Journal of African American Studies (2018) 22:357–372
https://doi.org/10.1007/s12111-018-9416-6

ARTICLES

The Experience of Infertility Among African American Couples

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Published online: 16 November 2018

Abstract

The infertility rate among African Americans is higher than that of other ethnicities; yet, it is rarely discussed or acknowledged. There is an abundance of research that contributes to the body of knowledge of infertility among white people, but there is very little that examines the experience for African Americans. This study aimed to explore the experience of infertility among African American couples. Utilizing a phenomenological approach, six married couples were interviewed about their experience of infertility. This approach was used in order to provide a first-person account of the lived experience of infertility for the couples. The findings demonstrate how infertility can be a traumatizing event that is experienced differently by men and women. The distress of the experience challenges one's sense of self. The findings also suggest how religion and spirituality played a central role in the lives of the couples, helping them to cope with infertility. The personal stories provided by the couples illustrate the profound impact the experience of infertility has had on their lives.

Keywords African American · Couples · Infertility · Culture · Medical health · Mental health · Phenomenology

Infertility, or the inability to become pregnant after 12 months of unprotected sex (intercourse), is a prevalent yet silent issue in the African American community (Burnett 2009; Vorvick 2012). The ability to have children is considered a socially assumed aspect of one's biological composition (Burnett 2009). Hence, African American couples who wish to expand their family do not anticipate encountering difficulties procreating. The inability to bear children can create distressing experiences of shame, silence, and low self-esteem for African American couples. Additionally, the

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experience of infertility is further complicated as couples attempt to navigate emotional, relational, and medical challenges.

According to the National Survey of Family Growth of the United States population conducted from 2006 to 2010 (Chandra et al. 2013), the number of women between the ages of 15 and 44 with an impaired ability to have children is 6.7 million or 12.3%. The number of married women ages 15–44 who are infertile is 1.53 million or 6.1%. Causes of female infertility may be a result of problems with egg production or fertilization, autoimmune disorders, defects of the cervix and uterus, ovarian cysts, clotting disorders, excessive exercising, eating disorders, or poor nutrition, and tumors (Vorvick 2012). Like women, men also experience infertility; some form of male infertility such as structural abnormalities, sperm production disorders, ejaculatory disturbances, and immunologic disorders was found in 9.4% of men aged 15–44 and 12% of men aged 25–44 (Chandra et al. 2013).

Infertility affects 7.2% of married African American women between the ages of 15 and 44 (Chandra et al. 2013). This percentage is higher than White women (5.5%), Hispanic or Latina women (6.1%), and Asian women (5.6%) who are in the same demographic (age, education, socioeconomic status). Also, African American men between the ages of 25 and 44 have an infertility percentage of 1.6%. This percentage is higher than White men (0.8%), Hispanic or Latino men (1.3%), and Asian men (1.4%) in the same demographic (age, education, socioeconomic status) (Chandra et al. 2013).

Infertility affects couples from all cultural backgrounds, though most infertility-related research tends to focus on the White middle class (Gerrity as cited in Burnett 2009). This issue can be attributed to the fact that White couples seek treatment for infertility earlier and in higher numbers than other racial/ethnic groups and that there may be barriers to treatment for non-White people. Race and ethnicity-based discrimination (intentional and unintentional), low socioeconomic status, and related limited access to health care can impact effective and culturally sensitive infertility interventions (Caesar and Williams 2002). Generally speaking, individuals who encounter culturally insensitive healthcare providers are less likely to move forward with services. In addition, lack of appropriate education/information and cultural bias against infertility treatment can also be attributed to the underutilization of infertility services among minority groups.

Despite the abundance of research that explores the experience of infertility for White people, there is some research that has emerged reflecting how race, history, culture, ethnicity, and socioeconomic status influence the help-seeking behaviors of infertile African Americans.

A lack of comfort and trust with medical interventions causes some African Americans to avoid getting diagnosed and treated early for medical issues such as infertility (Burnett 2009; Jain 2006). This lack of comfort and trust is because of past medical abuses, including the Tuskegee Experiment, in which African American men were denied medical care for syphilis. As a result, there is a shared belief among many African Americans that symptoms of a disease are a part of life and must be endured (Sherrod and DeCoster 2011).

Cultural misperceptions contribute significantly to the shaping of the experience of infertility for low-income African American women (Bell 2009; Ceballo 1999). Physicians view infertile African American women as a medical anomaly because the idea

of an African American woman experiencing difficulty with conceiving was unheard of. Many women buy into this stereotype, and it becomes internalized. This internalization leads to feelings of shame, frustration, desperation, and anger (Ceballo 1999). Embarrassed to seek support from spouses, family, and friends, African American women resign themselves to suffer in silence as a means of attempting to protection from feeling different (Inhorn et al. 2008).

Economically, studies have found that African American women have to experience the effects of "stratified reproduction, including poverty, lack of access to affordable, high-quality reproductive health care, and marginalization within the United States" (Inhorn et al. 2008, p. 194). Without economic means to pursue costly treatment, the women were "forced to negotiate their infertility" (Bell 2009, p. 703). Many of the participants chose to become stepmothers, caretakers, or pursue alternative medicines and lifestyle changes to increase fertility.

Studies have also found that attitude of African American men toward infertility also impacts early diagnosis and treatment. African American men equate fertility with potency and struggle with how they may be contributing to the couple's infertility (Burnett 2009). Regarding infertility as a threat to his maleness, thus evoking feelings of vulnerability, the African American man may disconnect by indicating his wife as the responsible party for fertility (Burnett 2009; Sherrod and DeCoster 2011). Also, as the result of the stigma often associated with infertility among the African American culture, findings from previous studies (Sherrod and DeCoster 2011) indicate an unwillingness of men to disclose information related to infertility (as cited in Sherrod and DeCoster 2011, p. 34).

In order to cope with the enormity of the experience, Phipps (1998) found that the concept of family and traditional roles is fundamental to African American families. Isolation to protect their feelings from judgment, perceived insensitivity, and lack of understanding from others is not useful. Couples have to develop new coping skills and be on one accord in order to maintain their relationships. Managing affect and stress is often conducted via informal support networks and the strong belief in God's provision and timing.

The purpose of this research project was to study the experience of infertility among African American, heterosexual, couples, to explore in depth the meaning of parenthood for couples, the dynamics of relationships, and how the self is impacted by infertility. Consequently, this study will explore the following research questions: (a) What is the experience of infertility is like for African American men? (b) What is the experience of infertility is like for African American women? (c) What is the experience of infertility is like for the African American couple?

Methods

The researcher utilized a phenomenological qualitative process based on the methodology outlined by Moustakas (1994). The goal of phenomenological research is "to determine what an experience means for the persons who have had the experience and can provide a comprehensive description of it. From the individual descriptions, general or universal meanings are derived, in other words, essences or structures of the experience." (Moustakas 1994, p.13). The descriptions consist of what the individuals experienced and how they experienced it. The participant is trying to make sense

of his/her internal and social world and the researcher is trying to make sense of the participant.

There are two types of identified phenomenological research, hermeneutic phenomenology and transcendental phenomenology (Creswell 2007). Hermeneutics involves "reading the text so that the intention and meaning behind appearances are fully understood" (Moustakas 1994, p.9). It is a process of the researcher reflecting on the essential themes of a lived experience and writing a rich description of the phenomenon. Transcendental phenomenology focuses less on interpretations made by the researcher and more on the descriptive experiences of the participants (Moustakas 1994). For this study, the researcher utilized transcendental phenomenology to understand the subjective experience of the participants and gain insight into their motivations and actions rather than relying on societal assumptions.

Data Collection

Recruitment for the study was carried out via flyers and the use of social media. Flyers were sent to a fertility clinic located in the southeastern state in which the researcher is located. With the permission of the site administrators, the researcher sent flyers to members of online fertility support groups. Lastly, the researcher created a page on a social media site to advertise the study. The social media page contained a picture of the researcher, recruitment flyer, facts, and information about African American infertility. The flyer and social media page also described the study, assured confidentiality, and instructed interested participants to call or email the researcher to schedule an interview. The participants in the study were from states located in the Midwest, South, and East Coast.

The participants were interviewed individually and with their partner. The interviews with the wives lasted approximately 60 min. Interviews with the husbands as well as the couple interviews lasted approximately 25 min. Each interview was scheduled for a different day. Due to the participants residing in different states than that of the researcher, the interviews were conducted via telephone.

The researcher screened the participants via phone in order to determine if they qualified for the study. A script was utilized to explain to the participants that their feedback is being sought about the experience and meaning of infertility for African Americans. Specifically, the researcher wanted to understand what it is like for the participant individually, and as a member of a committed relationship to live with the diagnosis of infertility. The researcher wanted to understand what experiences of infertility the participant encounters, and what he/she knows and does to overcome and deal with those experiences.

Participants received consent forms via email and participated in a telephone information session. During the information session, the participants received additional information about the study and reviewed the consent form. The voluntary nature of the study was emphasized in a script used to review the consent form, and it was reiterated that participants could choose to move forward with participating or decline. In addition, participants were informed that they were free to cancel their consent and refuse to continue in this study at any time. The participants signed and returned the consent forms via email or fax. Additionally, the participants were informed that their confidentiality would be maintained via coded audiotapes and transcripts. A professional transcriber was used to transcribe each audiotape.

The interviews were conducted with open-ended questions. The use of open-ended questions allowed the participants to provide rich information about their feelings, attitudes, and understanding of infertility. As a result, the researcher was able to access their true feelings about the experience better. Initially, the participants were asked two broad questions. The first question posed was, "How did the experience of infertility affect you? What changes do you associate with this experience?" Further questions followed from the information asking for elaboration on relationships, family life, self-image, role, and coping. Additional questions that were posed to the participants included the following:

1. Have you always thought about being a parent?
2. What feelings were generated by your diagnosis of infertility?
3. What thoughts stood out for you?
4. What bodily changes or states were you aware of at the time?
5. How did you feel about infertility before learning you were experiencing it? How if at all, have your feelings about infertility changed?
6. How do you envision the future of your relationship?
7. How did you envision yourself as a parent?
8. How does the experience of infertility affect how you feel about yourself and other children?
9. What is it like for you not to be able to have a baby?
10. What is it like for you as a couple to not be able to have a baby?
11. Tell me about how you came to discover that you and your spouse were experiencing infertility?
12. What, if you are aware contributed to your infertility?
13. What was going on in your life when you began to experience infertility?
14. How did the experience of infertility affect significant others in your life?

Participants

For quality assurance, criterion sampling was used. Creswell (2007) indicates that for a phenomenological study, it is imperative that all participants have experience of the phenomenon being studied. The use of "criterion sampling works well all individuals studied represent people who have experienced the phenomenon" (p. 128). For this study, all 12 participants (a total of six couples) experienced infertility and self-identified as African American. Table 1 provides demographic information on each of the participants. Pseudonyms were assigned to safeguard the identity of the participants and ensure confidentiality.

Melissa (44 years old) and Mark (50 years old) have been married for 11 years and this is the second marriage for both. They are both medical professionals and small business owners. Melissa and Mark are college graduates with some post-baccalaureate education. After years of trying to conceive and being unsuccessful, Melissa sought out a fertility specialist and was diagnosed with endometriosis over 5 years ago. Melissa and Mark do not have any children together. Mark has three adult daughters from a previous relationship. Mark has a complicated relationship with his daughters (as a result of previous relational difficulties with their mother) and as a result, has limited

Table 1 Participants' background information

Pseudonym	Age	Years Married	Degree	Diagnosis	Children
Melissa	44	11	BA	Endometriosis	No
Mark	50		BA	N/A	
Rachel	34	10	PhD	Mult. Complications	Yes
Ramone	37		BA	N/A	
Patricia	35	11	MA	PCOS	Yes
Victor	39		BA	N/A	
Adele	44	12	MA	Unex.	Yes
Jimmie	45		BA	N/A	
Tasha	42	10	MA	Fibroids	Yes
Matthew	47		MA	Motility	
Terri	37	9	MA	PID	Yes
Lamar	46		BA	N/A	

contact with them. Melissa and Mark are caregivers to two adult males with intellectual disabilities. To date, Melissa and Mark have not decided if they will seek treatment or consider other options such as adoption.

Rachel (34 years old) and Ramone (37 years old) have been married for over 10 years. Rachel is a mental health professional with a doctoral degree, and she maintains a private practice. Ramone has a bachelor's degree, and he is a medical professional. After marrying and trying for over 3 years to conceive, Rachel was diagnosed with fibroids, endometriosis, and a blocked Fallopian tube. Rachel and Ramone have two children, a 6-year-old son and 3-year-old daughter. With each child, Rachel underwent oral medication to stimulate the development of eggs and intrauterine insemination (artificial insemination of the woman with her husband's sperm) in order to become pregnant.

Patricia (35 years old) and Victor (39 years old) have been married for over 11 years. Patricia has a master's degree and is a certified public accountant. Victor has a bachelor's degree and is an engineer. After marrying and trying for a year to conceive, Patricia and Victor went to see specialists to determine their fertility. Patricia was diagnosed with polycystic ovary syndrome (PCOS), a hormonal disorder causing enlarged ovaries and small cysts, at age 26. Victor's fertility testing was negative. Patricia and Victor have two children, a 7-year-old son and a 2-year-old daughter. To conceive, Patricia took oral medication and underwent intrauterine insemination treatment. With their oldest child, Patricia became pregnant immediately following treatment. After a few years of unsuccessful treatment following the birth of their son, Patricia and Victor considered adoption before learning that they were pregnant with their daughter.

Adele (44 years old) and Jimmie (45 years old) have been married for over 12 years. Adele has a master's degree, and Jimmie has a bachelor's degree. Both work in the business administration field. After marrying and trying unsuccessfully to conceive, Adele went to a specialist and learned that her diagnosis falls into the unexplained category, standard infertility testing has not found a cause for the failure to get pregnant. Adele underwent daily shots, oral medication, intrauterine insemination, and in vitro fertilization (a woman's eggs are retrieved from her ovaries and fertilized by sperm in a lab). None of the treatments were successful, and as a result, Adele and Jimmie adopted a newborn baby girl 3 years ago.

Tasha (42 years old) and Matthew (47 years old) have been married for over 10 years. Tasha and Matthew both have master's degrees. Tasha works in the social service field, and Matthew works in the business administration field. Three years after marrying, Tasha and Matthew began trying to conceive but were unsuccessful. As a result, they sought out the help of a specialist. Tasha was diagnosed with fibroids and Matthew was diagnosed with a low sperm count (motility). Both underwent surgeries to correct the issues. Tasha was placed on oral medication to stimulate egg development. Matthew was placed on oral medication to improve sperm count. Tasha also had to give herself multiple daily shots to stimulate ovulation. Unfortunately, the fertility treatments were unsuccessful. After some consideration, Tasha and Matthew adopted a son 4 years ago.

Terri (37 years old) and Lamar (46 years old) have been married over 9 years. Terri has a master's degree and works in the medical field. Lamar has a bachelor's degree and is a business owner. Terri has a previous diagnosis of a pelvic inflammatory disease that she received in her early 20s. Although she was concerned about how this diagnosis could impact her ability to conceive, neither Terri nor her doctors raised this concern during regular check-ups. A year after marrying and trying to conceive, Terri went to see a specialist and was diagnosed with damage to her fallopian tubes as a result of a pelvic inflammatory disease. In 2008, Terri underwent in vitro fertilization and gave birth to a son a year later. In 2015, Terri and Lamar decided to try for a second child. Within 2 months, she experienced two failed cycles of in vitro fertilization. As a result, Terri and Lamar are contemplating if they want to pursue treatment again.

Data Analysis

Organizing and analyzing the data involved a modification of methods of analysis by Stevick-Colaizzi-Keen (Moustakas 1994). In qualitative research, the researcher utilizes the process of validation, making sure that he/she has engaged in practices that will provide as accurate a reflection as possible of what the participants in the study have said (Creswell 2007). The researcher began the analysis of data with a full description of the experience of the phenomenon. This step was done to set aside the personal experiences and assumptions of the researcher so that the participants can be the focus of the study. The researcher then developed a list of significant statements as it relates to the significance of the experience. Via horizontalization of the data, statements, sentences, or quotes regarding how the participants are experiencing the phenomenon were developed into a list of non-repetitive, non-overlapping statements (Creswell 2007). These significant statements were clustered into core themes of the experience that were then synthesized into descriptions of what the participants experienced with the phenomenon that includes verbatim examples. This process is called a "textural description" (Creswell 2007). From the textural-structural descriptions of the phenomenon, the researcher constructs "a composite textural-structural description of the meanings and essences of the experience, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole" (Moustakas 1994, p.122). This final step allowed the researcher to develop the common experiences of the participants.

After analyzing the results and constructing common experiences of the couples, the researcher employed the additional step of member checking, which involved having participants review the data. Via member checking, the descriptions that have been

developed as the result of analysis were provided to the participants to "confirm or disconfirm the accuracy of the research observations and interpretations" (Rubin and Babbie 2008, p.432).

Findings

The personal accounts provided by the couples illustrate the profound impact the experience of infertility has had on their lives. The findings demonstrate how infertility can be a traumatizing event that is experienced differently by men and women. The distress of the experience challenges one's sense of self. The findings also suggest how religion and spirituality play a central role in the lives of the couples, helping them to cope with infertility.[1]

Feelings of Failure

The experience of being deprived of conception and parenting caused the couples to endure feelings of role failure, inadequacy, guilt, anger, shame, and helplessness. She/he became known as the "other," a person who is infertile.

As Adele expressed, "Something you want is not in your reach." This experience impacted the wives sense of self as a person. Rachel shared how infertility impacted how she viewed herself as a woman. "I would say it was definitely moments where I'm like I'm less than a woman. Like when can we have a kid? How am I going to not have a kid and my husband comes from a very big family?" Being unable to conceive with her husbands made the wives feel like a failure. Each wife's sense of identity as a fully functioning woman was impacted.

The role of father and man is typically associated with power, provider, virility, authority, and status. Infertility alters this experience for men. It was important for the husbands to produce a child who could carry on the family name and bear their likeness. Ramone expressed, "I always wanted kids. …there's six of us, and I'm the last of the six. My brothers and sisters all have three-plus kids, some of my brothers have six."

Jimmie shared how challenging it was for him to deal with feelings of inadequacy as a result of infertility. Jimmie always envisioned himself as a father. With his father and other positive male role models around him, he identifies with them as men and as a father. "I always thought I would be a good dad and that I would like to be a parent." He wanted to be able to share experiences with his child that he had when he was younger. Failure to produce a child impacted his sense of self as a whole person. Questioning and jokes from others were perceived as an attack on the self.

[1] This study contains limitations. First, the sample size was small, consisting of six couples. As a result, it is possibly only generalizable to those with similar characteristics of the participants and not reflective of a broader population. Second, the researcher used open-ended questions. Responding to open-ended questions may be difficult for respondents who are unfamiliar or uncomfortable with expressing their views and opinions. Also, with the use of open-ended questions, there is limited control over the length and response. Consequently, this leads to the final limitation; the interviews with each of the husbands were an average of 25 min compared to those of the wives, which lasted about 60 min. The researcher is female. While not necessarily a limitation, it could have influenced the willingness of the male participants to disclose information and respond adequately to questions. A study in which a male conducted interviews on this topic might yield different results or additional data.

> As a guy, the first thing is everyone is like, 'Oh you got a low sperm count? You can't get your soldiers to march? Just the cracks, 'You ain't feeling like a man today?' It's always an attack on your manhood when you need to talk about fertility.

Visions and Plans for Motherhood, Marital Life, and Vitality Were Derailed

For the wives in this study, before experiencing infertility, they entered their marriages full of hopes and dreams. Early on in life, they identified with the many maternal role models around them who provided them with the template for female-oriented roles. This experience was evident in the thought expressed by Melissa, "…I just always assumed I would get married and have kids like the family I grew up in."

After marrying, the wives began to desire the shared experience of connecting with family and friends via motherhood. When producing offspring became a challenge, the wives felt disappointed and ostracized. They began to question, "What is wrong with me?" Their sense of self as a woman with reproductive capabilities was disrupted by this experience (Jaffe et al. 2005).

Infertility Is a Traumatizing Event

Infertility is a traumatizing event that also psychologically impacted the couples. This means that damage or injury occurred to the psyches of the couples as a result of the distressing experience of infertility (Jaffe et al. 2005). Because of this experience, they have encountered challenges in functioning or coping normally.

> Melissa: I did shy away from things because I didn't want to be around it. I didn't want to sit and talk to somebody about kids because I wanted that. I wanted to be the one that had the kids that people were talking to me about.

For five of the couples in this study which could have children, that trauma of the experience remains with them. As Adele shared, "You're never the same. You just look through life through a different lens."

For Tasha who adopted, the traumatizing experience of infertility was triggered during a routine doctor's visits when her medical history was taken. She shared a problematic exchange with a nurse in the doctor's office that happens all too often for mothers who adopt:

> If you have one child, Mrs. W., then you have been pregnant once. I was like, 'No. I have never been pregnant.' She was, 'Okay, let's go back. You have one child, correct?' I was like, 'Yes, I have one child.' 'Okay, that means that you've been pregnant at least once unless or other times.' I was like, 'Why are you talking to me like I'm slow? You should give a little bit more thought. I have a son whom I adopted, that's why I've never been pregnant.' She was like, 'Oh my God! I'm so sorry!'

For Melissa and Mark, who have been unable to conceive together, the traumatic effect of the experience has taken its toll on them. Mark expressed feeling

disappointment, "I finally have the love of my life and not being able to create a seed together is upsetting." Melissa expressed that being unable to have a child has affected her more deeply than she realized. Family events and spending time with her stepchildren trigger strong emotions and thoughts about her experience. It was during a phone conversation with a friend that she recognized how the experience of infertility impacted her. "I never realized how deep my infertility ran until we had a conversation and were talking, and I started to cry. I never really realized how much this had affected me."

Self-Esteem

For the husbands in this study, it was vital for them to produce a child who could carry on the family name and bear their likeness. One husband expressed, "I always thought I would be a good dad and that I would like to be a parent." He wanted to be able to share experiences with his child that he had when he was younger." Failure to produce a child impacted the husbands' self-esteem and ability to fulfill their societal role as procreator and man. Like their wives, this led to diminished self-worth and feelings of role failure. Their sense of being as a man was called into question.

Expression of Emotion

The wives in the study were very forthcoming with describing how the need and desire to become a parent triggered a range of emotions for them such as anger, sadness, despair, resentment, and jealousy. Patricia expressed her anger over unsolicited advice and jealousy at yet another birth announcement from a friend.

> And then you get announcements from friends that are expecting or hear certain comments once you open up to friends regarding your journey and they tell you, 'Oh well, such and such did this, and they got pregnant again so maybe you should try that.' Not knowing whether you tried it or not. They meant well, my friends, but it made me angry. I started to get angry. I started to get jealous, and I'm just not normally that type of person.

Although the husbands in this study were just as vulnerable to the experience of infertility as their wives, they were restricted in how they expressed their feelings. They identified feeling some disappointment and helplessness because they could not fix or control infertility. Some of the husbands also admitted feeling shame when questioned by others about why they could not get their wives pregnant, even though infertility was not the result of a male factor.

> Lamar: You know I don't I don't get too up, I don't get too down, what's for me I get. You know, and if I don't get it, it wasn't for me. You know, and I just look at it as you know that may not be for us, that may not be in the cards for us.

The husbands tried to organize around their pain by holding emotion and being stoic. They put their disappointment into perspective by opting to remain optimistic and supportive of their wives.

Cohesion

The experience of infertility can trigger the need to seek support or to isolate. For the couples in this study, the experience either brought them closer together or stressed the marital relationship. Additionally, some of the participants found the need to seek support outside of the relationship in order to cope.

Couples who are empathic maintain open lines of communication, aware of their partner's style of coping, can remain intact during stressful experiences such as infertility. Patricia and Victor shared the following thoughts on working together as a team:

> We began to be supportive of each other, acknowledging each other's feelings and frustrations. Now, when we talked about it, we talked about why it was so hard. Then we just tried to make our way through it. Sometimes you just have to grind and push your way through it, and so, we did.

Cohesive couples also recognized that any problems they experienced were the result of the stress of the experience and not problems in their relationship. They could not take differences in coping personally. By keeping the line of communication open and being honest with their feelings, the more cohesive they felt in trying to work through the experience of infertility.

Rachel and Ramone and Terri and Lamar struggled to articulate their needs and be empathic to the experiences and needs of their partner before infertility. In response to feeling overwhelmed with the experience of infertility, these two vulnerable couples chose to retreat rather than come together. Rachel and Ramone both withdrew into themselves, choosing to cope alone with their thoughts and feelings rather than turning to one another. Rachel expressed, "I would say we didn't do a good job of that. I felt like it was always kind of like, separate. I did my own thing and he did his own thing to get through it."

Terri tended to push Lamar away rather than reach out to him for support. Terri expressed feeling disappointment and "like a failure" with each failed IVF attempt. In response to her feelings, she would distance herself from Lamar, preferring to delve into her work rather than deal with the shame and guilt of a failed procedure. Feeling rejected and disappointed as if he had done something wrong, Lamar withdrew from Terri.

Failure to communicate about their thoughts and feelings, as well as recognizing each other's defense mechanisms, affected their closeness during the experience of infertility. As a result, these two couples were unable to be supportive and empathic to one another.

In the midst of their experience of infertility, the wives began to search for sources of support outside of their family. They needed to connect with others, to feel an alikeness, a bond. The wives sought out support from friends who were undergoing fertility treatment, very close friends who were empathic despite not experiencing infertility, the church, and support groups and online forums. Patricia shared, "I joined a board (online forum) for infertile women that had the same condition that I had, and it was just nice reading about their experiences and what they've tried or what worked, what didn't work." The wives found these outlets to be comforting and normalizing. Adele explained,

> The more I opened up; I think others saw that I was able to open up, and then they started talking to me about it a little more, and I realized that 'Hey, I'm not alone.

> I'm not alone in my circle of friends.' Everybody was going through it, but it was a handful of us enough that we were able to chat about it.

Interestingly enough, before learning about their issues with infertility, five of the six wives found one another through a wedding planning website. They became familiar with one another as they planned their weddings, sharing tips and ideas. The wives continued to stay in touch via the website after their weddings, keeping one another updated on personal events and milestones. While some shared birthing announcements, others began to open up and share their struggles with conceiving. As a result, a sub-group formed, where wives experiencing issues with conceiving began to share their stories and offer support to one another. This online female constellation of support served as a sounding board for the wives and where they turned for comfort and empathy. Adele went on to share,

> We have a special bond. There are others of us have kids around the same age, and we have a special bond, or like the black girls I've been talking with since 2002, we all have a special bond.

Via this group, the wives were able to share their feelings and thoughts. Through this shared experience, they formed a bond that exists to this day. The wives arrange get-togethers and play dates with their children. Tasha expressed, "Some of my closest friends that I have now are from the journey that we went through together - their journey, my journey, and the support that we gave each other."

Faith as a Coping Mechanism

Religious African Americans are more likely to seek help from the church in times of need (Ward et al. 2009). Individually and as a couple, the participants in this story also shared their testimony with the church as a way of obtaining support in a time of need. Rachel expressed, "I kind of wanted to share and for people that I knew to help me to be positive, so people could pray for me and believe with me." Viewing their pastor as a leader and a surrogate paternal figure in their lives, the husbands found solace in their words and prayer. Matthew shared, "…Me and my pastor are close, so we would, we would have discussions about it." These discussions helped Matthew feel confident and encouraged that he and his wife could persevere.

Each of the couples in this study recalled growing up in church, learning, and believing that there is a force greater than them that watches over them and provides relief from distress and fulfillment. They view God as loving and non-judgmental. As Ramone expressed, "A higher power is behind you and doesn't want any ill will toward you, only wants you to be happy and prosper." Faith was an essential daily coping mechanism that provided comfort and solace to the couples during their most difficult times. Faith helped the couples to grieve the disappointment of infertility, strengthen their commitment and fidelity, which also increased stability and satisfaction in their relationships. Via active participation in church services, psychological and emotional support from church leaders and members, the couples began to experience increased self-esteem and acceptance of their limitations.

Myths of African American Infertility

The couples disclosed that they too bought into this misperception fertility is not an issue among African Americans. Adele shared, "…the stereotype of black women is, you know, we're the welfare mama. We have five kids by the time we're 22, and at least two or three different daddies. So, we are not fertility challenged as people, right?" The myth that African Americans are very fertile made the couples in this study feel shameful about their struggles with conceiving. Terri expressed that she felt uncomfortable discussing her concerns about the impact of her previous sexual history on her fertility with doctors who were dismissive. "…out of all the times I've been diagnosed with an STD, not once did any doctor ever say, 'you know what? You may never ever be able to have kids, as a result of your lifestyle," Like other African Americans who may be distrustful of or embarrassed by medical intervention, she wore a "shame cloak," declining to push for answers. It was not until she was referred to an African American specialist in the field that she felt comfortable enough to express her concerns.

In their interviews, Victor and Matthew shared they too felt that they did not live up to the stereotype of the African American man as a strong male. Infertility was an attack on their manhood and identity as an African American male. Matthew shared, "…you have that stereotype out there, the black fertile male, the black fertile female, and they get together, and they have babies, and they keep on having babies and they, and you look at us, and we were just unable to uphold that stereotype."

Discussion

The personal accounts provided by the couples illustrate the profound impact the experience of infertility has had on their lives. The experience of infertility can impact one's identity as it did for the couples in this study (Inhorn et al. 2008). The participants' shared feeling less than and insufficient as a person due to their inability to procreate. Further impacting identity, some of the participants shared experiencing internalized misperceptions brought on by the societal misperception that infertile an African American is a medical anomaly (Ceballo 1999). History and stereotypes have created the perception that it is quite easy for African Americans to procreate. The reality is, it is not. Infertility impacts African American women at higher rates than other races (Chandra et al. 2013). The myth that African Americans are very fertile made the couples in this study feel shameful about their struggles with conceiving. Furthermore, for individuals like Terri, this misperception affected the quality of healthcare she received from some doctors who were dismissive of her condition.

To cope with infertility, the participants relied on their partner or isolated themselves. Couples that are in agreement regarding the stress they experience as a result of infertility are better able to manage the impact of stressful life events (Phipps 1998). Equally important, the use of informal networks to cope and form a bond with others who are experiencing infertility helped to sustain many of the participants in the face of their struggle (Phipps 1998). Furthermore, to cope with the stress of this experience, the couples utilized their faith. Faith is an essential historical practice for religious African Americans (Inhorn et al. 2008; Phipps 1998). Faith was a daily coping mechanism that

provided comfort and solace to the couples during the most challenging times during their experience of infertility. It should also be noted that only one participant in this study sought out therapy to cope with the experience of infertility. The remaining participants did not see it as a need, preferring to rely on God's provision and timing (Phipps 1998).

Research has shown that socioeconomic factors and access to quality insurance can be barriers for African Americans who are seeking fertility treatment (Bell 2009; Inhorn et al. 2008; Phipps 1998). As a result, many African Americans go without or negotiate medical care, or resort to informal adoptions of relatives or family friends (Phipps 1998). This experience was not the case for the participants in this study. The participants in this study had the financial means and insurance coverage to seek quality fertility treatment and to pursue formal adoptions through an agency. Nonetheless, like Terri, some of the participants expressed feeling in the minority in fertility clinics and shame that as an African American (perceived as fertile by society), they had to seek treatment.

Although there is research that addresses the devastating effects of infertility on African Americans, to the best of this researcher's knowledge, this is the first study to speak about how infertility is experienced as a trauma by this population. Infertility is a trauma that attacks both the physical and emotional sense of self, it presents one with multiple, complicated losses, it affects the most critical relationships, and it shifts one's sense of belonging in the world (Jaffe et al. 2005). With each failed treatment or attempt to procreate, the couples in this study have had to re-experience loss consistently. "The trauma of infertility is such that what you had taken for granted and expected is lost" (p. 29–30). For five of the couples in this study who were able to have children, that trauma of the experience remains with them. The experience of infertility is triggered during doctor's visits, interactions with pregnant and parenting individuals, or birthdays.

Implications

The personal stories provided by the couples illustrate the profound impact the experience of infertility has had on their lives. The findings demonstrate how infertility can be a traumatizing event that is experienced differently by men and women. The distress of the experience challenges one's sense of self. The dilemma of this psychological and physiological experience can be overwhelming to the couple. As a result, therapy may be too overwhelming of experience, resulting in a clinical impasse. Exploration and analysis of past and present disappointments may be too painful to bear and much easier to avoid.

In dealing with African American couples, who present with an experience of infertility, the clinician must be mindful of cultural considerations. A history of slavery, racism, and discrimination has shaped how African Americans respond to therapy with avoidance and distrust of the process (Boyd-Franklin 2003). Cultural beliefs can impact how experiences are internalized and whether they choose to seek support. As a result, the therapist must consider the following: willingness to be self-aware and empathic; focus on establishing credibility through a connection and therapeutic rapport that makes the client feel understood; awareness that because of gender socialization and

discomfort with vulnerability, African American men may find it a challenge to disclose and share painful experiences with a therapist; understand and acknowledge the importance of faith and religion in how African Americans may conceptualize their experiences; and provide psychoeducation to clients about trauma so that they know what to expect and what to do to manage it.

The use of faith and religion to manage perception, occurrence, and consequences of an undesirable or threatening event is a common practice among religious African Americans (Chatters et al. 2008). Religious coping may inhibit help-seeking behaviors and encourage avoidance of psychotherapy. The church is a valuable resource for religious couples who are in need of support. As a result, consultation or training will assist clergy with understanding the impact of the experience of infertility among African American couples. Also, with permission, clergy can collaborate with a clinician and medical professional to encourage couples to seek or follow through with treatment.

Furthermore, health care professionals would benefit from presentations and training regarding how structural inequality contributes significantly to the shaping of the experience of infertility for African Americans. Improved compassion and cultural competency in patient care may positively influence a couples' willingness to participate in treatment-seeking options.

Conclusion

This study makes an important contribution to the work that remains to be done on the experience of infertility among African American couples. For the couples in this study, infertility is a traumatizing event experienced differently by men and women. Whereas the wives in the study were more expressive, describing infertility as a painful event triggered a range of emotions for them such as anger, sadness, despair, resentment, and jealousy, their husbands were restricted in how they expressed their feelings, although they were just as vulnerable to the experience. Through the understanding and support of those they trust and admire, the couples manage the physiological and psychological stress of the experience. Furthermore, faith is an important, cultural and historical guiding factor that provides solace to the couples. These findings have important implications for mental health practitioners, medical professionals, and clergy.

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