wetherell (2006) study, but IVF is very different in that although women bear the brunt of IVF treatment it is none the less more of a joint experience.

The findings of this research provide new insights into the rhetorical tools that were used to resolve challenges to the 'in it together' narrative and show a complex negotiation process taking place within the relationships that allow each participant to manage their own stake as well as managing the stake of 'the couple' in the interview process. It is not the intention to suggest that these are the only ways couples negotiate and construct meaning but this research has aimed to provide a method of analysing the talk of couples that provides insight into the action orientation of talk and how discourses impact on the couple's ability to make meaning of their experience of infertility and make decisions regarding their future together.

I will now move on to evaluating the research.

Evaluating the current research: usefulness and limitations

In evaluating this current research I will refer back to the relevant aspects I discussed in the methodology on validity as put forth by Potter and Wetherell (1987) and Yardley (2000). I will also look at whether I have produced a piece of work that answered my research questions. I will finish by summarising what this piece of research has not been able to do and the limitations of its findings.

The first relevant measure of validity as mentioned in Potter and Wetherel (1987) is that of coherence. It is possible that I had underestimated the complexities of the discourse that would be produced from the couples before I embarked on the interviews. Even the most straightforward concept from conversational analysis of turn taking was far more complicated once I transcribed the data and saw that couples spoke over one another frequently and cues indicating the end of one person's turn were not acted upon by either the current speaker or the listener. The discourses were very complex and contradictory, and contradictions could not always be accounted for. The process of negotiation ran through the whole of the interviews and shifted form continuously and was therefore difficult to present in a transparent manner in the results section without including reams of raw data. It was therefore important for me to not shy away from acknowledging the complexities of the discourse by presenting too cohesive a picture of the narratives of the couples that would not do justice to the raw data. What I hope I have achieved is a presentation of the overall picture of the most salient and consistent discourses that were produced by the couples as well as exploring how the small interactions work to achieve these. In evaluating for coherence I found that this naturally included another of Potter and Wetherell's criteria for validation; that of new problems. By finishing each analytic category that I came upon during the analysis by exploring the new problems it presented for the couple I was able to develop my own narrative of the way the couples were managing the interaction and this therefore enabled me to develop a coherent representation about the overall narrative being produced. As

an example, I found that by constructing infertility as painful and catastrophic the couples were then forced to engage in discourses that led to a resolution to the problem of infertility. Those able to construct adoption as the solution can move forward with their lives but for those who could not see adoption as the solution, nor childlessness as a solution were faced with a big problem as they were dooming themselves to a painful, unfulfilled future should IVF be unsuccessful. This search for and discovery of secondary problems has firstly satisfied the validity criteria and has secondly contributed to the discovery of a coherent account of the couples' discourse.

The third criteria of validity that is relevant here is that of fruitfulness. This is what all good research is designed to produce. Does this study produce new ideas; does it add knowledge and bring new insights to the field that it aims to investigate? Given that there is relatively little discursive research on couples I would suggest that all research in this area is welcome and introduces new ideas. What I hope to have contributed is a different perspective and deeper insight into how discourses are used by the participants to achieve their aims as individuals and as a couple. I believe I have achieved my goal of bringing attention not to the experience of infertility and IVF treatment but to the very delicate nature of negotiating such a difficult event in peoples' lives. I have presented the thesis that the truthfulness of the couples' constructions should not be taken for granted but should be seen in the context of negotiation, not just between themselves, but with wider discourses of parenthood as selfless and as the means by which an individual can be fulfilled, as well as discourses of IVF as wasteful and selfish. I hope to have highlighted the lack of positive discourses around childlessness that threaten the ability of these couples to find meaning and fulfilment should IVF be unsuccessful. Of particular interest to me as I analysed how couples managed individual differences was the different

means by which couples resolve this apparent dilemma, and this is something I would like to explore further in future research.

The next criteria by which I will measure the quality of this research, is whether I have produced a piece of research that answers the questions it originally posed. I aimed to explore how participants construct the couple's experience of infertility and IVF. How they manage their own individual stake in the interaction as well as that of the couple. I believe that I have addressed this in the analysis section and have very much stayed focused on giving an account of the overall accomplishments of the couples as well as looking in depth at the ways in which each couple works to construct their experiences and manage their stake. A criticism of this research is that I have felt at times the goal of this research has been too broad. I will use this experience when undertaking future research and restrict the focus of projects so that the goal is to look at a specific phenomenon within a particular discourse. This would be especially important when considering research questions that are for the sole purpose of publication in academic journals and therefore not subject to the generous word allowance of a doctoral thesis.

One of the limitations of this research is that it is not possible to glean information about the experience of infertility, treatment or childlessness as experienced by the couples interviewed. As stated in my epistemological position, this is because discourse analysis takes the position that although an objective reality exists, the only way one can have access to this is through the medium of language which is limited and performative, and therefore the true experience can never be known. By interviewing couples it was not possible to explore what it is like for the individual as being in the presence of their partner is assumed to fundamentally change the way in which they construct their reality. In addition to this the research was limited to exploring how heterosexual couples discuss infertility and infertility treatment which

excludes a large number of other people seeking IVF or similar treatment including single women and homosexual couples.

By choosing one methodology it is a consequence that not all can be known about what couples going through infertility treatments experience. Discourse analysis cannot elicit an ultimate true representation of the couples' experiences as would be expected in methodologies like IPA. It cannot measure the degree of distress suffered by the individuals or couples that might be expected from administering psychometric measures and carrying out a quantitative analysis. The research is not able to develop a theory of the process by which couples make meaning which can be applied elsewhere as might be possible in grounded theory. Discursive psychology is interested in language and so does not aim to produce objective knowledge about any particular event. Another limitation of this study is that the issue of why participants use the language and act in the way they do cannot be addressed as would be the objective with a psychosocial reading or by interpreting the findings through a cognitive paradigm. The present study can only address questions such as how language is used, what people are doing with language and what the impact of this action is.

Future research

In addition to possible directions for future research already discussed I would begin by saying that this was a small study using a small sample and so an obvious place to start with suggestions for further research would be to carry out a similar study using a larger sample. Casting a wider net would allow for a wider range of discourses to be discussed and for the complexities of relationships to be further investigated. I would also suggest the usefulness of analysing a single transcript. At times during the analysis of the three transcripts I felt that in searching for meaning across the couples' construction I was sacrificing the search for meaning within the

couples' constructions. This method of a single case study could perhaps also be combined with another elaboration to this research that I believe would be of great value; that of relating the findings to psychological constructs or theories. As I have previously mentioned in the limitations section, this particular brand of discourse analysis purposely does not aim to explain participants' discourse by drawing on existing psychological theories. As a counselling psychologist I have been intrigued as to how this additional level of analysis could lead to a deeper understanding of the participants' construction of infertility and IVF. In order for this to be effectively done further information would need to be gained on the history of each participant, akin to psychological assessment, before interpreting background information on each participant through the lens of a particular psychological theory, for example psychoanalytic theory. As I have previously mentioned I would find discursive research analysing the way in which couples resolve individual differences to build on the findings in this study of 'balancing out' discourses.

Implications for counselling psychology and beyond

The implications of this research for counselling psychology I hope go beyond the specialist area of infertility counselling. As mentioned near the beginning of this paper Spong (2010) made the case for more discursive research in the field of counselling and psychotherapy and recommended investigating particular client issues as a way of enhancing understanding within a therapeutic context. What started out as a study focused on infertility and IVF has expanded to give equal importance to the study of language and what it can do. My hope is that the methodology is as important to the reader as the subject under investigation. Counselling is dependent on language, and as a person who has been both counsellor and client I can appreciate that the process of therapy is a performance, a rhetorical accomplishment, and so there is argument for the case that it should be treated as such. I hope this research enables therapists to tune into the minutia of

their clients narratives, allowing them to gain a deeper understanding of what is being constructed and the function this may serve. It is important to understand what and how a client is constructing their experience in order to address problematic constructions of their internal world, behaviours, or relationships.

I hope that I have highlighted the difficulties faced by these couples as they negotiate this crisis in their life and in the life of their relationship. It is for therapists to help these couples who seek us out by being sensitive to the delicate situation they find themselves in and to facilitate a meaning making process that allows the couple to move forward in their lives. I have included 'and beyond' in this implication section because throughout this research I have been viewing everything through the lens of discourse analysis and reading everything in the public domain that mentions IVF or infertility. I have been struck by the lack of positive stories of couples finding meaning in their life following involuntary childlessness. It would seem that only those who go on to have a child or adopt can find resolution. This is reflected in my participants' discourses of childlessness which were inward looking and vapid. More positive narratives of life after unsuccessful IVF would provide more positive discursive resources for infertile couples to draw on and construct a meaningful life despite not being able to have children.

Concluding remarks

This study aimed to further our understanding of how couples co-construct the meaning and experience of infertility and fertility treatment. To my knowledge this is the only research to look specifically at the action orientation of couples' discourse as they contend with infertility, childlessness, adoption and fertility treatment. I hope that the insights gained here have been valuable to the field of infertility, IVF, discourse analysis and to the general field of research with couples. I have identified dominant discourses used by the couples to characterise their experiences and

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hypothesised on what these constructions allow the couples to do in the interaction. I have taken an in depth look at the micro-accomplishments of each member of the couple as they work together to create a shared experience. I have identified interpretive repertoires that, to my knowledge, have not been formally discovered before, like Danielle and Tom's 'balancing out' discourse, and have shown how this both helps the relationship by building a picture of harmony and hinder by limiting the positions available to each person and in particular acts on the 'emotional one', to undermine their opinions.

It is my hope that the insights gained here are used by those working with couples to understand how our words are both constructed and constructive of the world and our relationships within it, and also to inspire more social constructionist research in psychology in general.

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Appendices

Appendix 1

Information Sheet for Participants

Title of study *Negotiating Parenthood: a discourse analysis of heterosexual couples in IVF treatment.*

I would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

What is the purpose of the study?
This research is being conducted as part of my doctoral training in counselling psychology and makes up my doctoral thesis. The aim of the research is to explore the meaning making process couples undertake when they are given a diagnosis of infertility and choose to pursue IVF or ICSI treatment.

Why have I been invited?
I am interested in heterosexual couples who are currently going through or recently gone through infertility treatment who do not have any children and are not pregnant yet. You must have been offered counselling and had sufficient opportunity to take this up if you so wished. The only other criterion is that participants have spoken to health care professionals as a couple about their options. This is to prevent any problematic issues arising during the interviews.

Do I have to take part?
Participation in this study is voluntary and you are free to withdraw at any time up until one week after the interview has taken place. If you decide to withdraw you will not be penalized or disadvantaged in any way.

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time up until one week after the interview and without having to give a reason.

What will happen if I take part?
- The interview will last for approximately 90-120 minutes.
- This is a one off interview and no further involvement after the interview will be required.
- During the interview you will be asked open ended questions and expected to discuss openly your thoughts and feelings. It is possible that different topics will come up for different people and you'll be able to discuss what is important to you.
- The purpose of this research is to look at how we as people talk to each other about things and how we come to decisions and make meaning of our situation.

- The interview will take place in a private consulting room at a location which is as convenient for you as possible or in a room at City University.

Expenses and Payments

To compensate you for your time and as a token of my gratitude for your contribution you will receive £50 for taking part. This does not affect your right to terminate the interview at any time.

Travel expenses will be paid in cash on the day of the interview upon producing a valid receipt of travel costs.

What do I have to do?
The only requirement is that you are comfortable and willing to talk openly about your experience of infertility, infertility treatment and your hopes for having a child.

What are the possible disadvantages and risks of taking part?
Talking about these topics could be distressing for you both individually and as a couple and by participating in this study this is a potential risk. The interview could bring up unresolved issues and unfortunately these cannot be addressed during or after the interview. I am able to signpost to resources which may be of use however.

What are the possible benefits of taking part?
The aim of this research is to benefit people in a similar situation to you by informing professionals of the needs of and possible ways of being assistance to people with a diagnosis of infertility.

What will happen when the research study stops?
In line with the data protection act raw data in the form of recordings and transcripts will be kept for five years and then destroyed. In the meantime data will be stored on a computer and will be encrypted.

Will my taking part in the study be kept confidential?
All identifying material from the interviews including names, places, hospitals etc. will all be removed or replaced with pseudonyms. As the research is taking place as part of a doctoral thesis only myself and my supervisor will have access to the raw data. It is possible that when the research is marked the examiners may request to hear the original recordings but this is unlikely. They are however bound by the same rules of confidentiality as I am.
There are some restrictions on confidentiality which I am morally or legal bound to adhere to. These include threats of violence, reported actual violence, expressed suicidal thoughts or plans, child abuse, extreme criminal activity and disclosure of acts of terrorism.

What will happen to results of the research study?
The results of the study will be available in City University Library and there is a possibility that a smaller version of these findings will be published in an academic journal. All identifying material will be removed or replaced with pseudonyms. The copy in the library is for public access and you are welcome to read this when it is published.

Who has reviewed the study?
This study has been approved by City University London School of Social Science Research Ethics Committee.

Complaints Procedure
If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone ██████ ████. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: Negotiating Parenthood: a discourse analysis of heterosexual couples in IVF treatment.
You could also write to the Secretary at:
Anna Ramberg
Secretary to Senate Research Ethics Committee
Research Office, E214   City University London   Northampton Square
London   EC1V 0HB
Email: ████████████████████

Further information and contact details
Please feel free to contact me at ████████████████████████████ *for more information or contact my supervisor at* ██████████████

Thank you for taking the time to read this information sheet and I look forward to hearing from you soon.

Adapted from Senate Research Ethics Committee Application for Approval of Research Involving Human Participants (2012) City University

Appendix 2

<u>Negotiating Parenthood: a discourse analysis of heterosexual couples in IVF treatment</u>

Please initial box

1.	I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. I understand this will involve: • being interviewed by the researcher • allowing the interview to be audio taped	
2.	This information will be held and processed for the following purpose: This information will be used for sole purpose of this study as set out in the information sheet. I understand that any information I provide is confidential, and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. No identifiable personal data will be published. The identifiable data will not be shared with any other organisation.	
3.	I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage up to one week after the interview without being penalized or disadvantaged in any way.	
4.	I agree to City University London recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	
5.	I agree to take part in the above study.	

_____   _____   _____

Name of Participant   Signature   Date

_____   _____   _____

Name of Researcher   Signature   Date

When completed, 1 copy for participant; 1 copy for researcher file.

Adapted from Senate Research Ethics Committee Application for Approval of Research Involving Human Participants (2012) City University

Appendix 3

Resources and Information for Participants

Thank you for participating in this research, your contribution is very much appreciated.

It is possible that this interview has brought up some thoughts and feelings for you which you may want to explore further. Below is a short list of resources which you may find helpful should you wish to seek some additional support.

- British Infertility Counselling Association BICA http://www.bica.net/
  This website contains a wealth of material and guidance as well as a 'search for a therapist tool' which allows you to find an accredited infertility counsellor in your area.

- All licensed fertility clinics must provide counselling to patients. A list of counselling services within clinics can be found here: www.HFEA.gov.uk

- The British Association for Counselling and Psychotherapy www.bacp.co.uk and the British Psychological Society www.bps.org.uk
  These websites have a search engine to find therapists in your local area and some might specialise in infertility counselling.

- Accessing free counselling if not currently in fertility treatment can be more difficult. Your GP will be able to refer you for counselling on the NHS but waiting lists can be quite long.

- You are also able to self refer to IAPT (Improved Access to Psychological Therapies) services. Local services can be found by searching on www.iapt.nhs.uk/services

- The Infertility Network www.infertilitynetworkuk.com offers support and information. They have a dedicated support line 01213235025 and helpline 08000087464

- Other support networks include

    - IVF World: www.ivfworld.com
    - Fertility Friends: www.fertilityfriends.co.uk
    - Donor Conception Network: www.dcnetwork.org
    - Mumsnet: www.mumsnet.com

Thank you again for participating. Should you need further information in the coming few weeks please feel free to email me at ████████████████████████████

Appendix 4

ARE YOU AND YOUR PARTNER GOING THROUGH IVF TREATMENT?

I am a counselling psychologist in training at City University and as part of my doctorate I am conducting research into heterosexual couples going through IVF or similar fertility treatments.

It is well established that IVF and other fertility treatments can be a distressing and stressful experience for many couples. I am interested in the way couples make sense and meaning out of their experience and am therefore looking for couples who are willing to be interviewed together.

All that is required is a willingness to talk about your experiences as a couple.
As a token of my gratitude for your contribution and to compensate you for your time you will receive £50 for participating.

If you and your partner are interested in taking part or would like more information please contact me at

████████████████████████

Thank you for taking the time to read this information. I look forward to hearing from you.

This research has been approved by the City University Ethics Committee. All interviews will be confidential.

(Supervised by Jacqui Farrants. email: ████████████████)

In forums where a poster is not appropriate for advertisement the poster information will be used in the format of a paragraph as follows:

ARE YOU AND YOUR PARTNER GOING THROUGH IVF TREATMENT?

I am a counselling psychologist in training at City University and as part of my doctorate I am conducting research into heterosexual couples going through IVF or similar fertility treatments.

It is well established that IVF or other fertility treatments can be a distressing and stressful experience for many couples. I am interested in the way couples make sense and meaning out of their experience and am therefore looking for couples who are willing to be interviewed together.

All that is required is a willingness to talk about your experiences as a couple. As a token of my gratitude for your contribution and to compensate you for your time you will receive £50 for participating.

If you and your partner are interested in taking part or would like more information please contact me at ███████████████████████

Thank you for taking the time to read this information. I look forward to hearing from you.

This research has been approved by the City University Ethics Committee. All interviews will be confidential.
(Supervised by Jacqui Farrants. email: ████████████████)

Appendix 5

Ethics Release Form for Student Research Projects

All students planning to undertake any research activity in the School of Arts and Social Sciences are required to complete this Ethics Release Form and to submit it to their Research Supervisor, **together with their research proposal clearly stating aims and methodology**, prior to commencing their research work. If you are proposing multiple studies within your research project, you are required to submit a separate ethical release form for each study.

This form should be completed in the context of the following information:

- An understanding of ethical considerations is central to planning and conducting research.
- Approval to carry out research by the Department or the Schools does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g.: Hospitals, NHS Trusts, HM Prisons Service, etc.
- The published ethical guidelines of the British Psychological Society (2009) Guidelines for minimum standards of ethical approval in psychological research (BPS: Leicester) should be referred to when planning your research.
- **Students are not permitted to begin their research work until approval has been received and this form has been signed by Research Supervisor and the Department's Ethics Representative.**

Section A: To be completed by the student

Please indicate the degree that the proposed research project pertains to:

BSc   M.Phil   M.Sc   (D.Psych)   n/a

Lindsay McGregor-Johnson

Negotiating Parenthood: a discourse analysis of heterosexual couples in IVF treatment

Please answer all of the following questions, circling yes or no where appropriate:

1. Title of project

> Negotiating Parenthood: a discourse analysis of heterosexual couples in IVF treatment

2. Name of student researcher (please include contact address and telephone number)

> Lindsay McGregor-Johnson
>
> ███████████████████████

3. Name of research supervisor

> Jacqui Farrants

4. Is a research proposal appended to this ethics release form?

(Yes)   **No**

5. Does the research involve the use of human subjects/participants?

(**Yes**)   No

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If yes,

a. Approximately how many are planned to be involved?

Maximum 10

b. How will you recruit them?

Participants will be recruited through infertility forums on the internet, social media sites, patients' recourses websites, private fertility clinics, counselling websites e.g BICA, and private infertility counsellors. The use of person contact may also be used and suitable participants must be removed by at least three degrees from the researcher i.e. a friend of a friend of a friend of the researcher; this is to ensure anonymity.

c. What are your recruitment criteria?

(*Please append your recruitment material/advertisement/flyer*)

Each individual must both be willing to be interviewed. Only heterosexual couples will be interviewed due to methodological reasons and gender differences being an area of interest. Willing participants will be included regardless of age, ethnicity, marital status, length of relationship, socio-economic status or what stage of treatment they are in. All participants must be over eighteen years of age and able to give informed consent. Couples must have discussed their options together with health care professions. They must have been offered counselling and had suitable opportunity to take this up. Participants must be in IVF or other fertility treatment or recently finished IVF and must not currently be pregnant due to ethical and safety reasons and the desired outcome of the research. Participants must speak fluent English given the nature of the qualitative research. Participant will be asked to disclose any ongoing mental health problems and will be excluded from the research if they disclose this.

d. Will the research involve the participation of minors (under 18 years of age) or vulnerable adults or those unable to give informed consent?

Yes   (No)

d1. If yes, will signed parental/carer consent be obtained?

Yes   **No**

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d2. If yes, has a CRB check been obtained?

Yes   **No**

(*Please append a copy of your CRB check*)

6. What will be required of each subject/participant (e.g. time commitment, task/activity)? *(If psychometric instruments are to be employed, please state who will be supervising their use and their relevant qualification).*

> Participation will involve an audio recorded semi-structured interview which will last approximately ninety to one hundred and twenty minutes. They will be required to travel to a private consulting room or room at City University. Locations will be chosen out of consideration for convenience to the couple and availability.

7. Is there any risk of physical or psychological harm to the subjects/participants?

Yes   No

If yes,

a. Please detail the possible harm?

> A diagnosis of infertility is distressing and talking about this may worsen this distress. Unresolved conflicts may arise during the course of the interview which may not be resolved before the interview ends. This could cause harm to the couple's relationship as well to each member individually.
>
> Due to exclusion criteria harm may also be caused by potential participants being turned down for the study. This could take the form of upset, anger and rejection.

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b. How can this be justified?

It is hoped that the findings of the research will be of use to health care professionals and especially therapists in helping couples in the future. The potential harm is proportionate to the potential for insight into a distressing issue for many couples. The interview agenda is designed to encourage conversation and collaboration but could also lead to some conflict. The agenda is only challenging to the minimum required to elicit useful data. No question will be asked of a participant that is not directly related to the research topic.

c. What precautions are you taking to address the risks posed?

Couples must be willing to be interviewed and will be warned that taking part may cause distress. Informed consent must be obtained for participation. Couples must have been offered counselling and had sufficient opportunity to take this up if they though it appropriate. Couples must have discussed their options with health care professionals during the course of their treatment. Couples will be told of the limitations for the interview and that it is not a substitute for therapy. Couples will be informed that the interview is not to be used for conflict resolutions or mediation. Participants will be asked if they are suffering from any concurrent mental health problems and will be excluded as this increases the likelihood of causing distress.

8. Will all subjects/participants and/or their parents/carers receive an information sheet describing the aims, procedure and possible risks of the research, as well as providing researcher and supervisor contact details?

(Yes)   **No**

(*Please append the information sheet which should be written in terms which are accessible to your subjects/participants and/or their parents/carers*)

9. Will any person's treatment/care be in any way be compromised if they choose not to participate in the research?

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Yes   (No)

10. Will all subjects/participants be required to sign a consent form, stating that they fully understand the purpose, procedure and possible risks of the research?

(Yes)   **No**

If no, please justify

> [blank box]

If yes please append the informed consent form which should be written in terms which are accessible to your subjects/participants and/or their parents/carers)

11. What records will you be keeping of your subjects/participants? (e.g. research notes, computer records, tape/video recordings)?

> The interviews will be audio taped and notes taken after the interview of any material thought pertinent to analysis which could not be recorded on audio. These recordings will then be transcribed.

12. What provision will there be for the safe-keeping of these records?

> All audio files will be copied to hard drive and encrypted. Transcripts will also be encrypted. All identifying material in any published work will be removed or replaced with pseudonyms. Records of consent and or any other material which contains participant names will be kept separate to the audio tapes and transcripts.

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13. What will happen to the records at the end of the project?

> Transcripts will be kept for five years in accordance with the data protection act and then will be destroyed. Audio recording will be deleted after completion and passing of doctoral thesis.

14. How will you protect the anonymity of the subjects/participants?

> All identifying material will be removed or replaced in the transcripts to protect participants' anonymity. Participants will be asked in the interview if they wish to choose a pseudonym by which they will be known in the final write up. All hospital names, places, practitioner names or any other identifying details will be removed or replaced with pseudonyms. It will be made clear that all names, place, hospitals have been changed to keep participant anonymity.

15. What provision for post research de-brief or psychological support will be available should subjects/participants require?

> A brief leaflet with support groups, counselling services or ways of finding a counsellor privately will be offered to all participants. Once recording is finished participants will be offered the chance to ask any questions and will be given my email address should a question come up for them in the following week. As there is no deceit and the information sheet given prior to interview is transparent no further information sharing is necessary. Participants will be assessed for any adverse effect from the interview. Participants will be thanked, and reminded that the final write up will be available in city University Library.

(Please append any de-brief information sheets or resource lists detailing possible support options)

If you have circled an item in **underlined bold** print or wish to provide additional details of the research please provide further explanation here:

> Human subjects- given the nature of counselling psychology it is necessary to use human subjects for this research. Informed consent will be sought from all participants and precautions outlined will attempt to ensure that those taking part are resilient enough not to suffer significant harm. The risk of harm is outweighed by the potential for benefits to come from the findings and help people in similar situations to the participants being interview.
>
> Risk of harm- when using human subjects there will always be a degree of risk of harm. The proposed research only uses participant who are capable of giving informed consent. The potential for insight into a distressing experience for couples outweighs the potential harm that may be caused by encouraging people to talk about their experience.

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Signature of student researcher ---------------~~Lindsay McJohn~~---------------

Date -25/06/2013----

CHECKLIST: the following forms should be appended unless justified otherwise

Research Proposal

Recruitment Material

Information Sheet

Consent Form

De-brief Information

Section B: Risks to the Researcher

1. Is there any risk of physical or psychological harm to yourself?

(Yes)   No

If yes,

a. Please detail possible harm?

> There is a small amount of risk associated with meeting people whom I am not familiar with. It is unlikely but still possible that a participant may try to attack me during the interview process.

b. How can this be justified?

> The risk is small and the benefits which can be gained from the research outweigh this risk.

c. What precautions are to be taken to address the risks posed?

> A friend or colleague will be made aware of my location and I will arrange to be in contact with them by a certain time. If I fail to get in contact then the friend or colleague will either come to the place where I am doing the interview or call the police. It is also anticipated that many consulting rooms have a manned reception and other people will be present in the building. I will be in contact with participants prior to interview and I will conduct an informal risk assessment before arranging to meet.

Section C: To be completed by the research supervisor

(*Please pay particular attention to any suggested research activity involving minors or vulnerable adults. Approval requires a currently valid CRB check to be appended to this form. If in any doubt, please refer to the Research Committee.*)

Please mark the appropriate box below:

Ethical approval granted

Refer to the Department's Research and Ethics Committee

Lindsay McGregor-Johnson

Refer to the School's Research and Ethics Committee

Signature ████████████████████ ---------------------
---------/-- Date-26/7/13 .

Section D: To be completed by the 2nd Departmental staff member

*(Please read this ethics release form fully and pay particular attention to any answers on the form where **underlined bold** items have been circled and any relevant appendices.)*

I agree with the decision of the research supervisor as indicated above

Signature ████████████████████ ------------------
-----/------ Date -04/10/2013

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Research Proposal/Ethics Form Addendum

Amendment to Recruitment Process

Proposed Amendment: To offer financial compensation for participation in the research. I propose offering £50 per couple to compensate them for their time and contributions.

I began my recruitment for the proposed study in September 2013 and to date have yet to attract participants who meet the research criteria. I have proposed a financial incentive for participation in an attempt to motivate more people to come forward.

My methods of recruitment have included placing posters in public places. I have contacted large London fertility clinics and have had offers of help from their counsellors and patient support co-ordinators. I have contacted independent counsellors registered with the British Infertility Counselling Association (BICA) and have had variable success with offers of help to recruit from their members. I have also posted my advert on several online fertility support forums. The last method of recruitment has allowed me to know how many people have viewed my advert and in one case I can see that the advert has been viewed over 2000 times. This has led me to believe that the problem of recruitment lies not with difficulties reaching my target population but with a problem of motivating people to participate.

I have received helpful feedback on the wording of my recruitment flyer and have been advised to reduce certain types of information including length of interview and method of recording which can all be shared after the potential participants make initial contact.

In addition to the hypothesis that the problem with recruitment lies with motivating people to participate, anecdotal evidence from peers has shown that once a financial incentive is introduced people have been much more likely to come forward.

Ethical implications

Much has been said about offering financial compensation or incentives for participation in research. Despite the fear that doing so is a form of coercion and therefore unethical, several studies have found that it is not coercive (eg. Emanuel, 2004: Singer & Bossarte, 2006; Wertheimer & Miller, 2007). Grady (2001) concludes that instead of coercing participants, offering money in exchange for participation was a necessary sign of respect for the efforts and time given by participants. A common argument has been that when money is offered participants will be more likely to take risks and this clouds their judgement and therefore informed consent is affected. Singer & Couper (2008) and Bentley and Thacker (2004) found that when participants were offered increasing amounts of money they were not willing to take any more risks than when offered smaller amounts. Bentley and Thacker (2004) concluded that offering money merely made people more willing to participate.

I do not foresee offering money for participation affecting my target population's informed consent. They are a non-clinical population who are deemed competent to make an informed decision whether or not to participate. The decision to offer money has been discussed with my supervisor and it was agreed that it is the logical next step to assist recruitment.

It is possible that by compensating participants for taking part in the research it may affect the way they engage with the project and may affect the way I engage with them. I will include any reflections on this in my reflective diary and will discuss them in the final write-up.

Changes to appendices

Appendix 2: Information sheet for participant

In section on Expenses and payment I have now included a statement about compensation: 'To compensate you for your time and as a token of my gratitude for your contribution you will receive £50 for taking part. This does not affect your right to terminate the interview at any time.'

Appendix 5: Recruitment poster

Information on interview length and location has been removed. A statement about compensation has been added: 'As a token of my gratitude for your contribution and to compensate you for your time you will receive £50 for participating.'

References

Wertheimer, A., & Miller, F. G. (2008). Payment for research participation: A coercive offer? *Journal of Medical Ethics, 34*(5), 389-392. doi:10.1136/jme.2007.021857

Bentley, J. P., & Thacker, P. G. (2004). The influence of risk and monetary payment on the research participation decision making process. *Journal of Medical Ethics, 30*(3), 293-298. doi:10.1136/jme.2002.001594

Emanuel, E. J. (2004). Ending concerns about undue inducement. *The Journal of Law, Medicine & Ethics, 32*(1), 100-105. doi:10.1111/j.1748-720X.2004.tb00453.x

Singer, E., & Bossarte, R. M. (2006). Incentives for survey participation when are they "coercive"? *American Journal of Preventive Medicine, 31*(5), 411.

Grady, C. (2005). Money for research participation: Does it jeopardize informed consent? *The American Journal of Bioethics, 1*(2), 40-44.

Singer, E., & Couper, M. P. (2008). Do incentives exert undue influence on survey participation? experimental evidence. *Journal of Empirical Research on Human Research Ethics: An International Journal, 3*(3), 49-56. doi:10.1525/jer.2008.3.3.49

Appendix 6: A page from each transcript to give some insight into the analytic process and notations

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```
1   D: [loud laugh]                              very      sign of clear thought on that! logical compromise

2   T: could go down the (.) donor egg

3   route (1.0) .and then adopt (.) as well

4   (1.6) that that

5      I would see as a good compromise          making it difficult to

6      personally                                rebuttal

7   D: but I would be carrying a child

8   that's not (.) genetically mine [short

9   laugh]

10  T: yeah bu:t

11  D: it's a bit like being a s- surrogate      extreme - not her child

12  T: yeah                                       at all but

13  D: hh for your kid                            still happy to

14  T: yeah                                       adopt

15  D: [laughs]

16  T: u::h (.) but I (.) you know (.) yeah

17  D:         anyway anyway (.)

18  so that's a bit of a grey area for           chaging the subject

19     us

20  L: mm                                         down playing the clear disagreement

21  D: and that's something I n- again I

22  never thought we'd have to discuss that      properly chaging the subject back

23  T: yeah                                       to the cuple

24  D: =you never imagine when you first

25  meet someone that one day

26  T:                yeah
```

Still no laghter from him - he remains serious)

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1   know you can read the cynicism (.) from my

2   tone of my voice

3   I: [laugh]

4   L: mm hm

5   A: u:m and that's been quite a

6   I: that's been really hard it's been you

7   know (.) my two best friends in [place

8   name] (.) started trying (.) when I did

9   both have (.) kids now (.)

10 ⌐One's on their second pregnancy⌐

11 A: ⌊one of them's pregnant yeah

12 I: =the other one's going for the second

13 and (.) and it really hurts it's like (.)

14 being and it's interesting cos I think when

15 it first when [friend] first got pregnant

16 and I was like (.) I can't fucking (.)

17 breathe like cos I feel it's really painful

18 (.) and you you didn't really get it that

19 much

20 A: no ⌐no⌐

21 I: ⌊and⌐ then recently (.) y-your

22   ⌐friends⌐

23 A: ⌊my best⌐ friend []

24 L: mm

25 A: ⌐They got pregnant⌐

26 I: ⌊and his partner⌐ (.) ⌐got pregnant⌐

Handwritten annotations (partially legible): embodied cynicism; bitter/angry discourse; encouragement; embodiment; making light - not to take too seriously; part of intensity; discourse; according to L's account; point of intensity; shows thoughtful investigation; language - possible problem; resolve; interrupting - finish L's story; sharing children - feeding it together; however Isobel appears to be using the story to tell; re-pairing - point to not be able to have children; challenging discourse - not on the same page; sharing difficulty in the past; echoing Isobel's discourse of 'best' friend to match her response; joining together to be a narrative

```
 1  L: mm

 2  S: yeah that was a nice (.) that was a

 3  nice thing to (.) cos I I don't know Mr

 4  X [specialist's name] I don't know if

 5  you've come across him or in your

 6     ┌ research (.) [specialist's full
 7     │ name]
 8  R: │ [specialist's full name] his name
 9     └ is

10  L: mm

11  S: he's he's like Rebecca said his name

12  kept cropping up leading

13  L: =right

14  S: sort of person um in his field (.)

15  and uh (1.0) I went to go see him and

16  (.) done the usual like you give a

17  sample and the rest and he said 'no

18  actually you should (.) there's no

19  reason why you can't have it naturally'

20  (.) he said but he (.) 'you can have

21  children of your own biologically'

22  L: mm

23  S: =and for ┌ me that ┐
24  R:         └ well the ┘ percentage of

25  having them (.) naturally was (.)

26  ridiculously low
```

Appendix 7

Discourses long list
Impact on wider life
Importance of biological/genetic relation to child
More IVF as solution
Adoption as solution
What they would sacrifice for children
Constructions of childlessness
Adoption not solution
IVF as sacrifice and struggle
Femail weight issue
Focus on the woman
Neglect of male experience
Deserving parents
Unfairness
Bitterness
Battle for control of their experience and bodies
Female motivation to address issue
Impact on relationship
Gender roles
When one dominates narrative
Role within couple
Constructing their characters
Construction of solid relationship
The male's role in IVF
Resolving differences to reaction to infertility and treatment
Resolving different approaches
Who wants children more
Whose infertility
Use of humour constructed as means of coping
Disagreements in past
Disagreements in present
Agreements
Donor gametes issue

Appendix 8: Transcription Conventions
The transcription symbols, used in this thesis are based on the system developed mainly by Gail Jefferson as reported in Potter and Wetherell (1987)

Extended square brackets mark overlap in speech	A: ⌐ but he B: ⌊ and them
Equal signs at the beginning and end of speaker's utterance indicates no discernable gap	A: Okay well= B: =he didn't
Number in brackets indicate time of pause to a tenth of a second	A: oh well (2.3)
Pauses less than a second are marked by a fullstop in the bracket	B: I'm not (.) sure
One or more colons indicates of the preceding Vowel	A: yea::h
Underlining indicates emphasis on that work	B: <u>really</u>
A full stop before a word indicates intake of breath	A: .no
Words in brackets indicate speech was difficult to discern and there is doubt over its accuracy	B: he (wasn't good)
Square brackets indicate information has been Omitted if empty and information changed if full Interview Schedule	A: went to [] B: my friend [Kate}

Appendix 9

Q1. Do you remember when you were first diagnosis as infertile?

- How did you feel

Q2. What does having a diagnosis of infertility mean to you?

- How as a couple did you feel upon diagnosis?
- How do you feel about it now?

Q3. What does being a parent mean to you?

- Has this changed for you?
- Why do you want children?
- Why is biological parenthood important?
- Do you both feel the same way about being a parent?

Q4. How has the process of decision making been for you?

- How have you made decisions regarding treatment?
- What has that process been like as a couple?
- Have you disagreed on anything?
- How have you resolved differences?

Q5. What other options to treatment have you considered?

- How do you feel about those options?
- What are your options looking ahead?
- Do you both feel the same way?

Q6. Has infertility impacted upon your life goals or plan?

- If they have changed, how?

Q7. Is there anything else you feel is important to discuss which we haven't already touched   upon?