Dancing Around Infertility: The Use of Metaphors in a Complex Medical Situation

Thesis

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By

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Abstract

Metaphors play an important role in how people understand and come to terms with illness on multiple levels. For patients, metaphors provide a framework for making sense of an illness. Understanding metaphors can help improve communication in relationships when medical issues are complex, such as infertility. A diagnosis of infertility may be devastating to individuals, and communication has been found to be a key factor in the infertility experience. Guided by self-determination theory, the current study examined the metaphorical language used by individuals experiencing infertility to describe their need for well-being in a complex medical situation. Fourteen prominent themes were identified to explain the ways individuals framed their experience as well as explained their experience to others. These metaphorical themes were organized to understand how participants’ need for competence, autonomy, and relatedness were (and were not) met during their infertility experience. Results suggest that particular metaphors frame the infertility experience and that understanding these metaphors can help illuminate the ways in which needs for well-being are both met and not met in this complex medical situation. Suggestions for communication with doctors, partners, families, and friends are discussed.

Key words: infertility, metaphors, self-determination theory, well-being, complex medical situations
Dedication

Dedicated to my husband, Matt, and all of the men and women who generously shared their infertility experiences with me.
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Chapter 1: Introduction

According to RESOLVE: the National Infertility Association, infertility impacts 7.3 million individuals, or one in eight couples, in the U.S. (2012). Infertility is defined as the inability to become or stay pregnant after one year of trying to conceive if under the age of 35, or six months if age 35 and over (Mayo Foundation, 2012). Although the medical definition for infertility focuses on a woman’s reproductive health, only 30 percent of infertility is attributed to female factors, while 30 percent is attributed to male factors and 40 percent to both partners or unexplained factors (Resolve, 2012). Because infertility is rarely expected, the diagnosis can be devastating to individuals’ well-being and is consistently rated as a major life stressor, alongside chronic illness, divorce, and bereavement (Leiblum, 1997; Leiblum & Greenfield, 1997). As a result, patients may experience depression, anxiety, a sense of loss, anger, guilt, frustration, and stress. To cope with the emotional and psychological challenges that accompany fertility issues, many patients seek counseling and supportive relationships, and/or withdraw from others who cannot relate with their situation (Leiblum, 1997).

Communication has been found to be a key factor in the infertility experience (Bute, 2009; Steuber & Solomon, 2011). Interpersonal communication about infertility has been studied through one-on-one interviews with women (e.g. Bell, 2009; Bute, 2009) and couples (Steuber & Solomon, 2012). Some individuals have disclosed experiencing stigmatized comments from family, friends, close acquaintances, and
strangers, while other individuals report a strong emotional support system (e.g., Bute, 2009). Couples have been found to differ in their goals to achieve pregnancy, their level of disclosure about infertility to their partner and others, the impact on their identity, their attribution of blame, their need to protect their partner, and their level of relational uncertainty. Additionally, the doctor-patient relationship has been found to be an important one in determining treatment options, keeping a realistic outlook, and maintaining overall well-being (Kennedy, Griffin, & Frishman, 1998; Lauritzen, 1990).

The important work in this research area has allowed researchers to elucidate some of the ways communication has impacted the overall well-being of individuals, as well as the relationships between partners, family, friends, doctors, and others, such as co-workers and neighbors. I seek to further this research by identifying the specific language that both helps and hinders well-being for individuals struggling with infertility.

Infertility is a useful context to study well-being and interpersonal communication because of the inherent tension between openness and closedness in conversations (Baxter & Wilmot, 1985; Goldsmith, Miller & Caughlin, 2008; Rawlins, 1983). Infertility is often viewed as a taboo subject, which has been defined as a topic that is avoided by conversational partners because of expected negative outcomes (Baxter & Wilmot, p. 254). In social interactions, disclosures about infertility can be viewed as awkward and inappropriate because of the private nature of sexual and reproductive health. This conservational norm differs from pregnancy, which is viewed as a public issue because a woman’s physical changes are visible, even though the act of conceiving a child is personal and private (Bute, 2009). In contrast, taboo topics, such as infertility, create
conflict within communication because of the opposing desires to reveal and conceal. Relational partners desire to reveal their thoughts and emotions in order to deepen intimacy while also wanting to minimize vulnerability and protect themselves, even within close relationships (Rawlins, 1983). Because infertility impacts individuals’ sense of psychological, emotional, and relational well-being, people who are coping with infertility have a strong desire to protect themselves to avoid blame, stigma, (Bute, 2009; Sandelowski & Jones, 1986), unwanted advice, and pity (Goldsmith, Miller, & Caughlin, 2008). Thus, the interpersonal conversations around infertility may require a more delicate balance around expression and restraint than other contexts.

Another reason people struggle to communicate about infertility is that they believe others do not understand the difficulty of their experience. Because people believe infertility is socially inappropriate to discuss due to the privacy surrounding sexual and reproductive health, those experiencing infertility often avoid discussing it, leaving close others in the dark about their experience. This results in people often feeling isolated and perceiving themselves to be the only ones struggling to build a family. Those who choose to openly discuss their infertility report that some people are supportive, while others try to help but are either uncomfortable discussing the topic or try to offer solutions in attempts to fix the problem. For these reasons, many people report feeling frustrated by conversations about infertility (Steuber & Solomon, 2011). In this study, I hope to minimize these frustrations and improve the communicative experience by identifying the language that individuals experiencing infertility view as helping and hurting well-being.
To improve the well-being of individuals struggling with infertility, I turn to self-determination theory and metaphor. This theoretical framework allows us to accomplish two goals: (1) to elucidate the ways in which individuals communicate their need for well-being when describing their infertility experience, and (2) to improve the interpersonal communication between people who have experienced infertility and those who have not. Combining self-determination theory and metaphor allows us to more specifically and parsimoniously identify how communication helps or hinders individuals’ well-being during the infertility experience. Thus, I hope to facilitate coping and improve the psychological health of individuals experiencing infertility, and create understanding between people who have experienced infertility and those who have not, resulting in more positive interactions between people who talk about an unshared and often taboo experience.
Chapter 2: Literature Review and Research Questions

**Self-Determination Theory**

According to self-determination theory (SDT), people must meet three innate needs in order to achieve psychological well-being: competence, autonomy, and relatedness (Deci & Ryan, 2000). *Competence* is defined as a need for challenge and the ability to control an environment to the extent that an individual can be effective. *Autonomy* refers to an individual’s need for freedom and willingness to perform a task and incorporate it into one’s personal identity. Finally, *relatedness* refers to the need for connection with others (Deci & Ryan, 2000; Tamborini, Bowman, Eden, Grizzard & Organ, 2010). The needs operate as a unifying, connective process; therefore, if one of these three needs is not met, negative consequences occur. If an individual meets with a condition where he or she is controlled, over-challenged, or rejected, he or she will usually begin to focus solely on himself or herself to cope with the issue. In some cases, people will be so burdened by one or more unmet needs that they will psychologically and socially withdraw from others (Deci & Ryan, 2000).

Although a relatively new theoretical perspective, SDT has made important contributions to interpersonal health communication (see Deci & Ryan, 2008). SDT has been applied to the study of relationships and their impact on patients’ health and well-being in contexts such as depression (Ibarra-Rovillard & Kuiper, 2011), breast cancer (Milne, et al., 2008), and smoking cessation (Williams et al., 2006). Positive health
behaviors and outcomes have been associated with increased support for competency, autonomy, and relatedness. For example, partners and friends may satisfy relatedness needs by showing concern or empathy for an individual (Ibarra-Rovillard & Kuiper, 2011). In contrast, the more people perceive their relationships to thwart their needs, the more negative their overall well-being (Deci & Ryan, 2000; Ibarra-Rovillard & Kuiper, 2011). To our knowledge, this is the first study to investigate SDT’s role in the context of infertility. Infertility is an appropriate context to study SDT because infertility is a health diagnosis that may significantly decrease individuals’ psychological well-being (Leiblum & Greenfield, 1997; Steuber & Solomon, 2011). By connecting self-determination theory to metaphorical messages, it is possible to understand how patients’ needs are and are not met through communication. In the next section, I discuss conceptual metaphors and their relationship to well-being in health contexts.

**Constructing Meaning and Understanding through Metaphors**

Conceptual metaphors have been defined as “understanding and experiencing one kind of thing in terms of another” (Lakoff & Johnson, 1980, p. 5). In communication, at least two important functions of conceptual metaphors are to encourage self-understanding by giving organization to the experiences in our lives, and to promote understanding in interpersonal interactions through the negotiation of meaning. By using these metaphors, individuals are able to understand abstract concepts in terms of more concrete concepts. This can be thought of as comparing concept A to concept B, in which B is used to carry the meaning about concept A through a sharing of characteristics, called “ground” (Hitchon, 1997). Abstract, non-physical concepts such as emotional,
psychological, and relational experiences (e.g., love, time) are easily understood when they can be framed in more accessible, physical concepts, such as war and money. In addition, Lakoff and Johnson (1980) explain that when people use metaphors, they “highlight” or focus on certain aspects of a concept while “hiding” or ignoring other aspects of the same concept. For example, love is war intentionally explains only one aspect of love—one that might focus on battle, pain, and sacrifice; whereas, love is a journey explains another aspect of love—one of development and discovery. Thus, the conceptual metaphors people use to explain their experiences communicate which aspects of their experience they deem most important.

**Metaphors in Health Communication**

Within health communication contexts, metaphors have been shown to facilitate understanding in several conditions, including AIDS, cancer, disabilities, and infertility (see Gibbs & Franks, 2002; Krieger, Parrott, and Nussbaum, 2011). In these studies, metaphors have been shown to serve several functions for patients struggling with illness: To determine meaning from senseless suffering and to allow for personal transformation (Gibbs & Franks, 2002, p. 141), as well as improve doctor-patient communication and provide more culturally sensitive messages (see Krieger, Parrott, and Nussbaum, 2011). One way metaphors have been shown to facilitate healing in a medical diagnosis is by helping individuals experience control (see Bowker, 1996), self-awareness, meaning, comfort, and growth (Gibbs & Franks, 2002). Patients’ metaphors can be reframed to empower individuals to cope with a medical condition rather than fall victim to it (Jacobs, 1990). Another way metaphors may facilitate healing is through the acceptance
of illness. Hutchings (1998) discusses metaphor as a way to communicate caring between health practitioners and the terminally ill because it allows for “invitational, safe, open to interpretation, respectful” communication (p. 282). Metaphors have multiple meanings and a patient and his or her supportive others can choose which meanings to acknowledge and which to conceal. Gibbs and Franks (2002) found that women frequently used alternative metaphors to describe the same experience (i.e. cancer is a game, cancer is a wake-up call), which showed that multiple metaphors were needed to describe an experience consisting of complex thoughts and emotions. This self-understanding of illness may then serve as a precursor to mutual understanding within social interactions.

Metaphors are also useful in facilitating understanding between people when meaning is shared and negotiated. A survey of 22 physicians and fellows at the Department of Pulmonary and Critical Care Medicine at the Cleveland Clinic Foundation found that most medical professionals used metaphors for two reasons: To increase patients’ understanding of complex medical procedures and to increase the speed at which medical practitioners and patients could speak. Results showed that medical practitioners believed these metaphors allowed for patients’ deeper comprehension of treatments and diagnoses and allowed more time for patients’ questions (Arroliga, Newman, Longworth, & Stoller, 2002).

However, metaphors may not always be effective in health contexts and may hinder patients’ well-being when meaning is not mutually understood between all conversational partners. For example, a seemingly positive metaphor may be interpreted negatively by one relational partner, thus it is important that conversational partners using
the same attributes if hoping to understand one partner’s experience. Bowker (1996) shared that while experiencing cancer, she viewed the cancer as battle metaphor as a negative depiction of her experience: relentless and never-ending. She then became irritated when her friend used the battle metaphor to positively communicate that he would fight the disease with her. Even though he was trying to help, the cancer as battle metaphor shows that it is necessary to understand how the patient constructs meaning in a metaphor in order to provide effective support through mutual understanding. In another study, Reisfield and Wilson (2004) discussed that using the cancer is war metaphor frames the experience as consisting of winners and losers. Cancer is presumed to be the loser; however, cancer is not always curable. Those who “lose” to cancer may feel that they have failed to win the battle and may harbor feelings of guilt and weakness. A third study found that metaphors may be ineffective in influencing behavior to participate in clinical trials when they fail to consider cultural norms and knowledge. Krieger, Parrott, and Nussbaum (2011) found that using a culturally derived metaphor to explain randomization (i.e., Randomization is like the sex of a baby) may result in low-income, rural women experiencing a more positive affective response and higher intentions to participate in clinical trials than a standard metaphor (i.e., Randomization is like the flip of a coin). The above examples show that metaphors are interpreted differently depending upon experience and knowledge and may not always be useful in achieving an intended outcome.

Thus, the use of metaphors may help and hinder well-being for individuals experiencing a health condition. I seek to further this knowledge by identifying the ways
in which people (1) make sense of a complex medical experience by highlighting the important aspects of their experience, and (2) attempt to create common knowledge between relational partners through a negotiation of meaning when discussing an unshared, culturally taboo experience. This is especially important in the infertility context when individuals struggle to make sense of their diagnosis while also trying to explain it to others in a socially appropriate way. Next, I discuss extant research on metaphors in the infertility context.

**Metaphors and Infertility**

In regard to fertility in the U.S., Americans have a cultural perception that they are gaining control over biological processes with increased medical knowledge about fertility and more advanced assisted reproductive technologies (Sandelowski, 1986). However, infertility is viewed as a complex medical situation because its causes are not often identified or completely understood by medical practitioners or patients. When a lack of knowledge is combined with unrealized cultural expectations and ineffective treatments, people often resort to blaming patients for their condition as a way to simplify their understanding of the disease (Sandelowski, 1986; Sontag, 1989). As a result, Sandelowski (1986) argues that fertility is often viewed within a metaphor of choice, instead of a metaphor of chance, framing infertility as a punishment for poor choices, such as a planned delay in childbearing, working in environments with hazardous chemicals, and increasing exposure to sexually transmitted diseases.

After a comprehensive search for articles discussing metaphors and infertility, I found three articles that included empirical studies. In a study of 236 women and men,
Becker (1994) conducted in-depth interviews with partners and then followed up at the six-month and twelve-month time points. Results showed that metaphors are one way individuals resolve continual feelings of disappointment in the disruption of life’s goals. In this study, individuals experiencing infertility primarily relied on metaphors of life and death and order and disorder to make sense of their experience and create a sense of continuity in their lives. Thus, when dealing with unexpected chaos, uncertainty, and disruption in infertility, metaphors were seen to be efficient and effective tools for reconstructing the wholeness of a person and restoring order in one’s life.

In a feminist discourse analysis, deLacey (2002) found that metaphors used to describe in-vitro fertilization (IVF) include the gambler (e.g., winners and losers), investment (e.g., calculated risk-taking), and the worker (e.g., accomplishment and failure). After interviewing 10 women for whom IVF was unsuccessful and analyzing infertility campaign materials and 26 self-help books, deLacey argues that the metaphors in this study were shown to juxtapose infertile women, who are described as obsessive, compulsive, anxious, and uncertain, to fertile women who appear strong, persevering, and balanced.

In a qualitative interview study with 79 couples, Friese, Becker, and Nachtigall (2006) found that much discourse around age and reproduction involves blaming women for a lack of knowledge and unrealistic expectations and goals in regard to fertility. The primary finding showed that the metaphors old eggs and biological clock were used to represent diminished fertility in women who have waited until older age to try and conceive. This use of the metaphor restructured women’s knowledge about a decline in
fertility that begins in the mid-thirties rather than with menopause as when most women expected. This resulted in many of the women feeling and deflecting the blame that often accompanies the discourse about age-related infertility.

Combined, the above three studies contribute to our understanding of metaphor in the infertility experience by focusing on our cultural concept of continuity as a way to restore well-being (Becker, 1994) as well as understanding how infertility metaphors often result in self-blame and social stigma (deLacey, 2002; Friese, Becker, & Nachtigall, 2006). Thus, the choice of metaphor and its underlying meaning may positively and negatively impact well-being in patients. I seek to further this research by parsimoniously identifying ways in which metaphorical messages about infertility help and hinder well-being in individuals who have struggled with infertility by using self-determination theory as an organizing framework. In other words, I would like to know how metaphors frame infertility experiences in terms of the need for competence, autonomy, and relatedness. Likewise, I am interested in studying all aspects of the infertility experience that help and hinder well-being (treatment, emotions, disruption, relationships, and communication). This is the first study to (1) examine metaphors in the entire infertility experience; (2) apply self-determination theory to the infertility context; and (3) combine self-determination theory with metaphor to understand how individuals create meaning about a taboo health condition. By identifying these metaphors, I may be able to identify which need or needs people are missing during the infertility experience, which may lead to more quickly restoring their psychological well-being. Thus, the first research question asks:
RQ 1: How do individuals who have experienced infertility use metaphor to communicate their need for competence, autonomy, and relatedness?

In addition to communicating the need for psychological well-being, metaphors in the infertility context may also help people to explain infertility to others who do not share their experience. This is especially important because individuals feel restrained in their communication because of the private and taboo nature of sexual and reproductive health. It may be that metaphors are more palatable for others and therefore more likely to elicit the mutual understanding sought by the individual experiencing infertility (Bowers & Osborn, 1966; Sopory & Dillard, 2002). In our second research question, I seek to identify the metaphors people report using to overcome differences in the understanding of infertility. Thus, the second research question asks:

RQ 2: How do individuals use metaphor to describe the differences between themselves and others in their understanding about the infertility experience and individuals’ need for well-being?
Chapter 3: Method

Participants

Individuals were recruited if they were 18-50 years old and had experienced infertility at one time in their lives. Infertility was defined as not being able to successfully conceive after 1 year if under the age of 35 and 6 months if age 35 and over. Other studies have only included individuals who have experienced infertility for five years or less (e.g., Bute, 2009; Steuber & Solomon, 2011); however, I included all women and men who have not been able to conceive at some point in their lives in order to identify the diversity of infertility experiences (i.e., those with biological, adopted, and no children). Participants included 22 individuals (16 women and 6 men). Among these participants were six heterosexual and two lesbian couples (8 total couples). Ninety-six percent of individuals (n=21) were White/non-Hispanic while one individual was Asian/Pacific Islander. Ages of participants ranged between 25 and 43 (M=33.0; SD=6.5), with one person who did not disclose age. Subjects were recruited from a faculty and staff newsletter at a large Midwestern university (n=12), a local fertility support group (n=7), snowball (n=2), and a publicly accessible research database (n=1). Incomes were reported as $30,000 to $50,000 (n=2), $50,000 to $70,000 (n=4), $70,000 to $90,000 (n=6), $90,000 to $110,000 (n=4), $110,000 to $130,000 (n=4), and $130,000 to $150,000 (n=2).
For infertility diagnosis, participants reported the cause as primarily female factor \((n=16)\) and unexplained \((n=6)\). Participants reported that they were currently experiencing infertility and trying to conceive \((n=8)\), were not currently trying to conceive \((n=12)\), and were pregnant \((n=2)\). Three individuals \((14\%)\) did not have children, and six \((27\%)\) had adopted a child. Nearly half of interviewed individuals \((n=10)\) had experienced at least one miscarriage. Individuals reported that their most aggressive fertility treatment was In-Vitro Fertilization \((n=8)\), surgery \((n=5)\), Intra-Uterine Insemination \((n=4)\), embryo adoption \((n=2)\), medication \((n=2)\), and no treatment \((n=1)\).

**Procedures**

Interviews were conducted separately and face-to-face at an interview location where participants felt most comfortable (e.g. home, library, coffee shop, campus office) and were approximately 60 to 90 minutes. Two interviews were conducted over the phone. For couples who participated, separate interviews allowed all individuals to speak freely about their infertility experiences without the influence of their partner. Once participants were interviewed, they were asked to refer other individuals coping with infertility. This snowball sampling method has been shown to be effective when recruiting individuals dealing with infertility (Bute, 2009).

A semi-structured interview format, which included a demographic questionnaire and an interview guide, was used in this IRB-approved study. The semi-structured interview focused each interview on the same issues and topics but allowed the interviewer to explore unique responses by participants (Patton, 2002). This method
enabled the interview to feel more as a conversation where the interviewer was attempting to learn from the participant’s experience and helped the participant clarify his or her meaning (Charmaz, 2006). In each interview, individuals were asked to describe their intrapersonal and interpersonal experiences with infertility. The semi-structured interview guide prompted individuals to discuss their experiences about (1) their knowledge of and feelings about their fertility issue; (2) the people to whom they disclosed their fertility issue; (3) the ways participants perceived others’ (i.e., partners, family, friends, medical professionals) communication as helping or not helping them cope with infertility; and (4) future plans for fertility. Participants also completed an information sheet which asked demographic information (gender, age, marital status, ethnic background, education, employment status, and household income).

All interviews were audio recorded with two recorders. Any interview tapes, transcribed information, and identifiable information were stored in a password-protected computer and locked file drawers. Participants’ names were kept confidential and stored on a password protected computer. Participants were then assigned a pseudonym so that confidentiality and anonymity were preserved.

**Data Analysis**

After each interview was conducted, it was transcribed verbatim. To analyze the data, I used grounded theory. Grounded theory allowed us to remain open to all possible theoretical ideas present in the discourse (Charmaz, 2006). Following Creswell (2009), I completed data analysis by simultaneously “gathering data, making interpretations, and writing reports” (p. 184). After each interview was transcribed, I read through each
transcript two to three times. Then, I began initial coding to observe any metaphorical themes that begin to emerge (Charmaz, 2006). I labeled these themes based on our unit of analysis, which was any meaningful thought ranging from a sentence to a paragraph pertaining to infertility. Next, I engaged in memo-writing, which included summarizing the interview, interpreting the meaning behind the data, and identifying any gaps within our coding. I did this after each interview and compared each interview to the data already collected. The purpose behind this method was to identify patterns and new ideas in our data (Charmaz, 2006). Once broad themes were identified among the data, focused coding was used to choose the most prominent themes. During focused coding, I constructed categories based on our initial codes and began to identify the most significant data. In the final coding stage of axial coding, I designated subthemes that related to my main themes. During this stage, I attempted to rejoin the categories into a “coherent whole” where relationships were determined between the categories and subcategories and described the meaning of the infertility experience (Charmaz, 2006, p. 60). Throughout data analysis, I continually compared and analyzed our data until I reached saturation (i.e., no new information or themes are appearing in the data occurs) (Charmaz, 2006). Thus, grounded theory enabled me to (1) remain open to the evidence presented in the data, (2) organize our data into significant categories, and (3) theorize about the connections between the categories. This process elicited rich information, which provided insight into the experiences of individuals dealing with fertility issues and its connection to well-being. Once metaphors were identified using grounded theory, I organized them under the categories of competence (i.e., control), autonomy (i.e,,
choice), and relatedness (i.e., connection to others) to guide my connection of the infertility experience to the need for well-being.
Chapter 4: Results

Metaphors and Psychological Well-Being

The results of the first research question identified metaphors that individuals used to communicate their need for competence, autonomy, and relatedness. In sum, 19 overarching metaphors were identified: seven for competence, eight for autonomy, and four for relatedness. A table listing all metaphors and frequencies is included at the end of the results section. In the following section, a discussion of the 14 prominent metaphors that appeared in at least 40 percent of interviews \( n=9+ \) was included.

Competence. All metaphors for competence described negative experiences with infertility. In expressing the need for competence, five primary metaphors focused on individuals’ inability to control emotions and treatment outcomes and effectiveness: job, game, roller coaster, death, and factory.

Infertility as job was the most popular metaphor in all three categories, appearing in 21 interviews \( n=21 \). The job metaphor framed individuals’ infertility experiences as setting a goal of pregnancy but having little control over achieving that goal despite concentrated efforts. Job gave meaning to infertility in two ways: (1) to describe the constant stress that accompanied the pressure to perform (i.e., trying to conceive) and the management of that stress, and (2) to express feelings of failure in accomplishing the goal of becoming pregnant. When using the job metaphor to describe the pressure to perform,
individuals explained their relentless drive toward future success and the belief that hard work and more education was necessary to achieve their goal of pregnancy. This often left individuals, such as Jessica, 31, framing her experience in terms of maximizing her potential for conception. With all of the hormone medications she was taking, doctors’ visits she had to schedule, money she and her husband were spending, and procedures she had to undergo, she explained that sex was not about intimacy or connecting with a partner; it was about achieving the goal of conception: “I was pretty, let’s do this, it’s a business, it’s a transaction, it got to be very, it’s a job, it's not fun, it’s a job. And, that was bad.”

Because the infertility experience was stressful for all participants who used the job metaphor, many individuals talked about managing stress both in relation to infertility as well as balancing with the rest of life’s obligations. People felt that they became consumed with infertility (i.e., tight schedules, required doctors’ appointments, learning as much as possible about causes and treatments of infertility) and often needed breaks and vacations from thinking and talking about infertility. Many individuals, like Cecelia, 37, used job to discuss the numerous responsibilities within infertility:

For fertility patients, it’s such a planned out, researched, like it’s almost like a job. It can become a job for people because there’s so much you have to learn, trying to find the right physician, really knowing what your body is doing every month. And, so not getting stressed out about it.

Nearly all individuals mentioned failure as being particularly frustrating especially when individuals felt that they were doing “all of the right things”. Many
participants mentioned that their feelings of failure increased when others seemed to successfully become pregnant and that the more they failed at conceiving, the harder they tried. This was particular salient for the women interviewed, many of whom felt it was their job to carry a baby. After several cycles of infertility treatments, Mandy, 33, began to internalize the failure: “I remember one night, it just got to me, and I just sat there and I just started bawling at the computer because it was just like, I just felt like a failure and wondered why my uterus just wouldn’t cooperate.”

The second most popular competence metaphor, infertility as game (n=13), focused on the experience of winning and losing while highlighting people’s overall perception that they had little control in determining the outcome of their infertility. Individuals who used game framed their experiences in terms of describing the odds and chances of success, cutting losses, feeling cheated, experiencing the luck of the draw, feeling that the “deck was stacked against us”, and focusing on the winning prize. For example, when hoping to be matched with an adopted child as a way to resolve their infertility, Sara, 35, mentioned that sometimes she felt that she and her husband were in competition with other families who were able to conceive naturally. They were happy to find an out-of-state adoption agency that preferred couples who are experiencing infertility because as she explains, “Not that other couples don’t deserve to adopt, but you kind of feel like you’re already being cheated.”

Another way people connected game to competence was the perception that participants’ infertility was the result of bad luck. Sara’s husband, Rick, 35, used game to explain their inability to control factors related to their infertility, such as his wife’s
diagnosis of endometriosis, “It’s the luck of the draw, why does she have it? We don’t know.” He and Sara were able to conceive their son after years of treatment, but again experienced difficulty when they tried for a second child. Their doctor thought their best chance for success would be to try very soon after their first child, but Rick felt unsure of the outcome, “So it was less than a year that we tried to conceive again, but while breastfeeding, we thought the deck is stacked against us even more.”

In addition, Cecelia used game to frame adoption as an uncertain alternative to pregnancy for infertile couples. As she explained, people are unable to control whether or not a child is placed with them, no matter how much effort they put into trying to adopt:

_I know somebody else that it happened with, but they adopted internationally and it was very stressful. It’s a lot of trips over to wherever you’re going and there’s always a chance that it won’t happen, so it’s not just something that you just take lightly or just as a second prize, like well, if you can’t have the best thing, then you can do this._

The next metaphor, infertility as roller coaster (n=12), related infertility to an inability to control the direction and intensity of one’s emotions. Common phrases included “ups and downs, highs and lows,” and “top and bottom”. One couple, Patrick, 36, and Michelle, 32, had tried to conceive for nearly two years, an effort that included two IVF procedures. They ultimately decided to adopt and now have a two-year-old son. Patrick explained infertility as an experience that differs depending upon the day: “It’s difficult. It’s going to involve lots of highs and lows. You’ll have good days where things are going well, and other days where everything falls apart. And, that’s part of where the
uncertainty comes in I suppose.” Michelle explained that the IVF procedures were particularly tough on her. She entered into her first IVF procedure thinking that it would work because she was young and the doctor was optimistic. She conceived, experienced momentary elation, but lost the baby a few weeks later, an emotional experience she was unprepared to deal with:

So, after the first [IVF], the miscarriage was very difficult. I remember telling my husband, ‘Even with all of the physical pain of the IVF, that I can do that part again, I will not go through this again’. Just to finally feel like it was something that you had finally achieved and then to have it just kind of go away. It’s like, you get to the top of the roller coaster and you go all the way back down to the bottom. That was awful.

In infertility as death (n=9), people connected infertility to an inability to control the timing and feeling of loss. Many participants mentioned that with each failed cycle, the grief intensified, resulting in deep sadness, a sense of loss, loneliness, uncontrollable anger, and resentment with the inability to conceive and carry a child to term. Some women, such as Torie, 32, mentioned that grieving in infertility is more difficult than with other medical conditions because it’s hidden, so other people are not always aware of that grief:

If they have never experienced it, it’s hard to explain except it’s just an empty loss. You want something so bad with all of your soul, and you can’t. You can’t even come close. And, it’s basically just like the loss of a child. It’s the same thing.
Cecelia, who had tried on and off for six years to conceive her first child, including undergoing one surgery for endometriosis, explained that infertility, like the death of a loved one, includes “different stages of emotion, whether it’s anger and grief and acceptance or whatever. There is some similarity between this and bereavement in some sense because there’s a loss of ability to do something or have something.”

The fifth metaphor, infertility as factory (n=9), framed infertility experiences in terms of production and highlighted individuals’ perceptions of control and lack of control in their fertility outcomes and their quality of medical care. Several individuals mentioned a feeling of participating in a production line in terms of fertility treatments and care at clinics (i.e., funneling through, just a number). Megan, 36, described her experience with one fertility clinic: “Generally it felt like, and a lot of people I’ve heard say it felt like that they were kind of in a production line, like a cattle shoot, like they’re just trying to get people through.” Others used factory to describe the results of their treatments in terms of production statistics, monitoring and tweaking for quality control, and having spare parts. Many individuals described their bodies as broken machines. As a remedy, Mandy mentioned that she felt blessed to have the “spare uterus” of her lesbian partner in the household. In sum, individuals primarily used five metaphors job, game, roller coaster, death, and factory to explain their need for competence during infertility. These five metaphors focused on the negative experiences of infertility and people’s perceptions that they were ineffective in controlling the outcome and environment of their infertility efforts.
Autonomy. In expressing the need for freedom and choice in participating in a task and assuming an identity, individuals used eight metaphors to express how their need for autonomy was both hindered and met. Five primary metaphors were used: infertility as journey, stalemate, battle, illness, and puzzle. Infertility as journey and stalemate were the most popular. People connected journey to infertility and autonomy for two opposing reasons: (1) to explain infertility as a path and identity that they did not willingly choose, and (2) to explain their willingness to allow infertility to transform their identity. All individuals who used the journey metaphor (n=18) initially saw their lives and identities negatively disrupted by infertility. Similar to Becker’s (1994) findings, individuals reported desired expectations that their lives would follow a predictable, linear path with specific milestones, such as college graduation, marriage, and birth of children. To conceptualize their travel through life, participants used phrases such as “down the line, next, down the road,” and “cross that bridge”. For example, Cecelia used the journey metaphor to express her negative feeling of being left behind in life in comparison with others her age:

It’s kind of like you’re a step behind because unless you make a decision that you don’t want children, which is perfectly fine, you’re always in this kind of almost like a catch-up, ... you see everybody else kind of moving on with their lives.

However, later in the interview she talked about how a mental health counselor suggested that she use the journey metaphor to free herself of the linear expectations she had for life and instead transform her identity by focusing on growth, development, and
independence from our cultural expectations. Cecelia said that as she confronts the identity challenges within infertility, she reminds herself that:

This is your experience and your journey and it’s going to be in your own time. It’s not based on your society’s time that you need to do this and this comes next, and if this doesn’t happen, then it’s not going to happen. Or if it doesn’t happen in the timeframe that you want it to cause everybody wants to have everything so planned out in their life and it just doesn’t happen that way. I think that’s probably been the most positive thing and you have to try to remind yourself of that, that for whatever reason, this is your experience and a lot of good things have come out of this for me.

Infertility as stalemate (n=18) highlighted individuals’ perceptions of existing in a no-win situation, which led to unwillingly making decisions during the infertility experience. Participants who used this metaphor focused on the feelings of “being stuck”, “feeling trapped”, hopelessness, being in a situation which the individual was out of options, was losing, and was giving up. Individuals often felt that at a certain point in their experience spending money to conceive a child seemed pointless and wasteful, but that they did not know what to do because often options resulted in dissatisfaction and resentment. Bridget, who did not give her age, spoke of the decision she and her partner, Mandy, made to stop treatment during their secondary infertility experience. To continue on with treatment meant sacrificing more money for a possibly fruitless venture, while stopping meant that they might have ended treatment too soon because Mandy was never told that she would not have more children:
I don’t know that she couldn’t ever have kids again, but I think the need, the amount that we would have to put forward in order to, money-wise, time-wise, and everything was too great. And, we had to make that determination to stop for money.

Many couples made the decision to stop treatment based on finances, which only increased the feeling that they were restrained in their reproductive choices as well as their monetary choices compared to couples who conceived children without spending thousands of dollars. One woman, Vickie, 43, conceived her son unexpectedly at 40 after five years of trying to conceive and while waiting to start IVF. She explained that she and her husband “were already so far over our heads. I mean, we’re still paying him off. We laugh about, “Sorry about college. You know, we spent all of our money having you.”

Likewise, participants used stalemate to describe society’s judgment of infertile individuals no matter what option they choose to treat their infertility (i.e., assisted reproductive technology or adoption). Jenny, 32, who has been trying to conceive her first child for two years, said that adoption has been increasingly viewed as applying pressure to low-income women in order to satisfy the wants of white, wealthy women who delayed childbirth:

So, it’s putting almost a trafficking angle on it and it’s like, well you can’t do anything (laughs). You can’t proceed with treatment without someone being like, ‘Should you really be spending money on that?’ or ‘You know, wouldn’t that money be better going toward taking care of a child that’s already born?’.
The third metaphor that expressed the need for autonomy was infertility as battle \((n=14)\). Using this conceptual metaphor, people chose to assume a military identity while protecting themselves and others from emotional pain, fighting for a joint cause, and experiencing the invasion of treatments. Individuals described this experience as soldiering through, participating in boot camp, approaching infertility with level headedness and detached emotions in order to remain strong, protective, and focused on the goal of conception. Jenny said the only way she can deal with the experience of infertility is to separate herself from it:

*For the most part, I think I just kind of detach from it. Just sort of don’t think about it except for when something is immediately happening, like every once in a while. But for the most part, I just kind of, healthy or not, just sort of put it in a box and put it away.*

Many people also mentioned the experience of healing and surviving, being wounded, and dealing with scars. Kim, 36, talked about people’s desire to fight the battle of infertility by themselves, but that a mental health counselor was necessary to facilitate healing from the infertility experience, much like soldiers returning from war.

*You know, if you just purely soldier through infertility and don’t sort of identify and process all that happens through that experience, your chances of being the best parent you can be to that child I think are diminished if you’re not doing it with an experienced professional.*
Many individuals, such as Michelle, described infertility treatments as an invasion of their bodies, but that they willingly entered into treatment after becoming used to the feeling of their bodies being attacked from the outside:

*I remember just thinking to myself, “I would never do fertility stuff. It’s such an invasion into your life to try and achieve something that may never happen. Oh, I would never do it.” ... But, when you’re doing these little incremental increases in procedures and invasions of your body and your lifestyle and all that, it gets easy to just sort of take that one little next step.*

The fourth metaphor, infertility as illness (n=11), framed infertility as a medical condition that happens to individuals through no choice of their own. Many participants mentioned that they incorporated infertility as a medical condition into their identity and as a result, they believe infertility requires the same sensitivity, validation, and acknowledgement that other conditions receive. For example, comparisons were made to autism, being on a spectrum, terminal illness, cancer, feeling as a patient, and having a disability. Michelle explains her choice to view infertility as a serious illness: *I treat infertility almost like cancer. It’s not something that anyone deserves. It’s not something that people get because of something they did. And, I tell people that often times react as if the person just told you they have cancer.* In addition, Torie equated the inability to have children to having a disability, a condition that impacts both her personal and social identity. She explained that people do not willingly choose to have a disability; therefore, others should be sensitive to her condition when talking about their ability to have children or announcing their pregnancy:
Do you have to every time that you walk by somebody, and you don’t know whether or not they’ve tried to have a baby or if they’re able to have a baby, and here you are, ‘oh I’m pregnant.’ Well, that’s obvious. Congratulations. I know that it’s a joyful experience but at the same time, it’s kind of a sick analogy, but if someone lost their leg, you don’t go around saying, ‘Oh I’ve got two legs, I can run.’

The final metaphor expressing autonomy, infertility as puzzle \(n=9\), referred to individuals’ struggle to find meaning in infertility by assembling separate, yet interlocking, components of life and their diagnosis. Individuals who used puzzle incorporated infertility into their identity in two ways: (1) to break it down into separate aspects to understand its impact on their lives; and (2) to describe their search for the reason for and solution to their infertility. In the first use of the puzzle metaphor, individuals also used phrases to describe infertility as consisting of many parts, such as the communication piece, the treatment piece, the emotional piece. The use of this language showed individuals’ efforts to understand and simplify the complexity of their experience by organizing it into separate components. Many people, such as Bridget, separated their experience into pieces to explain that all parts are not recognized as important or given as much attention in the overall experience:

When it came to the more important pieces of the fertility piece, I don’t think we always talked about it like always understood the money piece, or always understood the injectable piece, or how we felt about the choices we were making. I don’t think we always talked about that as much as we should.
In addition, people used *puzzle* to describe their search for the right solution that will finally allow them to understand why they have not been getting pregnant. Even when factors are identified, such as endometriosis, doctors cannot often fully explain why procedures designed to treat these factors (i.e. surgery) do not ultimately result in conception. Participants described their treatment in terms of often unsuccessfully trying to discover the cause of their infertility and trying many procedures or medications before something worked (i.e., figuring out, putting pieces together, missing piece, different sides). As a result, these treatment choices led to people feeling as though they could not understand how infertility fit within their identity because they often did not have a reason for their lack of success in conceiving. Vickie explained the uncertainty involved in trying to discover the cause and solution for infertility:

> Infertility, it isn’t an exact science, everybody’s situation is so different, there’s not any kind of textbook, I suppose there are some textbook cases, but there’s very few of them that says, ‘OK, if you have this, we apply this and this.’

Thus, the metaphors infertility as *journey, stalemate, battle, illness, and puzzle* were used by participants to express their need for freedom and choice in participating in tasks and assuming the identity of infertility. All six metaphors conceptualized negative experiences and illustrated how autonomy needs were not met. The *journey* metaphor explained how messages may help infertile individuals recognize their choice in viewing their experience as resulting in a unique path to family building, one that does not conform to others’ expectations and has a satisfactory ending. However, these were the only two metaphors that were used to describe negative and positive experiences.
**Relatedness.** The third need for psychological well-being, relatedness, was communicated through the metaphors infertility as *dirty secret, club, dance,* and *sports team* to describe their connection and lack of connection with others. In infertility as *dirty secret* (*n* = 20), participants believed their infertility should be kept from others either because they thought it was inappropriate and/or too private to share or because they felt others were embarrassed and uncomfortable hearing about it. In their interviews, individuals talked about hiding their infertility, only sharing it with a close circle of friends, feeling that others believed it should be “swept under the rug”, and feeling that they should not “air their dirty laundry”. When Sara and her husband Rick told his family about their infertility, she explained that they reacted as though infertility was one of those topics that should never be talked about:

*Rick comes from a very large, very conservative Catholic family where you never talk about girl parts or you don’t talk about problems. You pretend that your life is perfect, so when we first told them about the infertility, his dad’s response was ‘We’ll never mention it again.’ And, I just sat there, going, ‘Excuse me’?*

Participants who framed infertility as a *dirty secret* also talked about the difficulty of connecting with others who have experienced infertility because it is not often known who has experienced it. Likewise, information about alternative treatments and doctors was not often given to patients by doctors, so individuals felt that the only way to receive this information is to have it passed on to them from those who experienced it before them. However, this created a communication dilemma as sharing their infertility with others often resulted in hurt feelings, which reinforced the desire to keep their infertility
hidden. Johanna, 34, talked about how she and her husband had initially shared more information with others, but then after her first miscarriage and subsequent unwanted advice, she kept all information about infertility treatments and emotions between herself and her husband. However, she also mentioned that the secret then became too much to bear and it began changing how they interacted with others:

*I told my husband where I don’t even want your family to know when we’re trying again. I don’t want them to know when the injections start, I just don’t want people to know. Let’s just keep this between us, so we don’t have to deal with the outside world and what they say and how it makes me feel. I just felt like it was adding so much more to me, that I was like, let’s just keep it between you and I if you’re fine with that. And, he was for a while. And, then I realized that he wasn’t really opening. I don’t know. It just changes your relationships so much.*

The second relatedness metaphor, infertility as *dance* (*n*=17), conceptualized the communication about infertility as having clearly defined roles (e.g., partner, teacher, coach) and consisting of delicate moves (e.g., tip-toeing, walking around on eggshells, dancing around the issue). Many people talked about the difficulty of discussing infertility with others because they felt that although partners, doctors, and supportive others wanted to help them, most people were afraid of saying the wrong thing. Patrick, Michelle’s husband, used *dance* to explain the tension between revealing and concealing infertility information in conversations between partners, family members, and friends during their years of trying to conceive, including two IVF cycles. He explained that no one knows how to approach the topic, including the people experiencing infertility.
There’s always kind of the dancing around, do we want to talk about it? Do you not want to talk about it? Can we talk about it with our friends? Do you not want us to talk about it with our friends? That kind of thing. I guess the lack of kind of formal ways of talking about this. The lack of consensus of how to talk about it. Because some infertile people are going to be very open about it and talk about it with anyone that has a question about it, but there’s going to be others who don’t want to talk about it at all because it’s very intensely private and they may be mourning or whatever. So that’s probably another problem that a lot of people have is this a person who wants to talk about it? Or who doesn’t want to talk about it? Are they going to get mad at me if I bring it up?

His wife, Michelle, used dance to describe the difficulty in being a partner during infertility. In her deepest moments of depression, it was very difficult for her to remain connected Patrick because she became consumed with her emotions and physical reactions to treatments, which he could not feel:

*You know, you lose your partner. Because you really do become like a different person because everything you think about, everything you talk about with your schedule, especially your intimate life, just becomes completely controlled by somebody else. So, I’m sure that he lost a partner for the whole time that we were doing this.*

In infertility as club (n=12), participants communicated that they felt a sense of belonging to an organization based on the shared experience of inability to conceive a child. They felt that infertility created a bond between people who had experienced it;
however, rules and norms existed within the group about how to talk and behave. For example, people felt that they were members of a community, sorority, and sisterhood with similar interests and experiences, used a different language than non-members, felt pressure to conform to the expectations of members, were kicked out once they became pregnant, and felt like they were “coming out” to others about their infertility. Like the journey metaphor, people used the club metaphor to discuss their negative and positive experiences. Luke, 30, and his wife Jessica had experienced infertility for 1.5 years before successfully undergoing IVF. He explained infertility as “an awful club that no one would join by choice”, but that this membership also allowed them to easily share the difficulty of their experience with others who understood it. Individuals also used the club metaphor to illustrate how members advocate for each other. Michelle discussed how she tried to be honest about her emotions when speaking with people, even if they are uncomfortable, because she wanted to make it easier for other women with infertility to share their experiences:

   It feels like you have sort of this sorority of women who are dealing with this and you get to help another person hear a really hard piece of information, you’re like, ‘OK, I did something good for the sisterhood.’

   For the final relatedness metaphor, infertility as sports event, participants framed their relationship with others as belonging to a team, which meant being invested in the same outcome and helping each other. Individuals who used sports event, however, depicted their experiences as negative or unhelpful. For example, people compared infertility to the difficulty of cheering for partners and patients as if part of a team,
running a race, standing on the sidelines, throwing in the towel, taking and blocking hits, participating in man-on-man defense, and yelling at the TV when they see misrepresentations about infertility. After conceiving her first child, Mandy explained her hopes for a second child and her subsequent disappointment with not providing a sibling for her son: “It was always going to be man-on-man defense and not his own defense.”

Rick mentioned the difficulty of trying to protect his wife Sara from the disappointment of infertility after the first 50 attempts of trying to conceive:

> For the first many years, it was like a huge hit on her, she just got smacked in the face just as hard every time. So that’s quite hard to bear, to support. And, I’m sitting on the sidelines, trying to cheer her on, you know ‘It’s going to work.’

> When your wife is getting beaten to the ground, it’s tough.

Michelle, who had undergone two IVF procedures, described the level of investment and passion she had in the scientific accurate portrayal of infertility on television. She related watching a blunder appear on a TV show discussing infertility to watching a sports event when someone makes a mistake. She particularly found fault with shows that used the phrase “implant embryos” because she believed it communicated to viewers that the embryos are already connected to the uterus, instead of having to find a way to connect themselves.

> Oh god, and the terminology is awful. You don’t implant embryos. I will yell at the television when I hear that. I think I wrote a very mean email to The Today Show recently about that. Because they talk about implanting embryos and that’s
not what you do. You transfer them. Implantation is a completely separate process. It’s just so much misinformation that’s spread.

In sum, individuals used 14 primary metaphors to make sense of their infertility experience. Participants used five metaphors to describe their need for competence (i.e., job, game, roller coaster, death, and factory), five metaphors to describe their difficulty in maintaining autonomy (i.e., journey, stalemate, battle, illness, and puzzle) and four metaphors to describe relatedness needs (i.e., secret, dance, club, and sports team). All metaphors were used to express the ways in which infertility hinders psychological well-being; however, individuals used three metaphors to show a transformation toward a positive experience in meeting the needs for: autonomy (journey), and relatedness (dance and club). The large number of negative metaphors indicates that individuals overwhelmingly see their infertility experience as hindering well-being. The three positive metaphors indicate that meaning can be renegotiated and used to help achieve well-being to achieve autonomy and relatedness; however, none of the competence metaphors in our data were used to describe a positive experience.

Differences in Understanding about the Infertility Experience

In addition to individuals using metaphors to make sense of their situations, results for the second research question indicate that individuals use metaphors to educate others about their infertility in hopes of facilitating mutual understanding about an unshared experience. The four metaphors that were used for this purpose were infertility as death, shopping, job, and dance. Many participants believed that others were incorrectly framing their experience and they used these metaphors to correct their
perceptions. For example, when others failed to understand the emotional pain involved in infertility, Michelle used *death* to explain the depth of grief that is experienced during unsuccessful cycles month after month:

*What I’ve told people before just when they are kind of flippant about it that ... it’s like someone dying every month. And, as soon as you get the news that someone has died, you have to pick yourself right back up two days later and deal with it again and try to save them again. It’s something that you grieve I think like a death.*

In addition, many participants believed others insensitively framed their infertility experience as consisting of easy choices when deciding how to build a family. However, as many participants explained, these decisions are often difficult and many factors need to be considered, such as money, religion, and availability of children. For example, Sara, 35, said others often had a difficult time understanding how sad she was at not being able to become pregnant. During one conversation, her mother told her to focus on adoption instead of pregnancy and she would eventually forget about wanting to have a child. Sara believed others thought options for dealing with infertility were like *shopping*; however, this metaphor communicated to Sara that they do not understand how challenging it is to make these decisions:

*It’s not like a pair of shoes that I want. It would be a part of us, it’s somebody that would have our smile, Tim’s smile or Tim’s eyes, or my sense of humor. It’s not like I want a pair of fashionable jeans that you know will go out of style and you’ll get over it.*
Sara also used the infertility as job metaphor to explain to a friend how disappointing it was to try to become pregnant without any success, especially while others were succeeding in their goals. After her friend unexpectedly became pregnant, the friend called Sara to tell her how lucky she was that she did not easily become pregnant. Sara, who had at that time experienced infertility for two years, tried to explain to her friend how difficult it was not to become pregnant after years of treatment when others easily became pregnant without any treatments:

_It would be like somebody who needed a job to support the family and then you know practiced and practiced for the interview and then somebody else came in and got the job and came up to the person and said, ‘I’ve got the job’. And, meanwhile that was all that that person wanted and needed was this job._

Finally, participants used the dance metaphor to express a difference in expectations between physicians and patients in regard to decision-making. Many patients used dance to describe their frustration in a lack of diagnosis, dictated information from the doctor, and limited face-time with the doctor. Individuals also felt that the doctors did not thoroughly answer their questions about why certain treatments were recommended and only gave them limited information in general. For example, Jessica explained that she went to two fertility specialists before finding the right fit, preferring to make decisions with a doctor rather than have decisions made for her:

_Most OBs don’t know that [this clinic] exists. They only recommend people to [the other clinic]. And, it’s like, I’m sorry but [this clinic] is a lot better than [the
other clinic] in my opinion. The doctor who’s there, she’s like our age. They’re
great. They’re so much more like you’re a partner rather than a student.

In this example, Jessica used two metaphors to distinguish between her
expectation of the doctor-physician relationship (i.e., partner) and the physician’s
expectation of the relationship (i.e., teacher), showing the possibility of using metaphor to
identify differences between individuals’ understanding of needs during the infertility
experience. In sum, people reported using the metaphors death, shopping, job, and dance
to connect their infertility experiences to others’ experiences and misunderstandings of
infertility, while using 19 over-arching metaphors to describe how their needs for
competence, autonomy, and relatedness were helped and hindered during the infertility
experience.
Chapter 5: Discussion

Theoretical Implications

The present study sought to further our understanding of the role of communication in the infertility experience. Because of the taboo nature of infertility and the predominant cultural view that sexual and reproductive health is a matter of privacy, individuals often struggle to talk about infertility in socially appropriate ways. Individuals report feeling frustration, awkwardness, discomfort, and tension, which often results in topic avoidance and a feeling of social isolation (Bute, 2009; Steuber & Solomon, 2011). Likewise, because infertility is a complex medical condition with uncertain and sometimes unknowable causes and outcomes, many individuals struggle to make sense of this disruption in their lives (Becker, 1994), an experience resulting in high levels of stress and depression. For this reason, I wanted to identify the specific needs for well-being that people experiencing infertility require through the use of self-determination theory. SDT has been used primarily in health and medical contexts with a focus on eliciting behavior change, such as encouraging breast cancer survivors to exercise and patients to quit smoking (see Milne et. al, 2008). These studies used quantitative measures of competence, autonomy, and relatedness; however, because my study is the first to apply SDT to infertility, I wanted to use semi-structured interviews to explore in-depth the reasons people believed they were struggling to achieve well-being within infertility. Likewise, as participants in my study discussed, they cannot always explain
what they need to themselves or others during infertility because of their high levels of stress, anxiety, and confusion. Thus, I turned to metaphor to identify the ways in which people framed their experience through language in order to determine their needs for well-being.

In their classic text, Lakoff and Johnson (1980) claimed that conceptual metaphors allowed individuals to use concrete items to explain abstract ideas and concepts by highlighting their shared characteristics. In addition, four previous studies looked at specific elements of the infertility experience: chance (Sandelowski, 1986); disruption and chaos (Becker, 1994); stigma (Friese, Becker, & Nachtigall, 2006); and IVF treatment (deLacey, 2002). Confirming the results of these studies, I found that individuals talked about the difficulty of adequately describing the depth of pain, anxiety, and sadness associated with infertility and that metaphorical language allowed them to more concretely explain and frame important aspects of their experience. Therefore, where it may be difficult for an individual to effectively communicate abstract emotions (e.g., feeling unstable, disconnected, insecure, out of control), concrete conceptual metaphors such as roller coaster, dance, club, and illness may successfully explain important aspects of their infertility experience. Unlike the previous studies, I addressed all aspects of the infertility experience in order to include all elements that participants felt were important (i.e., diagnosis, disclosure, long-term infertility, treatment, resolution, and interactions with others). I also included as many stages and resolutions of infertility as possible (i.e., first-time and secondary infertility, adoption, embryo adoption, IVF) in order to address the diversity and complexity found within infertility. The results
identified 19 over-arching conceptual metaphors and 14 prominent conceptual metaphors to explain individuals’ need for well-being while coping with the physical, emotional, psychological, and communicative struggles of their experience. Metaphors were separated into competence, autonomy, and relatedness needs based on the way individuals used the metaphors. For example, participants used *roller coaster* to explain their lack of control over their emotions and treatment outcomes. Because they framed their experience in terms of control, it was interpreted as describing a need for control. In addition, all metaphors were primarily used by individuals to discuss negative experiences and unmet needs during infertility, while only three (i.e. *journey, club, and dance*) were also used to describe met needs.

With this study, however, I sought to offer a new contribution to extant research by connecting metaphor to individuals’ need for competence, autonomy, and relatedness. To my knowledge, this is the first study to do so. Metaphors combined with SDT may offer a way to improve communication about infertility by eliciting more effective coping for individuals experiencing infertility while also creating shared meaning in conversations about infertility. Because infertility consists of medical, emotional, psychological, and communicative complexities, many individuals in my study mentioned that they did not know how to cope with their infertility nor did they know how to tell others what they needed in terms of support. Metaphor and self-determination theory offer a theoretical framework that begins to provide insight into how individuals understand their complex medical experience, why they may experience difficulty when talking to others about a taboo topic, and how they may improve communication to more
effectively meet their needs for well-being. Thus, by using metaphor and self-determination theory, I hope to improve the overall well-being of individuals struggling to cope with infertility in two ways: (1) to allow individuals (i.e. infertile individuals, medical professionals, and supportive others) to quickly and easily identify any of the three needs for well-being that are missing from their experience depending on the language they use to frame their experience; and (2) to allow individuals to explain how and why others’ framing of their experiences does not help improve their well-being if it does not validate or acknowledge the needs individuals are trying to explain that they require.

**Practical Recommendations**

This awareness has many practical implications and recommendations: First, individuals who are experiencing infertility may now be able to frame their needs in terms of competence, autonomy, and relatedness when determining meaning for themselves as well as discussing their well-being with supportive others. This understanding may lead to empowerment and increase in self-esteem. Identifying metaphors may be especially important for individuals who do not want to seek counseling, but who want to instead use self-help resources (i.e., books, magazines, online articles) to facilitate healing. Secondly, medical professionals (i.e. physicians and mental health counselors) should listen for the types of metaphors used by patients to determine which needs are most important to their well-being. They may be able to help individuals renegotiate old metaphors as well as create new metaphors to more positively structure their thoughts and actions about infertility. Thirdly, mental health counselors
should tailor their responses and reframe metaphors to address the specific needs that patients express. For example, Cecelia’s experience in using *journey* to negatively describe her perception that she was not in the stage of life that in which she wanted to be was reframed by a mental health counselor to mean that she now had the option of taking ownership of her infertility experience and using it to transform herself while freeing herself of cultural expectations. Because her need for autonomy was addressed and validated, Cecelia found the new meaning of *journey* to be helpful in her coping and understanding of her infertility experience. Framing patients’ needs in terms of competence, autonomy, and relatedness may also explain why certain types of responses from others are not important. For example, when physicians or supportive others heard patients explain that they were stressed because of infertility, many participants explained that they were given the advice “try to relax”. Although relaxation was offered as a way to help with stress, participants found this type of advice to be frustrating perhaps because it was not addressing their need for competence. Participants explained that they tried to relax, but the experience was so stressful with timing intercourse, arranging doctor’s appointments, and taking hormone medications that “try to relax” fell short of specifically addressing the fact that they felt their experience resembled a job. If employees are stressed at work, “try to relax” would not suffice as a way to cope with the pressure; therefore, it seems that infertility framed as a *job* may function the same way. Instead, it may be more helpful to meet their need for competence by increasing their perception of competence. For example, if individuals are focused on the stress, pressure, and failure of infertility through a *job* metaphor, they can be directed to other activities.
that will meet their need for competence as well as redefine goals from “I will get pregnant” to a more realistic goal of “I will try everything I can and do my best to become pregnant” to mitigate the feeling of failure and raise perceptions of effectiveness and control. Thus, my study suggests that by paying attention to metaphorical messages, individuals and supportive others may be able to more easily identify communicative and behavioral actions that would help individuals meet their need for competence, autonomy, and relatedness. This awareness may then lead individuals to reframe their experience in a more positive light in order to increase their understanding, acceptance, and ultimately coping and healing during infertility (Kirmayer, 1993).

Limitations and Future Directions

This study interviewed 22 individuals to begin to explore the metaphors used by people who have experienced infertility and link it to their need for well-being. These specific metaphorical themes may differ in type and number with other participants. For example, the average income for our sample was $70,000 to $90,000 with 27 percent of individuals having earned a college degree as their terminal degree and 59 percent a graduate degree. For some of the participants in this study, IVF was an affordable reality because they worked at a company or institution that offered insurance coverage for infertility or were able to save more money for treatment. However, this limitation of the study did not significantly impact their use of metaphor. For example, even when individuals did not feel as restrained in their choices as far as affordability of infertility treatment in comparison with participants in a lower income bracket, they still used metaphors to express their lack of autonomy. They may have felt restrained in their
choices because of religious prohibitions or because one partner wanted to stop treatment while the other partner wanted to continue, thus creating a stalemate. Other metaphors and challenges with infertility may be more salient for individuals with other socio-economic statuses, education levels, and ethnicities; however, it is important to point out that metaphors appeared in all three need categories. This finding suggests that no matter the sample, individuals may struggle with all needs or only one need for different reasons, but that all three needs are important to the infertility context.

Because this was the first study tying infertility to metaphors and competence, autonomy, and relatedness, there is much work to be done to continue to improve communication surrounding infertility. Although this study identified the metaphors used within the infertility context, it did not address the effectiveness of these metaphors in facilitating coping and healing for individuals experiencing a complex medical condition such as infertility. One possible study would be to gauge the impact of metaphors on individuals’ well-being. For example, most metaphors in this study describe negative experiences with infertility. It may be that some metaphors increase anxiety while others mitigate it. To assess the impact of metaphors, individuals may be asked to read a metaphorical description of infertility as given by participants in this study (e.g., infertility as job) and to respond to scales measuring their perceptions of competence, autonomy, and relatedness. These answers could then be compared with reframed metaphors designed to enhance well-being (e.g., journey). This method would allow researchers to test the relationship between metaphors and specific needs as well as
determine which metaphors are more successful in improving well-being in individuals struggling with infertility.

Likewise, it would also be interesting to use metaphors to explain if and why individuals struggle with one or all needs for well-being during infertility so that individuals’ needs may be more readily identified. For this research question, individuals could free-write responses to questions in a survey asking them to describe how closely they relate with certain metaphorical descriptions and how often they experience these particular descriptions. This study could then investigate other factors that may contribute to the prominence of certain metaphors for individuals with infertility, such as frequency and availability of social support, type of infertility treatment, family communication style, and marital stability. By learning why people use certain metaphors during infertility, infertile individuals, supportive others, and medical professionals may be able to more quickly deconstruct the meaning that individuals have created about infertility in order to use infertility to bring about transformation in their lives.

The goal of this study was to help ease the communicative burden for individuals experiencing infertility by elucidating the ways in which people have negatively and positively framed their experiences in relation to well-being. This study furthers our current knowledge of metaphor by allowing us to understand and organize the reasons people may or may not be experiencing psychological distress during infertility. Further, by helping individuals identify and renegotiate the meaning behind the aspects they can control (competence), the freedoms they have in relation to their identity and choices (autonomy), and the relationships they can cultivate and develop (relatedness), people
may more effectively use metaphorical messages to help themselves and others cope with the complexities of infertility.
References


Appendix: List of Metaphorical Themes
<table>
<thead>
<tr>
<th>Metaphor</th>
<th>Number of Participants that Mentioned Metaphor</th>
<th>Percentage of Participants who Mentioned Metaphor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job</td>
<td>21</td>
<td>95%</td>
</tr>
<tr>
<td>Game</td>
<td>13</td>
<td>59%</td>
</tr>
<tr>
<td>Roller Coaster</td>
<td>12</td>
<td>55%</td>
</tr>
<tr>
<td>Death</td>
<td>9</td>
<td>41%</td>
</tr>
<tr>
<td>Factory</td>
<td>9</td>
<td>41%</td>
</tr>
<tr>
<td>Natural Disaster</td>
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<td>23%</td>
</tr>
<tr>
<td>Swing</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td><strong>Autonomy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journey</td>
<td>18</td>
<td>82%</td>
</tr>
<tr>
<td>Stalemate</td>
<td>18</td>
<td>82%</td>
</tr>
<tr>
<td>Battle</td>
<td>14</td>
<td>64%</td>
</tr>
<tr>
<td>Illness</td>
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<td>50%</td>
</tr>
<tr>
<td>Puzzle</td>
<td>9</td>
<td>41%</td>
</tr>
<tr>
<td>Isolated Place</td>
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<td>27%</td>
</tr>
<tr>
<td>Story</td>
<td>6</td>
<td>27%</td>
</tr>
<tr>
<td>Shopping</td>
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<td>9%</td>
</tr>
<tr>
<td><strong>Relatedness</strong></td>
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<td></td>
</tr>
<tr>
<td>Secret</td>
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<td>91%</td>
</tr>
<tr>
<td>Dance</td>
<td>17</td>
<td>77%</td>
</tr>
<tr>
<td>Club</td>
<td>12</td>
<td>55%</td>
</tr>
<tr>
<td>Sports Event</td>
<td>9</td>
<td>41%</td>
</tr>
</tbody>
</table>

Table 1. List of Metaphorical Themes