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Life 20 years after unsuccessful infertility treatment

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BACKGROUND: This study explores the long-term experience of involuntary childlessness among 14 Swedish women 20 years after their infertility treatment. METHODS: In-depth interviews were conducted. RESULTS: The childlessness had had a strong impact on all the women's lives and was for all a major life theme. The effects were experienced both on a personal level and on interpersonal and social levels. Half of the women were separated, and in all but one, sexual life was affected in negative and long-lasting ways. The effects of childlessness were especially increased at the time the study was conducted, as the women's peer group was entering the 'grandparent phase'. Many coped with their childlessness by caring for others, such as the children of friends or relatives, elderly parents or animals. CONCLUSION: These findings represent a small sample, but they point towards the need for developing models of counselling and support that stimulate self-reflection and strengthen personal resources and empowerment for individuals and couples experiencing involuntary childlessness.

Key words: infertility/psychosocial impact/long-term effects/sexuality/quality of life

Introduction

The prevalence of infertility is hard to estimate and varies between cultures (Stöbel-Richter *et al*., 2005). The estimated prevalence of primary infertility in Sweden is 11% (Crosignani and Rubin, 1996). The more traditionally used definition of infertility as used by The World Health Organization, 'Failure to become pregnant after one year of unprotected intercourse' (WHO, 2002), has been redefined as 'Those couples who do not achieve pregnancy within two years by regular coital exposure' (Crosignani and Rubin, 1996). The problem of infertility has increased (Van Balen *et al*., 1997), but in parallel, medical methods for its treatment have also rapidly developed, for example, from the first 'test-tube baby' in Great Britain in 1978 to a plethora of medical interventions such as sophisticated IVF treatment, cryo-preserved embryos, ICSI and the possibility of oocyte donation.

For some, the treatment results in a child, but for many the treatment is unsuccessful. For example, the pregnancy rates for each IVF treatment cycle are between 17 and 27% depending on methods used (Negron, Wennerholm in Hreinsson *et al*., 2005). Both for the couples seeking help and for the medical staff working in the field of unwanted childlessness, there is always the question—more or less outspoken—lurking in the background (Greil, 1991, 1997; Lalos, 1999): What happens if the treatment does not succeed? How will people cope when they find themselves childless after years of being on the roller coaster of hope and despair?

How had life been and how was it today for a specific group of women who had sought help for infertility problems, and had completed infertility treatment, over 20 years earlier? These are the questions that this study will attempt to answer—at least in part.

The aim of this study was to obtain an increased knowledge and deeper insight into the long-lasting effects of, and coping with, involuntary childlessness for a group of women who had sought help for infertility and had completed infertility treatment over 20 years before.

Subjects and methods

Subjects

The original sample consisted of a group of 151 women who underwent tubal surgery at a local hospital in Sweden in the period 1980–84. About one-third (37%) of them had primary infertility and the rest (63%) had secondary infertility. The mean age at the time of the operation was 29 years (Hogström and Tronstad, 1988).

After having scrutinized surgery lists for eventual deaths, current addresses were checked. Of the 151 women, 91 could be included in the study sample. Twenty-seven women could not be found in the area, two were dead, one had emigrated, eight women did not fit the criteria of involuntarily childlessness and 22 women were excluded because of, for example, acquaintancy or secrecy reasons. A recommended letter was sent to the 91 women asking whether they would like to participate in the study. A stamped, self-addressed envelope was included to make replying as simple as possible. If they returned

the envelope, they were given a call (by the first author who also conducted the interviews) and an appointment for an interview was made. Six letters were returned with 'not known at this address' stamped by the post office, and 50 envelopes were not returned at all. Owing to the sensitivity of the subject matter, only one letter was sent and no reminders. In total, 41 women replied in the affirmative; however, two of those decided—when contacted—not to participate because of illness and marital problems. It was found that 25 women of these 39 had conceived and/or had adopted a child. Fourteen women had neither conceived nor adopted children. All the 39 women were interviewed. This article shall focus solely on the 14 who never entered parenthood. The stories of the other 25 women who had become parents will be analysed and described separately.

Methods

The methodological approach was qualitative—meaning that focus was on describing and understanding experience rather than on trying to obtain quantitative data. It is the spoken word that forms the story that is constructed at the particular time of the interview (Hyden and Hyden, 1997; Launer, 2002). Therefore, the means of gathering information was the semi-structured in-depth interview. The interviews were conducted by the first author (I.W.), whereas the interview questions were prepared by all authors.

The interview-situations were organized with the informants in mind, to offer them the most positive circumstances, with as few disturbances as possible, in which they can tell their stories. For example, the informants were free to choose where and when the interview took place. Reflective open-ended questions were asked, which allowed the person to associate freely when answering. The interviewer wrote down the answers to each question—which were then repeated back to ensure that the interviewer had an acceptable comprehension of what the informant had tried to tell. This in turn often inspired the women to add, to associate and to 'thicken' their stories (White, 2004), sometimes offering another perspective on the same material. In this way, a narrative around a certain theme could contain quite contradictory answers reflecting the complex nature of the life themes discussed. The new answers were written down and repeated back, and interviewer and informant could engage in a discussion of very private and intimate matters with the help of a formal interview frame.

The emotionally sensitive material had to be taken into account, so that when people clearly displayed anxiety, became upset or cried during the interview, questions or comments were used to help them regain emotional balance. At the end of the interview, a check was made to ensure that the women felt okay, and the interviewer's phone number was given (to the interviewee), in case there were after-reactions to the interview that needed to be taken care of. Nobody availed themselves of this opportunity.

Analysis of the transcripts was made by the first author in co-operation with co-authors using a qualitative approach. The analysis revealed many themes. Each of these was then checked with all of the interviews to check their incidence. The next step was to conceptualize and try to make sense of each theme. The final step was to try to draw conclusions from the content of the themes (Malterud, 1996).

In constructing the questions and in the interpretation of the material (the offered narratives), a psychosocial frame was employed. The phenomena focused on here—infertility and childlessness—are known to have a general impact on life, influencing both its psychological and its social aspects. The qualitative perspective employed in this study contains an inductive stance: whilst the individual stories will be given space, it is assumed that individual stories may often contain information that is typical for many people in similar circumstances. These 'collective stories' will also be focused on here.

The ethical committee of the Faculty of Medicine, Gothenburg University, Sweden, approved the study.

Results

Themes and results that emerged from the interviews

The stories have been organized into many themes presented in three major sections. First is a description of the women's general life-situation with glimpses from their reproductive history as infertile patients and choices made regarding parenthood. Secondly, descriptions of the long-term effects of infertility and childlessness in later life will be presented, and finally, attention will be given to the development of a 'non-parent' life style and an identity centred on two simultaneous themes, neither childless nor a parent.

General life-situation, reproductive history and choices regarding parenthood

General life-situation

At the time of the interview, the mean age of the 14 women was 52 years (range 48–60 years). Half of them were still married or cohabiting with the same man who took part in the infertility investigation and treatment. The other half were divorced or separated, and two of them were remarried. Six of these seven related their divorce to their infertility situation, and in every case it was the man who had left. All the women were working full- or part-time, with the exception of two who were not working because of health reasons. Both of them related their illness to the infertility and the strain it had caused.

Reproductive history

The common infertility-factor of this group is that they all had significant adhesions and/or tubal damage, and these were the reason for tubal surgery. Apart from that, their reproductive history varied. Four women had had extrauterine pregnancies a number of times and three had had spontaneous abortions. A majority had also experienced other complications such as cysts, salpingitis, lower genital tract infections (LGTI) and endometriosis. In addition, three had undergone induced abortions: one at the age of 17 years and two in their early twenties. Two of the women had had very negative experiences of their abortions and connected these to their infertility, whereas the third woman's abortion was described as undramatic and was not perceived as being connected to her infertility. None of these women became pregnant after surgery. All three had IVF treatment after unsuccessful tubal surgery, and one became pregnant but miscarried.

Five of the 14 women reported that they had reached menopause, and all claimed to be negatively affected by it. Bouts of heavy flushes, depressions and mood-swings were common, and all were on HRT for this. Seven reported that they still menstruated. This was in a few cases a sensitive issue, and some women said, 'As long as the monthly visitor comes there is still hope...'.

Looking back at the time as an infertility patient

In looking back to the time of the medical investigation and treatment, most of the women revealed very detailed memories.

The interviewer found herself often being transported back in time, listening to a story that was a very living and dynamic part of the present, everyday life of these women. The women could recall details concerning different medical interventions and discussions they had with their gynaecologists. Most of them remembered the time of medical investigation and treatment with satisfaction, but all but one expressed the desire for '...somebody to talk with'.

In response to the question 'What advice would you give couples that are undergoing infertility investigations and treatment today?' the answers varied, but there was broad consensus that people should try to take charge of their lives and that they should not put their fate in other people's hands. Typical comments were as follows: 'Involve the men'; 'Sit down and talk about what is important in life'; 'What is my life meant for?'; 'Try to let go when it proves impossible, don't hang in there too long'; 'Don't forget to live'; 'Make sure you get somebody to talk to and go through everything, fear of husband's leaving, guilt, what do I want ...everything...'; 'Ask yourself if you want to adopt'; 'Make sure you talk everything through with your partner'; 'Don't turn other children away, they could give so much pleasure'.

Decisions regarding other means of parenting

For the women in this study, adoption was not seen as an alternative for various reasons such as fear of racism, the spouse being against it, financial costs and the social investigations involved. Looking back at the decision-making process around adoption, two women claimed that they regretted that they had not been more active in finding out about the possibilities for adoption and '...not let time run through my fingers like sand', as one woman put it. Several expressed a desire that 'somebody' should have pushed them in the direction of taking a more informed and active decision in the area of adoption.

Long-term effects of infertility and childlessness

All but one of the woman reported that they had felt themselves inferior to other women, and had lacked self-esteem, and had experienced social isolation quite strongly during the years of actively trying to conceive. Three of the women still experienced strong feelings of inferiority and lack of self-esteem because of their infertility, but for the rest, these feelings had given way and they had regained self-esteem. However, the experience of social isolation had persisted for half of the women and was starting to be stronger again as their peer group was reaching the stage of grandparenthood.

Grandchildlessness

The women in this study were at the age when the appearance or non-appearance of grandchildren was very evident. Suddenly, their social life was indirectly organized around children again, as friends and siblings entered the stage of grandparenthood and became busy with child-minding and with organizing events centred on the needs of their grandchildren. 'Now we have to eat dinner so it fits with the children's television programmes again, and it makes me quite irritated', said one woman. Another one felt that she had started to isolate herself once more from friends and relatives. 'I found myself making excuses for not visiting, or taking a trip to the bathroom when the latest photos of the grandchildren were passed around. I really had to get a grip on myself and break that; suddenly it was like turning the clock back twenty years.' This seemed to be a rather unexpected development for many but was something that they were forced to deal and cope with. 'Now it's starting all over again' was a comment almost all the woman made.

The issue of grandchildren was raised by all the women, and in connection with this, the rhetorical question, 'Who will visit me? or 'Who will take care of me when I get old?', was raised by all but one woman. Sometimes the loss became that of a whole family: 'My dad has never accepted that I could not get children', said one women who herself had come to terms with her childlessness and thought she had a good life, '...despite the fact that he got grandchildren it was very hard when my younger brother got his baby, the whole family went into a crisis'. Another woman had a severe conflict with members of her family of origin over money. As she did not have any children and grandchildren, the way she spent her own savings became an issue with her parents and siblings They thought it was better the money be saved so that her nephews could inherit it.

Effects on sexuality

With regard to sexuality, all women but one said that both their sexual life and their sexual desire had been very negatively affected by their infertility and infertility treatment, and one woman did not want to talk about it at all. As many as nine women reported that both their sexual life and their sexual desire were lost for ever. For some, this was a source of concern, but others seemed to have accepted that that part of their life was lost. 'I understand afterwards that this is something one has to be very careful with', said one woman. 'The enjoyment just ebbed away', said another. This last comment is representative of many of the comments made during the interviews. However, four women said that they had regained their sexual desire again: two with new spouses and two with the same spouse. A majority of the women (n = 11) expressed—in looking back at this part of life—a desire that counselling should have been offered around this.

The development into a 'non-parent' life style

There were many stories that reflected the ways in which the women adapted to a life in which they could not conceive children. There were two predominant types of life stories told. The first could be listed under the heading 'I am not childless!'—which was the greeting one woman offered when she greeted the interviewer. The second heading is just the opposite: 'I am childless!'—where the childlessness has become the central theme of their life story.

Overall, the women had spent an average of 8 years (range 4–12 years) of their lives actively involved in infertility investigation and treatment, and when they ceased being infertility patients, all but one continued to try to conceive for many years. 'To actively stop trying to become pregnant is rather complicated as it is difficult to separate sexual activity from childmaking' was one response to the question 'When did you stop trying to become pregnant?' Nine women responded with

different stories about significant events. For example, in two cases, their gynaecologists had 'brutally' told them that the chances of becoming pregnant were very low. Both said they 'hated' the doctor at the time but in retrospect were very grateful to them for 'breaking the brutal news'. It helped them to get on with their lives and somehow accept their childless state. One woman who received IVF treatment (after surgery) said that she found it nerve-wracking going through the cycles, and after four trials, she could not cope any longer although she felt quite a lot of pressure from the clinic to go on. She said to herself, 'No, I have to work this through', and that was in some way the start of a new life. The new life included divorce, further education, a new job, an active interest in pet animals and finally a new spouse. Several referred to the infertility surgery as an important turning point. When they did not conceive 1–2 years afterwards, it slowly became apparent that maybe they would not become parents. One said, 'It slowly faded away'. Another said, 'We stopped living by the calendar'. Yet another commented, 'We stopped talking about it, it was not a conscious decision'. Others referred to a process where they felt that they could no longer continue to feel sorry for themselves, or be miserable all the time, and instead tried to focus on other parts of life. Still some of the women, who thought they had worked through the issue, surprised themselves when they reached menopause and reacted with depression and grief. One woman said, 'I think I finally grieved my fertility when my period stopped'. Some of the women responded very emotionally to the question 'When did you stop trying to get pregnant?' and did not really want to talk about it. One woman got rather upset and expressed that she still had hope. Another felt very strongly that the desire for a child still dominated her life and that she would never get over it. To live a life of trying to conceive a child had become her dominant state, and now when her biological clock had finally 'tolled', she was at loss at how to find meaning for herself in her life.

Life as a caring activity

The most-told story about making meaning in life and coming to terms with childlessness was that of caring for somebody—most often a child. When we entered one house, the woman's greeting was 'Come and look at our children!' She showed framed photographs of children. They held an honoured place in the living room and were taken at graduations, confirmations and other significant events. This was in some way typical for one dominating coping strategy—of engaging in other people's children, most often nephews and nieces, but also friends' children. Many described the shift from avoiding children during the active stages of infertility treatment to starting to take an interest in children later. This engagement in children often took the form of becoming a 'significant other' that took 'real' responsibility for one or more children.

One woman had actively engaged in fostering a teenage boy. She said, 'That was very hard work and still it didn't work out for the child in the end, so somehow it cured me of my longing for children'.

Dogs and cats were another favoured activity. Several talked about their dogs as their 'babies'. One woman said, 'Frankly, we need the dogs so as not to become too self-centred. We have a very cosy life and nobody needs our help right now. It would be very easy to become "too comfortable", but the dogs need constant caring, and we cannot just think about ourselves'. Another woman described how she and her husband took really good care of their elderly mothers, which they found very fulfilling.

Travelling and work-related activities were other areas that the women referred to, in the sense that they thought such areas had become filled with possibilities because of their childless state. Some invested money and time in long adventurous trips around the world; others had devoted themselves to work and further education. All but three had found life styles that they were fairly satisfied with and devoted themselves to other children and/or other interests. In the three exceptions, a life story that focused on an identity as infertile and childless was still very dominating.

And some did not turn the corner...

These three women had not found the means of creating a life style that was fulfilling without children. One woman said she could never come to terms with not becoming a mother: 'This has followed me all my life, I have tried to push the problems aside all my life, and one way has been by using alcohol and prescribed drugs. This in turn has caused much unhappiness and misery'. Another woman cried throughout the interview, saying: 'My life is meaningless without children, this has dominated my life and if I hadn't had my niece to look after I don't know what would have happened. Still she is not my child and as I get older that becomes more clear...'. 'Life is somewhat dull and grey', a third woman said, 'it is like it never started and I often think it is meaningless, I mean who thinks about me and my husband?—nobody really. They [relatives] invite us to different functions but we don't really hang together like they do with their children and grandchildren'. Through perceiving oneself as helpful in looking after and taking responsibility for other people's children, through actively engaging in hobbies and interests and through consciously trying to focus on one's good fortune rather than one's misfortune, several had found a sense of meaning. In some cases, they were able to say, This is the meaning of my life! In contrast, the women who had neither the capacity nor the opportunity to find meaning in their childless state told stories in which they themselves and their activities were not the main subject of the story. Sadly, these stories reflected their experience of being victims of 'bad fortune', 'medical mismanagement', involvement with certain men and also of living in the 'wrong time', in the meaning that infertility treatment was rather undeveloped when they sought help.

For all three women, the desire to get a child and form a family had played a major part of their lives; also, much time and effort had been devoted to investigations, treatment and living in a monthly cycle of hope and despair. A child of own biological origin never arrived, and adoption was decided against more or less actively. In the present phase of their lives, it was now evident that they would remain childless. And that was impossible to accept. So, they lived in 'limbo-land' between what they knew was true but could not accept and what they wanted to be true but knew could not be.

The silent story

For all but one of the 14 women, the story of involuntary childlessness was still an active but often a very private story describing something important and central in their lives. In response to the question 'Do you think about your childlessness?' all but one said that they often thought about it, particularly in relation to grandchildren—but also in relation to questions concerning inheritance, and in the context of growing old. The answers varied between 'I think about it and cry nearly every day' and 'It is always there as a part of my life'.

In this stage of life, the women experienced childlessness more in relation to the continuity of genes and family, to the inheritance of family heirlooms and to the meaning of their role in the extended family and network as childless. However, the childless state was not talked about. Friends and family had stopped raising the issue, and according to the women, most of them did not even talk with their partners about their childlessness any more. In one case, the occasional word was exchanged between the spouses, and only one woman said that she and her spouse still talked about and shared that part of their life.

Many women commented spontaneously that they had been very nervous in anticipation of the interview but found it 'almost nice' and somehow relieving to share their story with somebody neutral. Several women commented on the interview procedure and said it felt safe that their answers were both written down and reflected back so they could '...hear what they just said'. 'It is new to me, I have never said it before', said one woman.

Many had worked hard to create a life style and a story that makes everyday life worthwhile. Many described activities such as those mentioned earlier (caring for other children, travelling, work, gardening, American cars, music or pets). 'To try to make the best of things' was a comment from many of the women.

Discussion

This study explores the long-term experience of involuntary childlessness among 14 Swedish women 20 years after infertility investigation and treatment. It is interesting to note that even though investigations and treatment had happened many years before, the women could still clearly recall the experiences of being an infertile patient. Reproduction had played a big part in all these women's lives; it had for a majority dominated life since their early twenties and in some cases still dominated it. The stories told about surgery, the experience of hospital staff and the disappointment at not becoming parents were in most cases expressed with such vigour and detail concerning both emotions and practical matters that it was hard sometimes to remember that these experiences lay 20 years back in time.

This study shows that half of the group had separated from the spouse with whom they had undergone infertility investigation and treatment, and nearly all related the separation to the infertility. In all the separations, it was the men who had left the women. In Sweden, during 2000, the divorce rate for the general population within this age group was 0.5%, but in this group, the specific reason cited for separation was that the man had made the decision to leave the 'infertile woman' Statistiska Central Byrån (SCB, 2000). It would be of interest to find out if the same thing happens in those cases where the men are found to be infertile: Do the women leave the 'infertile man'?

That infertility affects sexuality is well documented (Diamond *et al*., 1999; Möller, 2001). Although sexuality and reproduction have technically become two separate activities in modern society, it is not so easy to separate them in one's personal life. For a majority in this study, infertility investigation and treatment signalled the end of their sexual life, and it is worth further research to explore whether the experiences of the women in this study are representative irrespective of infertility treatment.

Lack of self-esteem, feelings of inferiority in comparison with other women and social isolation are often reported by women who are involved in infertility treatment (Lalos *et al*., 1986; Möller and Fällström, 1991a,b; Wirtberg, 1992; Whiteford and Gonzalez, 1995), and all but one in the present study had experience of such feelings. One feeling that persisted for half of the women was that of 'social isolation', and that seemed to grow even stronger as they entered the 'grandparent-age' phase of the life cycle. Alexander *et al*. (1992) also found this when interviewing childless women >60 years of age. This contrasts with findings from other studies (Kivett and Learner, 1980; Glenn and McLanahan, 1981; Beckman and Bosak, 1982; Arnet Connidis and McMullin, 1992; Koropeckyj-Cox, 1998), where there were no reported differences in terms of social isolation between people who were childless or parents. However, the group studied here shared two qualities: they were at a point in life when they were 're-living' their childlessness as they had reached the grandparent-age, and they had spent many years trying to conceive.

Infertility has been defined as a major life crisis (Van Balen and Trimbos-Kemper, 1993) that can last for an indeterminate length of time, creating overwhelming stress and testing normal coping mechanisms severely (Forrest and Gilbert, 1992; Lalos, 1999). The consequences of infertility represent a major loss that can threaten central values in life and may produce a crisis that is recursive in its nature, meaning that it comes back with different strengths at different stages during the individual and family life cycle (Carter and McGoldrick, 1999). During the active reproduction stage, it is probably strongest and most apparent. The person is faced with the news that their conscious and unconscious life-plan may be at risk, and this in turn often activates a stress reaction (Greil, 1997). That the 'loss' of expected and hoped-for offspring will affect the individual more or less throughout their lifetime is perhaps only to be expected—but possibly the losses are experienced more strongly in certain specific phases. The stories told by the women in this study indicate that we have to deal with an additional concept—'grandchildlessness'. Thus, it seems as the sense of loss is experienced more acutely when it is connected with the two specific role developments identified as 'becoming parents' and later 'becoming grandparents'.

From the perspective of the family life cycle, after the creation of the couple, the introduction of children takes us into an expansive phase that marks the emergence of the 'real' family.

The middle stage of the family life cycle generally involves a period containing both contraction and, simultaneously, regeneration and expansion. Contraction is marked by grown-up children leaving the family of origin and the older (grandparent) generation beginning to die. Expansion and regeneration are marked by the children acquiring spouses and through the birth of grandchildren (Blacker, 1999). Common sense would suggest that becoming 'out of step' at either of these two crucial points (producing own children to become a 'real' family and indirectly producing grandchildren to guarantee the survival of the family) may produce pressures both from within oneself and from without. One is after all 'deviant' both from the perspective of one's own desires and from the perspective of other's expectations.

For the transition and adaptation to parenthood, every society has many rituals provided by kin, clan, state and even commercial interests. But there are no rituals to help with the transition and adaptation to none-parenthood. On the contrary, many women in this study described how private and silent their story was. The role-identity of not being able to become a parent, being a 'none-parent', is a state made possible only through the crushing of anticipations and dreams. In this study, 11 of 14 claimed that they had made the adaptation to acceptance of the state of being 'none-parents'. Although they very much would have liked children, they had become fairly satisfied with their lives and could even point out advantages with their 'child-free' state. The most common way of coping had been to invest heavily in the quality of their own life, in hobbies, work and relationships, and above all to be involved in caring activities and to take an active interest in the children of friends and relatives. Sometimes, the extent of their involvement meant that effectively they played the role of 'extra parent'. Thus, the infertility and childless themes—whilst still remaining as important and active themes—had been supplemented by others that meant their lives were more varied and rich in texture. For the remaining women who felt that they had not been able to adapt to and cope with not becoming parents, it was clear that they viewed themselves still very much childless. Their life story was still very much dominated by and centred around their infertility and their involuntary childlessness.

Studies like the present one naturally have both their complications and their limitations. For example, from the beginning, one has to consider the ethical implications of intruding into people's lives to make enquiries about such a serious issue, so many years after ending medical contact. The researcher takes upon him or herself a significant degree of responsibility when sending letters to people who perhaps have tried to bring closure to the past and to go on with their lives. Fifty-eight per cent of the women contacted did not respond to the letters, and as we had no means of analysing the non-responders, we can only assume that the sensitivity of the matter has something to do with this. And those who did participate may possibly be a unique group as there is such a lack of long-term studies in the field.

It is evident that the traditional 'crisis-model' is insufficient to understand and counsel the involuntary childless individual/couple. The crisis-concept can be used initially, but to adapt and 'go in transit', there is a need of models that contain crisis as a recurring event embedded in the life cycle (McDaniel *et al*., 1992; Diamond *et al*., 1999). An appropriate counselling-model needs to address the infertility situation from both a medical and a psychosocial perspective, as well as having an understanding of the emotional consequences of infertility and childlessness (Boivin *et al*., 2001). From earlier studies (Lalos *et al*., 1986; Möller and Fällström, 1991a; Wirtberg, 1992), it is evident that counselling also needs to be gender sensitive and take into consideration specific gender-related experiences.

Ideas that may be useful for the counselling model are (i) a solution-focused approach (De Shazeer, 1991), designed to help the couple or the individual to find their own solutions, and (ii) the promotion of an open dialogue and the stimulation of self-reflection (Andersen, 1995; Seikkula *et al*., 2003). This model is particularly useful in helping couples to listen and to respond to each other in a constructive manner. Having a focus on resilience (Walsh, 1998) as well as the salutogenic aspects of life (Antonovsky, 1979; Hansson and Cederblad, 2004) can help people to discover and utilize strengths and develop coping strategies.

The findings of this study represent a small sample, but they point towards the needs for the development of models of counselling and the support that stimulate self-reflection and strengthen personal resources and empowerment for individuals and couples experiencing involuntary childlessness.

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