Université de Montréal

Analyse phénoménologique interprétative des gains conjugaux rapportés par des couples suivis en traitements de fertilité

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Résumé

Cette étude visait à expliciter la nature des bénéfices conjugaux, leur processus de développement et le sens donné à ces bénéfices par des couples confrontés à des difficultés à concevoir un enfant. Une analyse phénoménologique interprétative de six entrevues semi-structurées réalisées auprès de trois couples en traitement de fertilité a révélé cinq catégories de gains conjugaux: 1) se sentir partenaires, engagés dans une épreuve commune; 2) se sentir plus proche l'un de l'autre; 3) se sentir rassuré au sein du couple; 4) avoir développé ou pris conscience d'un système de soutien et de communication aidant; et 5) avoir acquis une certitude de la qualité du couple et de ses aptitudes face à l'adversité. L'analyse dyadique des discours des participants a permis d'illustrer comment les bénéfices conjugaux se sont développés au sein de chacun des couples. Il semble y avoir non seulement cohabitation des bénéfices conjugaux avec les difficultés rencontrées à travers l'expérience des traitements de fertilité, mais contribution de ces dernières à l'apparition de gains, en favorisant des opportunités de rapprochement au sein du couple. Les bénéfices conjugaux n'ont donc pas éliminé la souffrance de ces couples, mais semblent avoir nourri leur satisfaction conjugale. Ceci souligne l'importance pour les cliniciens de considérer ces gains potentiels et de favoriser leur identification par les couples dans le soutien offerts à ceux-ci en cours de traitements de fertilité.

Mots-clés

Traitements de fertilité, couples, bénéfices conjugaux, analyse dyadique, analyse phénoménologique interprétative, psychologie clinique

Summary

This study sought to provide a detailed portrait of the marital benefits associated with infertility in order to better understand their nature, development, and meaning for each couple affected. Using an interpretative phenomenological analysis, semi-structured interviews with three couples seeking fertility treatment revealed five types of marital benefits: 1) being engaged in a shared hardship; 2) feeling closer to one another; 3) feeling reassured in the relationship; 4) developing a satisfying communication and support system, and having faith in the couple's capacity to face adversity. A dyadic analysis of partners' interviews also illustrated how marital benefits developed in each couple. Those benefits emerged as a consequence of facing a difficult situation together, leading to bonding opportunities for the partners. Marital benefits did not eliminate suffering among these couples but rather nourished marital satisfaction, thus underscoring the importance of considering marital benefits to help couples cope through fertility treatment.

Keywords

Fertility treatments, couple, marital benefits, dyadic, interpretative phenomenological analysis, clinical psychology

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

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

Abstract

Using an interpretative phenomenological analysis, this study examined marital benefits in three couples seeking fertility treatment. Interviews revealed five types of marital benefits: being engaged in a shared hardship, feeling closer to one another, feeling reassured in the relationship, developing a satisfying communication and support system, and having faith in the couple's capacity to face adversity. A dyadic analysis of partners' interviews also illustrated how marital benefits developed in each couple. Marital benefits did not eliminate suffering among these couples but rather nourished marital satisfaction, thus underscoring the importance of considering marital benefits to help couples cope through fertility treatment.

Keywords

Fertility treatments, couple, marital benefits, dyadic, interpretative phenomenological analysis

Introduction

Infertility involves a number of aspects that can lead to emotional strains and difficulties for the couples concerned, including loss of control, identity issues, stressful and invasive treatment, repeated failure and losses (Chachamovich et al., 2010; Glover et al., 2009; Greil et al., 2010; Rockclift et al., 2014; Schmidt, 2006). But these difficulties may also come with positive aspects; i.e., some couples find in infertility, and more specifically in fertility treatment, bonding opportunities that reinforce their relationship. Indeed, 20% to 30% of couples undergoing fertility treatment report marital benefits linked to their fertility problems (Peterson et al., 2011; Schmidt et al., 2005). The marital benefits identified in quantitative studies have been measured using the following items: “Infertility has strengthened our relationship”, and “Infertility has brought us closer”. A distinction can therefore be made between "marital benefits" and "relationship satisfaction". The former is closely linked to the experience of infertility as it refers to the perceived relationship benefits that result from this experience (Schmidt, 2006), whereas the later refers to a global subjective evaluation of one’s relationship, in terms of quality, satisfaction, adjustment, or happiness (Graham et al., 2011).

Retrospective qualitative studies examining the experience of individuals or couples with regard to the medical aspects of fertility treatment (Daniluk, 2001), the losses and benefits associated with infertility (Lee et al., 2009), and the resilience factors identified during the fertility treatment experience (Peters et al., 2011) have also revealed that some couples perceive their relationship to be strengthened or report greater appreciation for each other after ending the treatment. Hence, although marital benefits have been identified through participants’ general accounts of their infertility experience, no study has specifically targeted marital benefits in order to describe their scope, meaning, and the processes that lead to their

development. Moreover, no qualitative study has specifically focused on marital benefits experienced during treatment, nor has used a dyadic approach to address partners' interrelatedness in this experience. As in other areas of health psychology, current trends regarding infertility consider the couple's dyadic adaptation to the disease (Pasch & Sullivan, 2017; Regan et al., 2015).

In fertility clinics, couples often need support when dealing with the impact of fertility treatment on their relationship (Read et al., 2014). A better understanding of marital benefits, as well as the factors that promote their emergence, could therefore contribute to the development of interventions specifically designed to generate hope and resilience for couples. Moreover, the use of psychological interventions promoting reflection regarding the meaning of infertility have been recommended (Chan et al., 2012); these interventions could include a discussion on marital benefits.

This study thus sought to provide a detailed portrait of the marital benefits emerging while having to cope with fertility treatment in order to better understand their nature, development, and meaning for each couple. Here, "marital benefit" refers to any infertility-related benefit reported by a participant with regard to his or her relationship. The study also sought to describe each partner's individual point of view within a dyadic perspective that considers the impact of each person's reality on the other. The dyadic perspective thus intended to provide access to the relational aspects of addressing the infertility ordeal as a couple. Hence, this study did not uniquely allowed to gain access to the meaning of marital benefit for each individual separately, but also allowed shedding light on this meaning within the dyad.

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

Method

Participants and procedures

Participants initially took part in a larger quantitative study on well-being in mixed-sex couples undergoing fertility treatment, recruited in fertility clinics or through social media. Couples in which both partners reported marital benefits on the Marital Benefit Measure (Schmidt, 1996; scores of 4 or 5 out of 5) were eligible for this qualitative study. Participation was mandatory for both partners to allow for a dyadic analysis. To minimize the risk that one partner would feel pressured to join the study, each partner was contacted individually to make sure they freely agreed to participate. Our goal was not to recruit a representative sample, but to obtain a homogenous sample of couples (Smith et al., 2009). Consequently, the first three eligible couples that agreed to participate were selected. The sample size was chosen to gain access to the experience of different couples while also allowing an in-depth phenomenological inquiry and preserving the unicity and specificity of each individual's and couple's experience. Participants' information is summarized in Table 1. Ethical approval was granted by the Institutional Research Ethics Board.

Table 1. Participant Details

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

Note. Pseudonyms were used to preserve participants' identity

Semi-structured interviews

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

The semi-structured interview began with an open-ended question about marital benefits

('Could you tell me about what you gained as a couple from this experience of trying to conceive a child?'). Participants were encouraged to reflect widely on their individual experience and its meaning for their relationship. Few questions were planned, covering those central topics: perceived relational changes, perceived marital benefits, meaning given to these benefits. Participants were probed on these topics as they arose, mainly by helping them develop further their answers (i.e. 'Could you tell me more about that?' or 'How did that make you feel?' or 'Why do you think this felt important/helpful/significant for you?') as suggested by Smith et al., 2009. The interviewer avoided directing the interview. The interview schedule was pilot-tested prior to the study.

Analysis

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

The analysis was then repeated for each couple with the goal of reaching a couple analysis of the individual discourses. As such, each partner's individual account was read over again with the aim of identifying circularity in the information shared by each partner and reaching a new understanding of their accounts that would ultimately result in a global perception of their shared experience as a couple. Such an account was produced for each

couple, also supported by interview extracts. This new dyadic understanding was then re-compared to each partner's individual account in order to confirm the validity of these new interpretative deductions, with a particular focus on the temporal sequencing of the dyadic dynamics inferred. Overall, this dyadic analysis of the data offered a relational perspective on what went on between the partners and how the marital benefits appeared to have emerged within each dyad.

IPA involves a double hermeneutic. At a first level, the participant is trying to make sense of their own experience; at the second level, the researcher is trying to make sense of the participant's sense-making (Smith et al., 2009). Throughout the analytic process, we were committed to account for each participant's experience fairly and ensured that their stories were not unduly influenced by the researcher's own personal assumptions. To ensure credibility and trustworthiness, commitment, rigour, and transparency were actively pursued, guided by Smith et al.'s (2009) validity and quality guidelines. The first author, who conducted the analysis, kept a reflective journal throughout the study. She specifically questioned her interpretations to reflect on other possible meanings, considering the potential impact of her conceptual frame, mainly based on psychodynamic and humanistic approaches. The content of analysis was also audited by an external researcher and the second author to ensure it was supported by the interview material. To ensure transparency, this article displays sufficient data to support each emergent theme regarding the nature of marital benefits and to give access to the interpretations. The extracts were selected to reflect prevalence, representativeness, and variation within participant's individual experience (Smith, 2011). Indeed, they were selected to present both shared themes and divergent ways of expressing their voice, and to give sufficient access to each participant's view and experience.

Results

Three sets of results are presented: 1) Emerging themes regarding the nature of the benefits; 2) A dyadic analysis of the marital benefits, along with their development process and ascribed meaning; and 3) A link between the difficulties and benefits associated with the infertility experience.

The nature of marital benefits

Five categories of marital benefits were identified: 1) Being engaged in a shared hardship; 2) Feeling closer to one another; 3) Feeling reassured in the relationship; 4) Developing a satisfying communication and support system; and 5) Having faith in the couple's capacity to face adversity.

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

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

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

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

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

"It felt like everything was lining up against us and that the only person I could count on was her. I also had the impression that she felt the same way." (Paul)

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

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

"We opened up to each other. I've never confided as much in anybody. I've never trusted anybody that much. We became closer by going through this." (Amy)

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

"It also teaches you to have a little more trust in the other person. It's like you're always afraid: 'Will my partner leave me for someone else?' [...] If I had been the one

with fertility problems, and she really wanted children, I know she would have stayed, for me." (Sam)

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

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

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

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

"We often had long talks before and after, so it's just about being there for each other." (Paul)

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

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

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

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

Describing the five marital benefit categories provided insight into the potential benefits experienced by couples when confronting infertility. The recruitment of couples to further our understanding of marital benefits, however, provided the opportunity to conduct a dyadic analysis to describe how such benefits develop and their meaning for each couple. The second part of our study thus used a dyadic approach thus to consider how one partner's experience influenced the experience of the other, and how both partners learned to define their individual and shared experience.

Amy and Sam: Building a resilient relationship based on trust and developing complementary and mutually supportive roles. Amy and Sam have been together for two years. During this time, they have experienced a miscarriage followed by one year fertility problems, including failed fertility treatments. They also underwent personal difficulties.

This couple appears to have been significantly affected by successive hardships, including infertility, which triggered strong and painful emotions for Amy. In this context, she perceived her partner as attentive, non-judgmental, and reassuring, in apparent contrast with her other relationships.

> *"With Sam, I feel comfortable talking about it because he doesn't force me to be happy [...] He accepts my pain. Of course he'll try to make me happy, to help me focus on other things and to accept the reality, but he doesn't need me to be happy right away, to constantly look at the bright side [...] He's there for me, he accepts me. He's not like my friends or my family. It's difficult, friends and family don't understand what you're going through."* (Amy)

For Amy, marital benefits emerged because of beneficial support from Sam, who compensated for the surrounding misunderstanding. She felt welcomed and respected. She became more confident. This helped her reveal herself further, which in turn, facilitated communication and closeness within the relationship.

> *"Before, I was the one who didn't share my feelings. I was closed off. I wasn't able to talk about my feelings and how I felt. Now, I've learned to talk about it and get rid of the bad feelings. So, now, we are more able to talk about what we're going through."* (Amy)

> *"Now, she talks to me more. I don't find her crying by herself anymore. She cries in front of me, or she comes to talk to me about her problems, her worries, all of it."* (Sam)

Although somewhat less salient, Sam's own distress regarding the temporary delay of parenthood remained obvious. He described his experience as one of powerlessness toward infertility. He spoke of having little control over the outcome of treatment. He then pointed out that Amy was the one who had to bear its burden. His sensitivity toward her suffering was noticeable. By assuming the role of an attentive and protective partner in this context, his support and commitment appear to have provided some compensation for his sense of powerlessness.

> *"Personally, I can't do anything to help her become pregnant, apart from medication and sexual intercourse. But at least, I can be there to make sure she doesn't fall into depression. And, I feel it too, it works for her and it works for me."* (Sam)

In response, Amy demonstrated her gratitude toward his support:

"He's like my life preserver [...] It's thanks to him that I'm doing better. It's also thanks to him that things are moving ahead, because I would have given it all up. I was so tired of it all." (Amy)

Sam was respectful of Amy and she responded with greater vulnerability, allowing herself to seek out the support she needed from him. These complementary roles brought them closer together and satisfied the needs of both, providing the relationship with a number of benefits. Amy and Sam were a team; they felt confident and grateful toward the other's commitment and loyalty. These benefits provided satisfaction; they were proud to have prevented these hardships from destroying their relationship. They developed an image of themselves as a solid and resilient couple. As a result, they became hopeful toward their family goals and future life together.

"This ordeal really brought us closer together. In fact, many couples don't do so well and end up separating, because they can't have children [...] But no, it's the opposite. It's like we're stronger all of a sudden [...] I'm also hopeful for the future. I know we'll go far together." (Sam)

"I'm proud of both of us, that we stayed together. Yes, there were arguments. It wasn't always easy. But if we're still together, if our love is stronger, it's because we got to know each other. Yes, I'm proud of that. We're stronger than before [...] Thanks to our love, we keep going forward and we try to live a good life." (Amy)

Kate and Nick: Infertility reveals richness and strength in a mature and optimistic couple.

Kate and Nick lived together for many years before deciding to start a family. The fertility treatment stretched on and on and began to undermine them. They reported that they had gone through many challenges together, but this one seemed unique.

"We've been through a lot, but nothing as big as this, as learning that you might never have children [...] It's a fundamental struggle, a true test of life!" (Kate)

"Well, it's more significant, because it's about conceiving a child. I mean, it really is one of the most important things. Rather no, it is the most important thing, starting a family." (Nick)

Infertility appears to have provided them with an opportunity to become aware of strengths in their relationship, which could provide advantages when pursuing their family goals, and for their relationship in general. Infertility seems to have triggered awareness in both partners. They emphasized its disruptive effects as well as its benefits.

"It's like a wake-up call." (Nick)

"We realized we were united through it all. No matter what happens, we can face it together. We're stronger together than we would have been by ourselves. So it really [...] opened our eyes to certain things." (Kate)

Kate and Nick reported significant communication improvements brought on by the nature of the hardship they faced. But for Nick, another type of benefit was tied to this greater fluidity in communication. He described himself as being more open to his partner's reality and needs.

"In this kind of situation, if I feel positive, it doesn't mean she will too. It made me more attentive, it made me listen more, when she goes through a rough patch." (Nick)

Nick reinvested this sensitivity into the relationship, which reinforced proximity. Nick's increased attention gave Kate the impression that he supported her, that they were a team. According to her, the infertility ordeal "helps you realize that the other person cares more than you think." All of this helped them feel closer.

Other marital benefits that were reported involved greater awareness. Partners identified efficient coping strategies and owned them more strongly, revealing their capacity to confront challenges. These observations made them feel proud of their relationship and thankful toward their partner and the good fortune they had in being together. As a result, they were better able to overcome the adversity of treatment and find meaning in their experience.

Specifically, Nick was able to validate his own coping strategies while confirming his identity as a positive person. Facing the fertility problems, he was able to adopt the same positivity he uses in general. This helped him confront adversity and support Kate.

> *"I don't necessarily see this as a negative challenge. It is a challenge, but it can be positive. That's how I see it."* (Nick)
>
> *"We didn't choose to be here. By staying positive, I find it helps. It helps me get through it. It helps us, I think."* (Nick)

Kate also appears to have benefited from this complementarity. *"I was so upset, and he was so strong. He always brought me back to reality, so to speak. Through it all, he kept me positive."* (Kate). Greater proximity and a stronger partnership were also among the benefits reported by Kate:

> *"There was friction, but each time we realized that, no, we don't have to worry about it. That's what makes us stronger. In fact, that's what makes us stronger as a couple, to understand that we're overcoming some kind of incredible ordeal, this huge mountain, together."* (Kate)

Kate felt that she belonged to a relationship that stood out for its strength and resilience.

"If the relationship can survive that, it can survive anything. It can survive any challenge. That's a fact." (Kate)

"During this roller coaster ride of emotions, you have to take some distance from it. It really is in those moments that you realize how strong you are. And how strong you've always been [...] But we were far from realizing it." (Kate)

Kate also seemed to place a lot of importance on creating distance from the adversity, identifying relationship areas that worked, and appreciating their ability to satisfy their respective needs. Despite a lengthy treatment and the many losses, their experience spoke of hope and serenity.

Zoe and Paul: The reassurance of being there for each other, with or without children.

Individual benefits interrelated with relationship benefits. Paul and Zoe have been married for a few years. When the interviews were conducted, they had recently terminated their fertility treatment, but their goal to have a family was not fully abandoned.

Paul and Zoe reported their shared marital benefits: the idea of sharing similar sufferings bound them together, and their individual sacrifices during treatment contributed to their closeness. Through this, they witnessed tangible proof of the other's love and their commitment toward a common goal. This increased Zoe's sense of relationship security and helped increase their amorous feelings and perceptions regarding the strength of their relationship.

"[Despite Paul's discomfort with medical settings, he followed Zoe to her appointments and administered her hormone injections.] *Every time he did that, it reminded me of what a wonderful man he was and how I had made the right choice."* (Zoe)

Nonetheless, Paul and Zoe's marital benefits appeared to stem from the emergence of personal benefits. Personal benefits were then reinvested into the relationship, promoting the development of marital benefits.

For Zoe, infertility seemed to provide an opportunity to confirm the trust she sought in Paul, and the strength she sought in the relationship. She felt comforted in her choice of partner.

> *"It reassured me on that end [...] It made me trust him more, by knowing it was solid. It's a big thing, not being able to have children, I think. But even with this major setback… the idea that we can stay together, hand in hand* [shows peace of mind]*".* (Zoe)

For his part, Paul reported having experienced something revelatory, akin to a near-death experience.

> *"*[Speaking of other people's experiences] *They were in a coma. They almost died. If it's not a coma, then it's something terrible. In the end, they realize that everything they had done with their lives made no sense [...] That's sort of the impression I had [...] Not to say that I went through those kinds of extremes but [...] I told myself: 'That's just like me!'"* (Paul)

Paul was able to figure out what truly matters in life, allowing him to become "more in touch with himself". He was able to identify his real desires and to "let go" of his usual concerns. These personal benefits made him more available to his partner and more sensitive to the significance of their relationship and shared path in life. He also described himself as more open to new experiences and relationship goals.

"To me, after what we went through, and as far as letting go is concerned, I told myself that I could try new things, that we could do things together, regardless of what happens. I think it gives us and our relationship something extra." (Paul)

For Paul, the sense that he shared something unique with Zoe provided a significant marital benefit. It increased his sense of happiness and the trust he had placed in their love.

"We went through it together. When I think about it, it makes me smile [...] It's our thing. Like some couple, old or not, sitting in rocking chairs on the front porch. It's their little thing." (Paul)

The experience of each of the three couples in regards to their fertility problem and treatment shows the occurrence of different types of marital benefits. Several factors appear to have contributed to the development of these benefits. First, results point out more empathic sharing within the couple; that is, increased openness and responsiveness towards one's partner's experience (although this experience may differ from one's own) resulted in improved fluidity in partners' communication. Second, we identified that reinvestment into the relationship of personal benefits obtained through the experience of adversity then contributed to feed marital benefits. Finally, we found that the shared commitment and the resulting partnership appeared to have been made possible through the discovery or the development of satisfying coping experiences and partners' perception of mutual support. Participants' accounts highlight their respect for each other and each other's ways of coping with infertility. This mutual respect left little room for blame or a search for the guilty one, but rather emphasized partners' shared journey in facing a common burden.

Ordeal, hardships and benefits: Inseparable components

The marital benefits reported by participants illustrate a positive part of their infertility experience. As part of this study, they were only questioned on this part of their experience. But hardship and losses also made up an integral part of their accounts. Many of them insisted that marital benefits did not annihilate the difficulties involved, but that both were, in fact, interrelated.

> *"It wasn't all sunshine. Yes, it brought us closer as people. Because it's such a tremendous ordeal, it makes us learn about each other and confide in each other. But it wasn't always rosy!"* (Amy)
>
> "[Paul described a feeling of love and connectedness with Zoe during difficult times] *Maybe it's something that happens specifically because the other ordeal happens too."* (Paul)
>
> *"In the end, it's because of the ordeal. It's like the two are linked. You get through one challenge, you become stronger. The bigger the challenge, the bigger the result."* (Nick)

Discussion

This qualitative study is the first to examine the marital benefits experienced by the two partners who were undergoing, or had recently terminated, fertility treatment. The analysis identified five types of benefits: 1) Being engaged in a shared hardship; 2) Feeling closer to one another; 3) Feeling reassured in the relationship; 4) Developing a satisfying communication and support system; and 5) Having faith in the couple's capacity to face adversity. These benefits are coherent with those identified by other qualitative studies regarding infertility (Daniluk, 2001; Lee et al., 2009; Peters et al., 2011). These studies referred to couples who had grown stronger and closer due to the experience. Our results also agree with a review by Ying and Loke (2016) that reported a greater sense of "partnership"

among those who shared the adversity and hardship of infertility. In addition, those actively undergoing treatment briefly reported a greater sense of security in their relationship, along with a feeling that it was strong enough to sustain further adversity, namely the reality of living without children (Glover et al., 2009). As with our participants, infertility is often seen as a threat to relationships, while surviving the ordeal together often contributes to relational security (Glover et al., 2009; Phillips et al., 2014). Previous studies do not specifically identify the development of satisfying communication and support systems as a benefit, but this component has often been reported as playing a significant and adaptive role in infertile couples (Peters et al., 2011; Schmidt et al., 2005).

While the more general qualitative studies have identified marital benefits in couple who have undergone fertility treatment in the past (Daniluk, 2001; Glover et al., 2009; Lee et al., 2009; Peters et al., 2011), our results show that such benefits can be found in those currently undergoing treatment, or those having recently terminated treatment. Our research also provides a more comprehensive definition of marital benefits. Finally, the dyadic analysis offers an initial look at their aetiology. These features clearly set this study apart from previous qualitative and quantitative studies.

Our dyadic analysis helped us identify four components that seem to promote the emergence of marital benefits during infertility: 1) Satisfying coping experiences; 2) Improved communication in a context of mutual openness and support; 3) Reinvesting personal benefits into the relationship; and 4) Minimizing blame and invalidation between partners.

Satisfying coping experiences. While the goal of our study was not to identify coping strategies, every participant discussed the way in which they handled their treatment and losses. Their accounts recall the positive dyadic coping aspects proposed by Bodenmann

(2005). Dyadic coping involves a common response to a shared relationship stressor, or to the impact of one partner's stress on the other (Bodenmann, 2005). Our participants reported a sense of partnership when confronting adversity and a sense of a shared experience (common dyadic coping). They also reported greater sensitivity to their partner's needs and a satisfaction in being able to respond to those needs through presence and attention, and by taking charge of certain tasks, like hormone injections (supportive dyadic coping). In keeping with the orientation of many health psychology research fields, including cancer adaptation in couples (Regan et al., 2015), our results support the conclusion that stress management and infertility-related distress should be considered through a dyadic perspective. What appears to resemble positive dyadic coping in our participants may, in this case, have contributed to the emergence of marital benefits. Our participants also reported positive relationship communication, along with other aspects that resembled meaning-making and personal growth, but very few avoidance strategies, all of which seems to agree with the coping strategies that have been linked to higher levels of marital benefits in infertile couples (Peterson et al., 2011; Schmidt et al., 2005).

It should be noted that coping strategies and benefits are often interrelated and difficult to separate. Some of the marital benefits that were reported may, in fact, be perceived as coping strategies, such as the effective support systems that couples identified as strengths. Since participants qualified this strategy as resulting from their fertility difficulties, we consider it to be a marital benefit that stems from the adversity involved. The use of the coping method therefore becomes the benefit itself, increasing the couple's ability to adapt and build the confidence needed to confront subsequent difficulties.

Improved communication and openness toward the other. Communication appears to have

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

Reinvesting personal benefits into the relationship. Beyond the marital benefits that were stated, individual benefits were reported by every participant. Potential benefits at the individual, relational and transpersonal/spiritual levels have appeared in studies focusing on infertility-related post-traumatic growth (Lee et al., 2009; Paul et al., 2011). Our results show that such personal benefits occasionally promote the development of marital benefits in significant ways. For example, Paul’s ability to shed new light on his life’s priorities while gaining a deeper understanding and acceptance of his own experiences resulted in greater commitment toward his relationship and openness toward Zoe. For Nick, confirming his identity as a positive person and gaining a sense of value by attending to Kate’s needs

represent personal benefits that were reinvested into the relationship.

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

Strengths and Limitations. For this study, the IPA was chosen due to its idiographic perspective and use of a small sample. Combined with our dyadic approach, it provided greater analytical depth, along with a richer and more dynamic illustration of the experience of certain couples regarding fertility treatment. Using a relatively homogeneous sample like ours, the marital benefit that were identified may be generalized for other couples who share the same characteristics. It should be noted that all three couples were selected after self-reporting marital benefits in a previous study. But all couples do not report marital benefits (Schmidt et al., 2005), and our sample does not necessarily represent all those who do report marital

benefits. In addition, one of the couples interviewed had recently made the decision to terminate treatment, which may have tainted their experience.

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

Implications for the practice. Our results show that couples adapt to fertility treatment dynamically and dyadically. Clinicians who work with this population must therefore aim to support the couple, not the individuals. Our results also suggest that support interventions should emphasize openness toward the other person's emotional experience, as well as good communication. Identifying areas of marital satisfaction also appears to have benefited our participants. Thus, interventions targeting infertile couples would benefit from fostering reflexive opportunities that promotes greater awareness of the couple's abilities, along with those areas that work within the relationship. However, it is important that interventions avoid imposing positivity on the experience, as they will undoubtedly be experiencing distress. Nonetheless, identifying even the subtlest of benefits and strengths within the relationship could help trigger a cascading effect, leading to renewed confidence and a more positive individual and relationship adaptation, as it did with our participants.

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The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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