

Psychological Distress, Marital Dissatisfaction, and Grief Among Involuntary Childless Couples

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Abstract

Having children is the normal social expectation after couples get married. However, failure to have a child due to medical infertility and unknown reason could affect both individuals in a marriage. The researcher sought to describe the psychological distress, marital dissatisfaction, and grief of involuntary childless couples in one of the biggest provinces in region 4A. Societal pressure, perceived partner expectations, and personal desires lead to psychological distress. In addition, the situation could lead to perceived higher costs and risks in the relationship that ends in marital dissatisfaction. These negative experiences are further fueled by feelings of grief towards a lost chance at becoming parents. Case study was used in order to derive the following themes: personal response, individual challenges, individual attitudes, and personal reactions. These themes were derived from the experiences of the couples centering on negative emotions and negative behavior leading to miscommunication and personal issues. Based on the results, a therapeutic technique called CURE was developed to enhance communication between couples and empower both husbands and wives as they deal with involuntary childlessness. It stands for CURE – 1 (Communicate: Understand unique experiences; Reframe thoughts, feelings, and actions; and Enhance marital satisfaction) and CURE – 2 (Communicate: Understand by feeling and listening; Reassure with acceptance; and Express with words and actions).

Keywords: psychological distress, marital dissatisfaction, grief, involuntary childlessness

1. Introduction

One of the earliest expectations that married couples receive from society is to build a family by having children. In fact, most people would not consider a married couple as a family if they do not have a child. But this is not the only reason why couples go on and have children. Having polycystic ovarian syndrome and not having a child one year after being married drove the researcher to dwell on issues related to infertility. As a person going through the early stages of marriage, the researcher finds that there are many adjustments and expectations in married life. Despite being in the relationship for seven years, living on one roof as husband-and-wife is a whole new

different set-up. To add to these, other people outside the marriage also have their expectations.

Though some couples are voluntarily childless and thrive in their lives without children, most childless couples are involuntary due to infertility. Since infertility is defined as the inability to conceive a child within one year, given that there are no reproductive health problems and no use of contraception (Tabong & Adongo, 2013), it becomes one of the earliest issues in marriage. This affects not just the connection between the husband and the wife but their individual wellbeing. While infertility is a medical term used to describe the inability to bear children, involuntary childlessness is the resulting condition for couples. Commonly seen as a biological problem, it also poses a lot of psychological issues including psychological distress that couples and individuals need to go through and mental health professionals need to focus on.

Despite this psychological turmoil, most studies on involuntary childlessness only focus on infertility and alternative methods for having children. A great factor to monitor among involuntary childless couples is the condition of their mental health. Psychological distress has been defined as a condition of experiencing symptoms of depression and anxiety (Kane, 2019). Long-term experience of stress may also lead to psychological distress and it may be accompanied by a set of symptoms including fatigue, sadness, and avoidance of social situations, anger, and moodiness. It could be brought about by traumatic events, big changes in one's life, health problems, and daily exposure to stressors (Health e-University, n.d.). In this study, psychological distress is defined as experiencing symptoms of depression and anxiety leading to dysfunction in at least one area of life.

Problems with psychological distress of married couples without children also affect other factors in their lives including their marital dissatisfaction. This is defined as the mental perception of the benefits and costs of being in a marriage (Psychology, n.d.). The American Psychological Association (Miller, 2013) stated that marital dissatisfaction happens due to three things: financial problems, long-term stress, and poor communication. In this study, marital satisfaction refers to the feeling of being content in a marriage despite not being able to gain the expected benefits, therefore marital dissatisfaction is considered as a state of not being content in marriage due to higher costs.

Aside from worrying about the welfare and satisfaction of each other, couples also need to satisfy their individual needs. Abraham Maslow (as cited in Feist & Feist, 2018) explained that people are motivated by a series of needs that could be placed in a hierarchy. These needs are arranged in a way that lower level needs are prepotent than higher level needs. Having children could answer the need for love and belongingness since a family is the basic structure of the community. It could also answer esteem needs since being fully woman and being regarded as masculine is manifested by having children during the child bearing years. Having children could also bring men and women towards the need for self-actualization. The process of birth and being able to hold a baby for the first time is considered by many as a peak experience, which is an essential requirement for achieving self-actualization.

Naturally, humans consider not being able to achieve something as a form of failure. For involuntary childless couples, they consider not having children as a loss.

Underlying psychological problems among couples without children include the experience of grief or bereavement. Psychology Today (n.d.) defined grief as a feeling of pain that comes with loss of someone. Not all childless couples experienced miscarriage but all of them feel grief. Marques (2019) enumerated eight types of grief: anticipatory, common, complicated, delayed, inhibited, disenfranchised, absent, and exaggerated grief. This only goes to show that different people may experience grief in many different ways with some easier resolved than others. Therefore, in this study, grief pertains to the feeling of losing someone who could have been.

Plenty of studies had been done by the medical society on reasons why men and women become infertile. But there is very little data about what couples actually go through socially and psychologically if they have no children. Furthermore very few research focus on involuntary childlessness and on the experiences of men who are unable to have children. Fieldsend (2018) pointed out how studies about childlessness focus on infertility and use of fertility treatments. This means there are still very few researches focusing on the psychological experience of childlessness, particularly for women whose life fulfillment and sometimes self-actualizing tendency is anchored on motherhood.

This study is important in exploring and understanding the individual experiences of involuntary childless couples in a psychological perspective. This will have a great contribution in the field of psychology, particularly in psychotherapy and counseling. With the loss that both the couple feel due to the inability to have children, it is only necessary to understand the grief that they are experiencing. This will generate an explanation of the grief that involuntary childless couples feel, which current grief theories could not cover. And most importantly, this study could lead in the development of a therapy that may be used for involuntary childless couples. The therapy could help couples play active roles in the journey to accept involuntary childlessness, to empower them as individuals, and to protect their relationship as a married couple.

This study will be conducted in one of the biggest provinces in Southern Luzon. The place is composed of people from different places and also of locals, making the place rich in culture and tradition. At the same time, the province is a specific location where plenty of mental health projects have been and are still being facilitated and planned. Several involuntary childless couples had been identified through the process of referral.

1.1 Statement of the Problem

This exploratory study aims to find out what childless couples go through during the years of their marriage without children. Specifically, the research sought to answer the following problems:

1. What is the profile of the respondents based on:
 - a. Age
 - b. Years of marriage
 - c. Religion
 - d. Reason for infertility
 - e. Psychological distress

2. How is the psychological distress of couples affected by involuntary childlessness?
3. How is the marital dissatisfaction of couples affected by involuntary childlessness?
4. How is grief felt by involuntary childless couples?
5. What program may be developed for involuntary childless couples?

1.2 Literature Review

1.2.1 Psychological Distress

Psychological distress is associated with mental health and the overall wellbeing of humans. Mohamed and Hatem (nd) discussed Pearlman's Theory of Psychological Distress. According to the theory, humans do not simply go through different stages of development with specific changes at each time. Life is full of changes and challenges; therefore we can experience psychological problems, growth, and lifestyle change at any time. The social clock and stress helps people to evolve. The society and environment plays a significant role in whether an individual will experience psychological distress or be able to cope up with life problems. This is why married couples who are in the child-bearing years, experience psychological distress when faced with the expectations of the society and involuntary childlessness.

Biological aspects aside, men and women have different experiences when it comes to not having children. Although most people would assume that women have the worst side when it comes to childlessness, recent researches are proving otherwise. Based on a 2017 article from Harley Therapy there are sample populations in the United Kingdom where men have a higher rate of depression due to childlessness compared to women. Despite this reality, psychological distress experienced by childless couples often goes unreported. The articles went on to discuss the components of depression experienced by involuntary childless couples. It includes loneliness, hopelessness, low self-esteem, shame, feelings of failure, and bitterness. The combination of these components leads to negative thoughts and negative action that further complicate depression. Men were unable to process these negative emotions due to social expectations. While women are socially allowed to be weak and seek help, men are expected to be tougher and are seen as less affected by childlessness. These things when put together are the reasons why men find it more difficult to process their emotions that lead up to psychological problems.

Men's Health Forum published the view of Hadley (nd) that men have the same desire and inclination to become parents as women. The author's life experience showed that brooding even in late 40s caused feelings of anger, depression, guilt, jealousy, isolation, yearning, sadness, elation, and withdrawal. Based on research, there will be an increase in the number of childless men in the next decade in the United Kingdom and there is a need to prepare psychological support for them since there is less focus on men both biologically and psychologically. Among the respondents interviewed in the author's studies, most stated that it was the first time they ever had to talk about how they felt being childless. It was also stated that infertility affects not just mental health but also physical, social, and financial states. Men also withdraw from society when they get jealous of their peers who have children. They also tend to spend money in trying to find ways on how to have a

child. Men who were not able to become fathers had increased rates of death due to suicide, addiction, poisoning, violence, and lung and heart disease. This only showed that fatherhood has a special and important role in the lives of men who see it as the chance to reconnect with their family and childhood experiences.

It is clear that men have a different experience when it comes to childlessness compared to women. Very few men participate in fertility treatment and very few receive social support due to childlessness. Infertility among men is an issue of masculinity and therefore, most men refuse to participate in fertility assessments. Men already find it degrading to provide a sample of their semen for evaluation, much more when they are prodded or asked to report to the clinic repeatedly for assessment. They shy away from social situations that could demand them to share about their feelings in the journey of trying to have children and the inability to do so. Among men, the causes for infertility and the way they adapt to the situation of childlessness also varies. Some men shut down from the world, some tend to focus all their attention on their wives or their careers, and very few of them would seek both biological and psychological assistance. This varying results only means that there is a need to also focus more on the experience of childlessness in men and how to provide social and psychological support for them (Schick, Rosner, Toth, Strowitzki, & Wischmann, 2014).

Women are more prone to the psychological effects of involuntary childlessness. A huge factor in this is because they are the ones who would bear the child throughout pregnancy so it is easier for all to assume that infertility is the woman's problem. The psychological problem is not only personal; it could be caused by the environment and even by their husbands and family as stated in the literature that follows.

With respondents from Ghana, Tabong and Adongo (2013) related how women are often blamed for infertility. Barren or women who are unable to conceive are often left by their husbands, shouted at and discriminated by the society, and considered as outcasts. This is because women are traditionally and culturally expected to bear children and take care of them. Men on the other hand could remarry in order to avoid the stigma of being childless. This helps men to avoid putting the blame on themselves as well. Hansen, Slagsvold, and Moum (2009) were also able to find out a difference in the psychological well-being of childless couples. Women without children showed lower levels of life satisfaction in terms of cognitive well-being as well as self-esteem when compared with mothers and compared to men. In men, being a parent was not seen as related to any well-being factors.

Females tend to know when to give up having children due to their biological clock. Upon development, women are only able to produce a specific number of mature egg cells and reproductive years end when menopause begins. As for men, there is no biological clock and they could even have children when they are already 70 years old. The question for men would be whether they could still raise a family at that time. Being unemployed and having low emotional autonomy also leads to the likelihood of giving up (Buhr & Huinink, 2017). In China, it is seen that as women's social, relationship, and rejection of child-free lifestyle concerns increase, their marital satisfaction decreases while infertility-related stress increases (Li, X., Wang, K., Huo, Y. & Zhou M., 2019). These concerns serve as moderators in women's

overall mental health and marital satisfaction. The authors of the research highlighted the importance of addressing these concerns through psychological intervention programs.

Marsh (2017) relayed that the statistics in British women show that one in five women experience involuntary childlessness. Of the total population of women without children in the UK, only 10% chose to remain childless whereas the 90% of women are involuntary childless. It has always been a different experience for men and women without children since men portray the experience lighter or refer to it as simply being off-track. They do not describe the experience in any way related to grief. Because of this, men without children are judged suspiciously as incapable of handling children and sometimes doubted as a threat as if it was their choice to have no children. Women who are involuntary childless say that the feeling of loss never goes away. Some women choose to exclude themselves from their friends and family who have children as a coping mechanism. Some of them suffer from a deep sense of grief that they also avoid children or anything that could remind them of children. They could come into terms with the situation and accept it, only to relieve the experience at another point in their lives.

Exclusion from social circles is one of the negative experiences that women who are involuntarily childless had to go through (Yeshua-Katz, 2018). Sometimes they are the ones who avoid social situations in order to protect themselves from having to explain why they have no children yet. On other occasions, they are excluded by the society because they are seen as less of a woman since they have no children. In Israel, childless women are stigmatized by the community where they belong. Mothers tend to think that those who do not have children chose childlessness to do away with the chores and responsibilities of having kids. Some people just could not stop asking if it was a voluntary thing or if they have a specific reason for having children. And some people's pity is just too difficult to accept. They often turn to online communities to talk about how stigmatization deeply affects them. In other studies, involuntary childless women are seen as failures in achieving womanhood by the pronatal community where they belong. These women experience stigmatization which affects their inclusion in the society and the support that they receive (Graham, Turnbull, McKenzie, & Taket, 2018).

Despite issues on the psychological distress of women, some studies also suggest that childlessness is not a condition that pervades the lifespan of women. During the child-bearing years, childless women have lower physical and mental health and wellbeing but this changes when they reach old age. Single and married but childless women have better health and wellbeing compared to divorced, separated, or widowed mothers. Although it is true that women have negative experiences during the reproductive years if they have no children, this change over time (Graham, 2015).

It was also found out in the study of Gibney, Delaney, Codd, and Fahey (2017) that the relationship between childlessness and psychological well being tends to vary through different life stages and societal context. The measure also depends on the wellbeing measurement used. They found out that health is an important factor in childlessness around Eastern Europe.

Social expectations have been reported as one of the reasons why involuntary childlessness becomes even more traumatic for couples (Pedro, 2017). The respondents of the study reported a deep sense of sadness, anger, frustration, disappointment, and shock before they were able to come into terms with involuntary childlessness. The women in this study cope with the psychological and emotional turmoil brought by childlessness in several ways. Most of these strategies are unhealthy like social withdrawal, repression, engaging in longer working hours or focusing on their careers, and shopping. They choose to avoid mothers and everything that could remind them about having children so they choose to be busy with other things. Sometimes these lead to more problems in health and psychological aspects. Being overworked or married to their careers causes them to have less focus on themselves and their partners.

Wells and Heinsch (2019) discussed in their study the recurring issue that childlessness is more often seen as a medical problem of infertility. It is true that even in modern societies, becoming a mother is a requirement in becoming fully woman. Childlessness leads to experiences of stigmatization and psychological distress. However, due to the focus on infertility, most researches and programs also target it and focus on fertility treatments. Exploring the social support needs of childless women is of primary importance.

Living in pronatalist countries increases the negative experiences of childless couples (Tanaka & Johnson, 2016). They tend to feel lonely and less satisfied with their lives. In fact, there is a negative relationship between childlessness and a measure of life satisfaction. Because of this condition, the researchers also suggest that support programs for childless couples should be taken as a national problem that needs solution.

In pronatalist communities, it is also common that people rely on religion and faith to aid in their dilemma. A study conducted in Ghana showed results that religion is one of the most common ways that women use to cope with the psychological distress they are experiencing in relation to childlessness. The study showed that negative religious practices are positively correlated with somatization, depression and anxiety among childless women. This only means that without religious practices, involuntary childless women are more prone to experience psychological distress. This only goes to show that therapy, specifically religious counseling may be of great use to help women who are experiencing psychological problems due to childlessness (Oti-Boadj, M. & Asante K. O., 2017).

Religion was also included in the coping strategies employed by involuntary childless women in West Africa. The respondents stated that they experience marital problems, along with criticism and stigmatization from the own family and community. Personally, they experience extreme sadness and social exclusion. Religion and biomedical treatments go hand-in-hand in their quest to adapt to their condition although some of them also practice self-isolation (Hess, R. Ross, R., & Gililland Jr, J. L., 2018).

Castaneda (2018), a staff writer in US News provided nine coping strategies for childless women in his article. It included soft reminders to the self about not being alone, asking for help, acknowledging the negative emotions, avoiding mother's day or motherly things, writing about your experiences, having plans, and taking care

of the self. Self-care includes learning meditation and exercise and doing something for oneself. Sublimating or using maternal energy for other things is also suggested such as taking care of pets or having a garden. His suggestions are surely good ways to preoccupy someone's mind from the frustration of involuntary childlessness. However, studies indicate loneliness never goes away.

1.2.2 Marital Dissatisfaction

As marital satisfaction is one's perceived costs and benefits in a marriage, higher costs leads to marital dissatisfaction. Greater benefits on the other hand lead to higher marital satisfaction (Sage & Shackelford, nd). Gottman's theory of marital satisfaction (as cited in Faulkner, R., 2002) also states that marital satisfaction leads to marital stability and is determined by positive interaction between couples. According to this theory, negative and positive sentiment override affects how couples treat each other. Negative sentiment override leads a person to expect an attack or negative treatment from the partner which results in marital dissatisfaction. A person with negative sentiment override magnifies small mistakes and generalizes it, for instance the inability of a wife to bear children is sometimes interpreted as a worthless wife. A partner with a positive sentiment override tends to interpret negative things as positive such as using negative criticism as a challenge to improve the self. Example of this would be a negative comment about a wife's cooking which she uses to motivate herself to learn better recipes.

Karney (2010) discussed that keeping a marriage healthy requires hard work. The initial stage of marriage is often a bliss and filled with happiness and satisfaction. External factors and adjustments are necessary to make a marriage work in the long run. Changes in conditions such as having unsatisfied needs, for example the need for self-actualization by having children could lead to dissatisfaction or marriage dissolution.

Despite the differences in the feelings, experiences, and coping strategies of men and women when it comes to involuntary childlessness, it cannot be denied that both of them experience it. The situation ultimately has an effect on the relationship of husbands and wives or romantic partners. The condition of involuntary childlessness is often seen as a factor when discussing marital satisfaction with the expectation of being parents.

When it comes to marital satisfaction, infertile women had lower levels compared to their husbands. For infertile husbands, their marital satisfaction is also affected but only in terms of acceptance of the in-laws (Vizheh, Pakgozar, Rouhi, and Veisy, 2015). Although they looked at childless couples, Lechner, Bolman, and Van Dalen's 2007 research resulted in the fact that women experience more problems than men in a childless marriage. This includes health, social, and psychological problems. Husbands are not as participative in fertility treatments, thus, leaving the wives as the subject of biological assessment and treatment. Women are also the ones often blame for miscarriage since they are the ones who carry the baby.

With infertility and years of growing old alone, childlessness is seen by a lot of couples as a negative thing that affects their marital satisfaction. Dhar in 2013 found out from the lived experiences of childless couples in India that society and cultural expectations affect the psychological well-being of involuntary childless

couples. In an early comparative study in 2004, Guttman and Lazar found out that first-time parents have a higher marital satisfaction compared to those without children. Also, Choi, Sung, and Lee (2014) looked at childless couples in South Korea and found out that childless couples have a higher level of couple relationship, psychological well-being, and attitude towards children however there were significant differences among the three groups (voluntary, involuntary, postponing).

On the other hand, there are also studies that reflect how not having a child does not affect or actually increases marital satisfaction. In 2003, Twenge, Campbell, and Foster had the conclusion that the birth of a child could lead to lower marital satisfaction due to role conflicts and less freedom particularly for those in the higher socioeconomic class and younger parents. It appeared that having children had restricted them from living their former lifestyle and required change.

The 2016 study of Masoumi, Garousian, Khani, Oliaei, and Shayan show the difference between fertile and infertile couples. Their results revealed that fertile couples have higher quality of life compared to infertile couples but infertile couples have higher sexual and marital satisfaction. In relating marital satisfaction and infertility, Amiri, Sadeqi, Hoseinpoor, and Khosravi (2016) found out that infertility of women does not lower their level of marital satisfaction. They measured moderate marital satisfaction in both fertile and infertile women.

1.2.3 Grief Experiences

Psychology Today (nd) defined grief as a pain that is felt when losing someone. In other words, this is also called bereavement. Although there is no timeline for grief, some theories have defined stages that people go through when someone they love dies. This includes denial, anger, bargaining, depression, and acceptance (DerSarkissian, 2018).

Childlessness due to infertility could happen to anyone all over the world. Couples who are involuntarily childless were invited to participate in a global study conducted by James, S.S. and Singh, A. K. in 2018. Thematic analysis was used in the narratives provided by 20 couples. Based on the results, couples experience both grief and bereavement because of not having children. Couples who were able to get pregnant but were unable to give birth to a child experienced anticipatory and disenfranchised grief. The negative feeling is experienced when natural conception is not possible, when there is still failure to conceive despite treatment, and when they cannot conceive at all. Generally all couples stated that there was no process or stages in their experience of grief. They feel it while they are trying and they still feel it even after they have surrendered to childlessness. Their grief was not towards someone who died but towards someone who could have been. This validates statements that the feelings of loss never go away and that theories on grief were insufficient in explaining the experience of couples who do not have children.

This study led to further description of the grief experienced by involuntary childless couples. It was found out that couples experience both complicated and disenfranchised grief. Mayo Clinic (2017) defined complicated grief as a prolonged grief because it is still experienced with the same intensity even after a year has passed. Although it is commonly felt when someone loses another person very dear to

them, it may also be experienced when there are major life stressors. This may include the inability to conceive or have children.

On the other hand, disenfranchised grief is described as an emotion that is not openly expressed and recognized. It is not considered as socially accepted or it is against the norms. Some examples of this include mourning for a pet or feeling grief over not having a child (Thelen, 2019). Some people believe that you should not grieve for someone you have not met yet. However, this is not the experience of involuntary childless couples.

In the study of Grube (2019) it was discussed how couples deal with involuntary childlessness. Based on the Basic Social Process model used, the research explained how couples experience sadness for a very long time upon knowing that they are not going to have children. They had to manage the constant sadness by resorting to alternative methods of conception while at the same time coping with the stress of facing the social pressure. This stage may take quite a while and render couples both emotionally, physically, and psychologically drained which could then lead them to review their current roles and expectations of each other. The model suggests that this will lead the couples to adjust to their situation and change their perspective about being parents. In the end, they will appreciate their efforts to have children and their role in each other's lives. This research also highlighted that involuntary childlessness is an experience for both husband and wife. Therefore, any intervention to help should target the dyad and the individuals.

Volgsten, Svanberg, and Olsson (2010) identified unresolved grief among men and women in Sweden who had unsuccessful in-vitro fertilization treatments. The emotion is still present three years post treatment. Their grief led women to feel depressed and even suicidal. This was an unexpected reaction which drove males to assume the supportive role and forget about their own grief. However, it does not mean that they did not grieve and in turn, their strong composure also made the women feel that they needed to be strong. The grieving process went on for too long because during the IVF treatments that failed, they were in denial and were still hoping that they could have a child. However, when it was time to stop the IVF, it became more difficult to process the disenfranchised grief. Their relationship with their partners was also affected as communicating with each other got difficult. It was concluded that counseling should be part of medical treatments for infertility.

In a recent research by Hadley (2019) it was also stressed how men seem to be missing when it comes to topics related to childlessness. Available research stressed how childlessness may lead to grief and change in identity of people. Men respond to fatherhood and childlessness in different ways compared to women. Although women are commonly regarded as the second sex in marginalized society, tables turn when it comes to involuntary childlessness. People tend to think that it is easier for men to accept the situation of having no children. For women, childlessness is equivalent to feelings of loss and grief, however, the male participants of the study referred to childlessness as 'missing out' on the father role and relationship with children. This lighter description could be the primary reason why involuntary childless men are missing in research and literature. Despite this, male participants of the study expressed that they are continuously navigating through life without a child as it affects their role, identity, and relationships. They also go through the process of

grieving and acceptance and then continuously feeling the loss at different points in their lives despite being able to accept it.

With childlessness being often downplayed and psychological distress of childless couples being unreported, coping strategies had been examined in several studies. Building of online communities for childlessness is one of the coping mechanisms used by childless couples (Malik & Coulson, 2013). A thematic analysis was conducted to understand the posts of childless women on online communities. Based on the themes gathered, the researchers explained that women's experience of childlessness affects their whole life and recurs throughout the lifespan. This makes them question their self-identity, their worth, and the meaning of their lives. They experience a great sense of recurring loss. Although the five-stage model of grief, including denial, anger, bargaining, depression, and acceptance, could describe the emotions of childless women, the model is insufficient in explaining how women accept and adapt to the permanent condition. This is because the recurring loss is also felt in different intensities throughout the lifespan. In later stages of development the experience becomes grand childlessness and women feel the intense loss all over again.

Malik and Coulson (2013) added that online communities make it easier for women to reach out to others with the same experience instead of hearing words of reassurance and love from people who are not going through the same experience. Posting on forums serves as a form of venting and the online community becomes a safe place for them to express their frustrations and grief.

1.2.4 Childlessness

Childlessness may sound like a peculiar condition but in reality this is common, just that it represents itself in different ways and is also perceived in several ways. Childlessness may be a result of delaying reproduction, medical problems, or personal choice. Some women, particularly in Europe tend to delay their marriage even during the early centuries as they prioritize their careers, thus their biological clock runs out and often they are left, unable to bear children. Some tend to choose to remain childless, although this is not commonly and openly discussed because having children is seen as an integral part of having a family (Chrastil, 2019).

Involuntary childlessness is a life condition most frequently caused by infertility-the biological term for inability to bear children. 10% of women in the United States from age 15 to 44 are unable to have children due to this condition. Even with this number it is still worth noting that men also experience infertility. For men, low sperm count, sperms' inability to move, and sperms' shape are the leading factors for infertility. In women, absence of ovulation or inability to produce mature egg cells is the primary reason for infertility. In both cases, physical problems with the reproductive system, such as cysts in the ovaries or blocked tubes also result in infertility (Office on Women's Health, 2019).

The dilemma brought on by involuntary childlessness promotes the need and demand for assisted reproductive treatment all over the world. Assisted reproductive treatments include a wide range of methods some of which are highly and ethically questionable. Use of hormone treatment and vitamins are common in young and healthy couples whereas others may require more expensive and intensive methods

such as in-vitro fertilization which could result in having multiple embryos all at once or giving birth to twins or multiples. Some even resort to unethical means based on religion such as hiring surrogate mothers. These sample situations only highlight how people are experiencing a great need to have children (Whittaker, A., Inhorn, M. & Shenfield, F., 2018).

From the gathered literature, most results suggest that childlessness is more difficult for wives than for husbands, thus more studies focused on them and less on the experiences of husbands. It is also seen that there are conflicting views when it comes to the effects of childlessness on the wellbeing of men and women during the lifespan. It is worth noting that men also suffer from depression due to childlessness, however, they have a different way of expressing their emotions. Very few researches focus on men's experiences in being childless despite some recent studies highlighting how men have the same desire to become parents. It is also worth noting that some researches begin to focus on the coping strategies of women when it comes to involuntary childlessness, yet no one focuses on what men are doing to cope with the situation. In the Philippines, there is no known study that focuses on qualitative research about the experience of childlessness and how couples cope with the condition, thus there is a great need for this study.

Understanding the unique experience of involuntary childless men and women could answer the literature gap in this area. This could also contribute to the field of psychology by providing a better explanation of the grief that couples go through because of childlessness. Based on their experiences and current coping mechanisms when it comes to involuntary childlessness, a program may also be developed to empower both men and women who do not have children. The data from this study may also be used to evaluate and revise current techniques used in marriage and family counseling.

2. Methods

The researcher utilized a case study research approach. The experiences of involuntarily childless married men and women had been described in-depth using this design. They were identified through the process of referral with the following criteria: married for 3 years, residents of the selected province in Southern Luzon, and had never been pregnant or never experience a miscarriage. These couples have also experienced using several fertility methods; have sought medical help, and already experiencing psychological distress and a change in marital satisfaction as seen in the studies of Choi, Sung, and Lee (2014) and Tabong and Adongo (2013). Five couples participated in this research.

An interview guide was developed for gathering data about feelings and experiences of the couples connected to their psychological well-being, marital satisfaction, and grief as an effect of being involuntary childless. Thematic analysis was used for the data gathered from the respondents. The orientation could be inductive, deductive, semantic, latent, essentialist, or constructionist (Braun, V. & Clarke, V, 2019). A clinical scale known as the General Health Questionnaire developed in 1979 to screen for psychiatric disorders (as cited in del Pilar Sanchez-Lopez and Dresch, 2008) was used to check for psychological distress. Results of the GHQ-12 were included in the profile of the clients.

Based on the Code of Ethics of the Psychological Association of the Philippines (2017), the four principles must be observed: respect for the dignity of persons and peoples, competent caring for the well-being of persons and peoples, integrity, and professional and scientific responsibilities to society. In order to resolve possible issues that may arise in relation to these principles, the following actions were taken: (a) provision of an informed consent, (b) use of pseudonyms, (c) validation of instruments focusing on sensitivity of the questions, and (d) debriefing of the participants after the interview.

3. Results and Discussions

The researcher presents the analyzed and interpreted data gathered from the study in this section of the paper. Data from each couple was presented in a case study and includes their answers to the questions used by the researcher. Discussions of their answers are also presented in this section.

3.1 Case Study 1: Couple 1

Table 1: Personal Profile of Couple 1

	Profile Variables	
	Husband	Wife
Age	32	31
Years of Marriage	3 years	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	Polycystic Ovarian Syndrome	
Psychological Distress	average distress	high distress

Table 1 presents the Personal Profile of couple 1. The first couple had been married for three years. Both of them are Roman Catholics from birth, as well as their families. They are involuntary childless because the wife, Mrs. E, was diagnosed with polycystic ovarian syndrome since her teenage years. She had been treated for the condition through hormonal therapy and sugar level management but eventually she would stop and her ovaries would go back to having multiple cysts. The husband, Mr. M was fairly healthy except for his cigarette smoking and consumption of alcohol. During their fertility check, his sperm count was acceptable but their doctor still recommended that he took vitamins. They had been advised to take medication but after six months of trying, the doctor was ready to go a step further and explore invasive and expensive treatments.

In the GHQ-12 scale, Mrs. E had a higher score indicating a higher psychological distress compared to Mr. M. He also indicated low levels of distress but was not enough to be considered clinical. The themes derived from their experiences were: personal response, individual challenges, and personal reaction. Involuntary childlessness is a condition brought by infertility where there is failure to have a child within one year of trying using natural methods.

The personal response of the couple to the situation includes negative emotions and negative behaviors leading to psychological distress. Mrs. E experiences disgust, particularly feelings of frustration and disappointment towards herself as she feels like it is her physical health that causes the problem. She also fears that her

husband might leave her because she could not give him a child. Her social life and career is also affected as she is demotivated to work and to relate with people because she is preoccupied with the struggle of trying to have a child. On the other hand, Mr. M feels worried about his wife as she has the tendency to blame herself. He is also focused on what other people could be saying about him because of their inability to have a child. These negative emotions lead both of them to avoid other people, including their own relatives. They also tend to be specific and exclusive with their friends as they only want to communicate with those who will not ask or pressure them about having children.

The mental health of involuntary childless couples is greatly affected by the condition. They often experience symptoms of depression and anxiety, specifically feelings of sadness, frustration, anger, moodiness, and the need to avoid social situations (Kane, 2019). Hadley (nd) highlighted that men also experience depression and psychological distress due to involuntary childlessness but their experiences go unreported due to social norms and expectations. It is expected that women feel worse about childlessness compared to men. In numerous studies, women or wives had been the subjects when it comes to involuntary childlessness. Just like in case 1, Yeshua-Katz (2018) described how social exclusion could be a voluntary choice of women in order to avoid stigmatization for being childless. The condition of involuntary childlessness often leads couples, regardless of years of marriage, to experience conflicts that affect their marital satisfaction.

Marital dissatisfaction is not very evident between the couple although there are many issues that they are dealing with individually, resulting in the theme of individual challenges. Both of them are experiencing the difficulty of adjusting to married life despite being a couple for a long time before getting married. It seems that their expectations for each other are at different rates, resulting in miscommunication. The life-changing situation that they are experiencing leads to marital issues and conflicts. Mrs. E expects her husband to suddenly change just because they are already married, particularly when it comes to his vices. They also fail to communicate with each other properly because she expects him to feel what the problem is and he expects her to explain why she feels bad about things in their life. Despite these issues, both of them desire to have a healthy relationship and a happy marriage that would soon include a child. The desire for children is present in both of them and is only a reflection that they want to stay together and build a family.

Long-term stress, such as not having a child and being judged by your partner and your own family could ultimately lead to marital dissatisfaction. Having poor communication between couples and experiencing financial problems are also red flags that indicate low marital satisfaction (Miller, 2013). Just like psychological distress, women experiencing involuntary childlessness have lower levels of marital satisfaction compared to their husbands. Men tend to focus on what other people might say about them as stated in Vizheh, Pakgohar, Rouhi, and Veisy (2015). Wives experience health, social, and psychological problems and are often left by husbands to deal with them alone. They are also often blamed for the situation leading to the experience of negative emotions (Lechner, Bolman, and Van Dalen, 2007). Despite the differences in their experiences, it could not be denied that both experience grief.

The personal reaction of couple 1 in their experience of grief due to involuntary childlessness includes feeling both negative and positive emotions and engaging in negative behavior. It has only been over 2 years of trying to have a child without any luck and the couple has a lot of negative emotions. As stated in the experience of psychological distress, Mrs. E fears that she will be left by her husband and she doubts that she will be capable of bearing a child. She also feels disappointed, frustrated, and sad. Mr. M's feeling of grief is heightened by the worry and frustration he has for his wife. He also feels frustrated that he could not do anything about the situation. At times they feel hopeful, denying the possibility that the condition could be permanent, by saying that they are still young and there are other options available for them to try. They try to manage the negative emotions that they are feeling by being preoccupied and avoiding things and situations that could remind them that they do not have a child or that could trigger their negative emotions.

Marques (2019) wrote about the types of grief to show that people feel and process this emotion in different ways. Involuntary childless couples do not experience grief the way parents who lost a child would because they do not have a child. They grieve because of a lost chance of opportunity. Their grief is often labeled as complicated, anticipatory, inhibited, absent, or disenfranchised.

3.2 Case Study 2: Couple 2

Table 2: Personal Profile of Couple 2

	Profile Variables	
	Husband	Wife
Age	44	32
Years of Marriage	4 years	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	No diagnosis yet	
Psychological Distress	high distress	high distress

Table 2 presents the Personal Profile of Couple 2. Mr. B and Mrs. T had been married for four years with a 12-year age gap, being 44 years old and 32 years old, respectively. Both of them are Roman Catholics, as well as their families. Despite being older and experiencing a mild stroke two years ago, Mr. B reported that he has normal sexual functions. He believes they have not been given a child yet because it is not the right time. They have not sought medical help and Mrs. T attributes their childlessness to her obesity. Although she is obese, she said that she had a regular monthly period and did not have a history or any symptom of PCOS. They have been trying to have children since the beginning of their married life and have been using alternative methods such as food supplements.

Their answers on the GHQ-12 scale when asked to relate the questions to their current married life showed that both are experiencing high psychological distress. Both of them had been thinking about a lot of things and worrying about their life situation and making decisions. Both had been losing sleep and had been feeling useless at some point. These experiences of the couple allowed the researcher to derive the themes: personal response, individual attitude, and personal reaction.

Couple 2 displayed personal response in experiencing psychological distress due to involuntary childlessness. The couple displayed negative emotions and negative behaviors that suggest they are experiencing psychological distress. Disgust, sadness, anger, and pride were the emotions coded from their raw answers in the interview. These emotions occur due to the lack of diagnosis for infertility and their current inability to push through with exploratory means of getting pregnant. The medical history of Mr. B and financial struggles brought by his medications and lack of financial control of Mrs. T is making it more difficult for them to consult other doctors and take on a new approach to the situation. These emotions had also led them both to display negative behaviors by using defense mechanisms and through avoidance. The couple resorted to withdrawing from other people to avoid social stigma. It is also evident that at some point they are avoiding the situation and related problems by choosing to not talk about it. Pedro (2017) reiterated the impact of social expectations on involuntary childless couples. Repeated questions about not having children, negative comments about sexual performance and virility, and unsolicited advice are just some of the things that ultimately lead couples to avoid social settings and not wait to be excluded.

The case of couple 2 also showed that their individual attitude affects their marital dissatisfaction. Both expressed contentment with each other's company. Mr. B is much older and more experienced in life compared to his wife and he expressed how often he simply tries to understand his wife and let go of the small things to avoid confrontation. Mrs. T has her share of good things to say about their relationship and how content and happy they are with each other. The couple also believes that their partners feel the same amount of contentment in their relationship. Despite the general contentment that they feel and perceive about their relationship, there are several personal issues that affect how they deal with each other. This includes life-changing situations, marital, and emotional issues. Mrs. T has a lot of unfulfilled dreams aside from having a child since she is younger than her husband and had been used to a comfortable life. She feels like her husband's condition derailed her graduate school opportunity and she often gets frustrated when he fails to follow through with her expectations. These expectations include her desire for order in the house and his compliance in drinking medication. Mr. B on the other hand had also thought about blaming himself and his condition for not having children. He also knows that despite his love and patience, his wife may want something more from their relationship.

Miller (2013) stated that marital dissatisfaction could occur when there is poor communication, financial problems, and long-term stress. All of which are being experienced by couple 2. However, since marital satisfaction is defined as a state of perceiving more benefits than consequences in a relationship (Sage & Shackelford, nd), it is to say that there may be other factors to consider in their relationship because they believe that they are happy and content in their marriage.

The inability to bear children brought about a sense of grieving for couple 2. Mr. B is clearly frustrated because of his age and his medical condition while Mrs. T is also disappointed at the turnout of events in their lives. These feelings of disgust are accompanied by anxiety, pity, loneliness, and helplessness. The lack of diagnosis and the financial constraints that they are in right now makes the couple feel helpless.

Mrs. T is particularly anxious as she is afraid that their financial problem could affect her husband's health and she felt pity towards him. This is because she knows how much he really wants a child and how he could not wait because of his age. She also knows that he could be blaming his medical condition and would not want to add to it by bringing up financial problems due to his maintenance drugs and her lifestyle choices. They are both lonely at the thought of not being able to know more about their situation and to do something to solve it. This is a kind of grief that not many people understand because they may not have lost someone but they are losing the chance to become parents as time passes by. DerSarkissian (2018) might classify them to be somewhere between the stage of bargaining and depression in his discussion of the stages of grief. This is because they are desperate to do more but they are exhausted from trying and afraid of reaching an end if there is any.

3.3 Case Study 3: Couple 3

Table 3: Personal Profile of Couple 3

	Profile Variables	
	Husband	Wife
Age	35	31
Years of Marriage	8 years	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	No diagnosis yet	
Psychological Distress	low distress	high distress

Table 3 presents the Personal Profile of Couple 3. Mr. I and Mrs. C are married for eight years under the Roman Catholic Church. They lived near each other and know each other since their childhood years but belong to different age brackets. Mr. I is already 35 years old while Mrs. C is 31 years old. They have consulted several doctors in the past years regarding their involuntary childlessness. Both of them are normal and have the complete ability to reproduce, yet they were still unable to. Several tests had already been done including sperm count, ovulation, and hormonal monitoring, ultrasound, and many other things that they have lost track of but the doctors keep saying that there is nothing wrong. They are already in the stage of preparing for invasive alternative methods for conception.

Mr. I and Mrs. C answered the GHQ-12 and it revealed that Mrs. C is experiencing psychological distress whereas Mr. I is not under distress. Mrs. C had been experiencing sleepless nights and there are also times when she felt pressured and on edge about not having children. The themes that were gathered from their journey to involuntary childlessness were personal response, individual attitudes, and personal reaction.

The personal response of the couple in their situation includes negative emotions and negative behaviors. Disgust, fear, and loneliness were the primary emotions derived from their statements. Mrs. C is primarily afraid that one day her husband might wake up and decide to leave her because she could not get pregnant. A big part of her is blaming herself for being childless just like the women described in the related studies. In Hansen, Slagsvold, and Moum (2009) it was mentioned that childless women end up to have lower quality of life because their cognitive

wellbeing and self-esteem is greatly influenced by the societal mandated role of women.

Mr. I feels greatly frustrated at the situation because he knows that he is aging and almost all males in his age bracket are already playing with their children or sending them to school. He also feels frustrated towards the behavior of his wife and his lack of idea on how to help her when she feels really down. Despite his answers on the scale and the results indicating he has low psychological distress, it is evident that he is also experiencing a lot of negative emotions which were not recognized as both of them focused on the emotions and experiences of Mrs. C. Schick, Rosner, Toth, Strowitzki, & Wischmann (2014) believes that interventions should also focus on the psychological distress of involuntary childless men.

The high negative emotions of Mrs. C had driven her husband to avoid her and focus on his job by taking double shifts. Mr. I also concealed his negative emotions by choosing his friends and relating only to those who did not talk about having children. Just like in the article in Hadley (nd), men withdraw or isolate themselves to avoid the societal pressure placed on couples without children. In the case of the couple, this means Mrs. C was often left alone to deal with the uncomfortable topic of childlessness during social gatherings. In turn, this leads to her having negative feelings towards her husband.

Individual attitudes of the couple towards their married life generally suggest marital satisfaction but some experiences also point to marital dissatisfaction. Generally, both have a positive outlook in their marriage as they are content with each other. From the beginning they thought of each other as their ideal partners in life and they have a lot of experiences that makes them happy, secure, and comfortable in their marriage. They have stable jobs that allow them to travel and relax. They also have the resources to continue trying to have a child.

However, they also have personal issues in the form of marital, emotional, and behavioral issues that may lead to marital dissatisfaction. Long-term stress and poor communication, which are factors that lead to dissatisfaction (Miller, 2013) are already evident in their marriage. Mr. I expressed difficulty in trying to communicate with a very emotional wife whereas Mrs. C expressed frustration towards the actions of her husband who is preoccupied with work, leaves her in uncomfortable social situations, and prefers to stay quiet rather than speak out his mind. Also, Mrs. C is terrified that her husband might leave her due to childlessness, this is despite the fact that she expressed how secure she is in the relationship.

For almost a decade, the couple had been trying to have a child without success. The personal reaction they expressed reveal that they may be experiencing what Marques (2019) labeled as disenfranchised or unrecognized grief. Their personal reaction to grief is the presence of negative emotions. The couple experiences feelings of disgust, pity, fear, and helplessness. Disgust is derived from feelings of frustration and disappointment due to the long years of trying to conceive and repeatedly failing without a biological anomaly. The lack of explanation for their situation fuels the feeling of helplessness and the fear of the unknown. Both pity each other for different reasons. Mr. I feels pity towards his wife because she is very emotional and easily distraught about the situation. On the other hand, Mrs. C pity her husband because she knows how disappointed he is for not having a child for so long. The feelings that

they have are real and attributed to grief despite not being recognized. Their grief is prolonged and difficult to explain to others unlike losing someone because of death. The lack of finality makes the situation very difficult.

3. 4 Case Study 4: Couple 4

Table 4: Personal Profile of Couple 4

	Profile Variables	
	Husband	Wife
Age	45	43
Years of Marriage	17 years	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	Double Uterus	
Psychological Distress	average distress	high distress

Table 4 is the presentation of the Personal Profile of Couple 4. Mr. J and Mrs. R had been married for 17 years. Mr. J is 45 years old while Mrs. R is 43 years old. Seven years after they got married they finally consulted with the doctor why they were unable to have children. Mrs. R was diagnosed two have a double uterus. The structure of the two uteruses made it more difficult to conceive and although Mrs. R was not hospitalized for any miscarriages, the doctor concluded she must have had several chemical abortions or missed miscarriage. Both of them are Roman Catholics. They have faith and they also believed in science but due to the age of Mrs. R she refused to have surgery to explore if it was possible to correct the structure of one of her uterus. The doctors advised them that they still have a low chance of having a child. Two years ago, Mrs. R started showing symptoms of menopause.

Mrs. R showed high levels of psychological distress in the GHQ-12 whereas Mr. J was only on an average. Mrs. R was unable to sleep properly, could not concentrate on her job as an engineer, felt irritated by her husband most of the time, had stopped watching the television, would not get up to go to church on Sundays in the past months, and refused to go to any family gathering. Mr. J feels on edge due to his wife's condition. Sometimes he feels like everything is out of his control and it makes decision-making a difficult task for him. The themes derived from their years of experience were personal response, individual attitudes, and personal reaction.

Personal response of the couple is psychological distress was derived from negative emotions and resulting negative behaviors. Feelings leading to disgust is due to the frustrating and depressing situation. They have a diagnosis and they know that they will really have no child but it took 7 years for them to know it and it would take longer to accept it. Mrs. R was completely affected since the problem was her body and she even questioned her existence and the meaning of her life. The situation was also frustrating for Mr. J because he felt there was very little that he could do to help his wife.

Like other couples stated in different studies about involuntary childlessness, the couple had resorted to negative behaviors in the form of avoidance and using defense mechanisms. They avoided certain people, including relatives due to offending questions and advice. They also focused on other things like their careers and their nieces and nephews. Marsh (2017) found out that it is common for

involuntary childless women to avoid situations that could remind them of their problem. Exclusion is a common defense mechanism that entails avoiding social gatherings and even small family dinners just to get away from the pressure of having a child. Couple 4 have a supportive extended family in the form of Mrs. R's siblings and their children. Much as they love their nieces and nephews, and much as they want to focus and take care of them, they are still reminders that the couple do not have their own child.

The difficult situation of the couples raised some factors for marital dissatisfaction. The individual attitude of the couple shows that there are many factors that could lead to dissatisfaction. This theme is supported by the categories of positive outlook and personal issues. Faulkner (2002) discussed, marital satisfaction leads to marital stability. Mrs. R and Mr. J had been together and stuck with each other despite the diagnosis and confirmed involuntary childlessness. They expressed their content towards each other. Both of them have a great job, their own house, and a lifestyle that some young couples with children might envy. They expressed their own praises for each other as well as the way they live. They are also well accepted and supported by each other's family and set of friends that despite childlessness, they are welcome to the lives of their nieces and nephews.

The factors that could lead to marital dissatisfaction is their personal issues due to emotional and marital issues. Both of them know that they would still want to have a child and they think life would be better if they have one. It would be a total life-changing situation for them. Mrs. R also feels negatively about herself and feels that her husband only stays with her out of obligation and pity. These feelings would go away if they are not childless. These negative thoughts and emotions of Mrs. R makes it difficult for Mr. J to reach out to her and understand her. Mr. J expressed how hard-headed his wife is and how it had made their relationship difficult to handle most of the time. Mrs. R also expressed certain things that she dislikes about her husband including bossing her around about how she should feel and his drinking and driving. They have different ways of expressing their emotions and dealing with their problems and they could not settle it. Despite these issues they are still together because they have perceived higher benefits in staying together.

The grieving experience of couple 4 led to the theme of personal reactions. Grief is an individual process and husbands and wives go through it in a different manner as stated in the study of Grube (2019). There is a need to address individual and married couples' grief experiences. Their personal reactions include positive and negative emotions. Despite the intense sadness, after 17 years, Mrs. R and Mr. J feel optimistic. Grieving in a way that involuntary childless couples do could be very long and studies reiterated how the sadness and grief never goes away (Marsh 2017). However, the couple is optimistic that they could stay together and live a long, happy, and contented life. Unlike other couples, they know that there is really no way for them to have a biological child and that is a form of finality. It also opens the door for them to take on other options like what they are doing in the present - helping and spoiling their nieces and nephews.

Before they have achieved this optimism and along with it, they also have negative emotions. Mr. J feels pity towards his wife as he is aware of the psychological effect of the situation on her. Mrs. R also felt pity for her husband

because she feels that he deserves more and that he could only be staying in the marriage out of obligation. Before there was the realization of having alternative options and possibly fully accepting the condition, there were strong feelings of disgust and helplessness because there was totally nothing that they could do about the situation. Their grief may be considered complicated due to its prolonged nature (Mayo Clinic, 2017). The grief is incorporated in their daily life and they have a sort of acceptance of the situation because wanting to have a child and actually having a child at their current age is already a different matter from 17 years ago. Truly, the desire never goes away and could present itself in a different manner at a different time.

3.5 Case Study 5: Couple 5

Table 5: Personal Profile of Couple 5

	Profile Variables	
	Husband	Wife
Age	64	63
Years of Marriage	39 years	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	Failed IVF	
Psychological Distress	low distress	low distress

Table 5 presents the Personal Profile of Couple 5. Mr. A and Mrs. Y have been married for 39 years already. They got married at the age of 25 and 24 respectively. They had a big wedding in a Catholic church and lived in a house given to them by Mr. A's parents. They were both professionals and had their own careers but they never let it stop them from having a child. However, six years of trying to conceive naturally had brought so much stress to them and their family members. Mr. A's siblings helped them to find new jobs in Canada and they agreed to go because they knew how advanced the healthcare system would be.

Mrs. Y had a heart complication when she was a child and it still had an effect on her overall lifestyle. When they were in Canada, they were advised about the option of in-vitro fertilization. They were warned that although the process itself and the pregnancy, if ever, would not pose a danger for Mrs. Y, there could still be complications. If she carried multiples, it would be a difficult pregnancy, if she miscarries there could be plenty of blood loss, and if the procedure fails, the psychological consequence might be too much for both of them. It was an expensive procedure and they saved up for it.

Two IVF trials failed and Mrs. Y was devastated and they were broke. Mr. A insisted they stop the IVF and just look for other ways to conceive but Mrs. Y could not be persuaded. There was no reasoning with her and she was impossible to deal with. Mr. A ended up selling their properties in the Philippines and borrowed money from his siblings to afford the third trial. This too failed and due to the psychological consequences, the psychiatrist and the other doctors agreed to stop the IVF.

When Mr. A and Mrs. Y answered the GHQ12 both of them scored low on psychological distress. They are 64 and 63 years old respectively and are about to retire from their jobs in a few years. Both of them work regular jobs since they

returned from Canada. Their experiences as involuntary childless couples could be summarized in these three themes: personal response, individual attitudes, and personal reaction.

The personal response of the couple in the distressing situation includes both negative emotions and negative behaviors. The couple's negative emotions were disgust, sadness, and shame. Their journey in trying to have a child had been very long and challenging. Despite having a stable life in the Philippines, they even decided to seek medical attention in Canada. The most frustrating part of their trail were the three failed IVF procedures since it had led them to sell even their home in the Philippines, it has affected the mental state of Mrs. Y, and their differences about continuing the treatment tore them apart. Mrs. Y was extremely sad at having an empty space in their house that was meant for a child and also about seeing children. She felt alone and disconnected from other people, even from her own husband. Both of them were so ashamed about their involuntary childlessness. Mr. A also found it difficult to deal with social pressure.

Behaviorally, instead of moving towards each other, they moved apart. They avoided other people, the situation they are in, and each other. They diverted their frustrations and disappointments by seeking comfort from others. In the beginning, Mr. A was very supportive of his wife. Seeing and realizing how difficult it was to deal with her stubborn attitude and extreme emotions, he later on withdrew from their connection and had an affair. Mrs. Y then escaped from the situation by going home to the Philippines and leaving her husband. She also diverted her attention by seeking comfort and acceptance from other people who were in the same situation. Tanaka & Johnson (2016) found out that childless couples in pronatalist countries have lower level of life satisfaction and overall well being. The condition is often seen as medical and the psychological wellbeing of the couple less considered. It is evident in the case of couple 5 that there should be a psychological intervention not only for couples who are trying the IVF but for all who are struggling with childlessness.

With the kind of struggle that the couple endured, their individual attitude affected their marital dissatisfaction. The theme of individual attitude was characterized by positive outlook and personal issues. It could be read from their statements that they had a lot of marital problems during their struggle with childlessness. Their personalities were also different and the way they communicated with each other was very problematic. They have different expectations about each other as well as varied perceptions about their spouses. Faulkner (2002) explained that a negative sentiment override leads a person to expect a negative attitude from their spouse. In this case, both of them see the other as unable to understand and unsupportive. The high level of dissatisfaction at the time ultimately led to separation when Mrs. Y left and it took Mr. A month to go after her.

Currently, the couple have a positive outlook towards their marriage because they are now content with each other. Mr. A believes that the time they spent apart had made both of them realize that they are not willing to give up in their marriage despite the costs it had taken them. Mrs. Y also seems to have the same sentiment when she forgave her husband. Both of them expressed how they still want a child but that there is a sense of acceptance and contentment at where they are right now. Karney (2010) stated that getting married is a bliss whereas a marriage takes effort

and both parties need to work to keep it going. An unsatisfied need may affect the level of satisfaction and it is up to both parties to settle it and that is what couples 5 did.

Personal reaction was the theme generated from the grief that the couple experienced due to involuntary childlessness. The couple's personal reactions include negative and positive emotions. From their early years of trying to conceive, they had been filled with negative emotions. Like any other couples they started using natural methods to conceive but the failure of that along with the use of medication and common fertility treatments made them feel disgusted and helpless. There was also fear for everytime that they would start to try something new. Their frustrations led them to feel denial, particularly Mrs. Y. She was aggressive in trying out all the possible ways to have a child despite its effects on their married life and financial status. Her depression was evident during those years as she spent time wallowing about not having a child, she did not even notice that her husband was already cheating.

There was also grief on the part of Mr. A, especially when childlessness led him to cheat and then his wife left him. He was unable to express his own emotions about the whole situation because he was trying to be strong and to take care of his wife. His cheating was a way for him to find comfort about his personal struggles. However, he found out that it was more difficult to lose his wife.

Currently, the couple had already achieved a sense of acceptance about the situation. The end of the IVF trial was also the end of their journey to try conceiving a child. At old age, they know that they will never have a child because even adoption was not something that they considered. They are also aware that they might feel a sense of longing again someday but they are content with each other and they are prepared to feel the same grief some other time. Although the grief of involuntary childless couple 5 does not follow the stages of grief discussed by DerSarkissian (2018) which goes from denial, anger, bargaining, depression, and then acceptance, the emotions that they have also match these stages. The difference could be that the grief of involuntary childless couples never goes away and may be felt or re-experienced as another form in the future.

3.6 Cross Case Analysis

This cross case analysis will consider the common themes of the five cases presented above. This section contains the summary of the data obtained through interviews from the couples who participated in the study. The concepts of psychological distress, marital satisfaction and dissatisfaction, and grief were derived.

3.6.1 Profile of the Couples

Table 6: Summary of the Profile of the Participants

		Profile Variables	
		Husband	Wife
Age	30-60yrs old	4	4
	61 years old and above	1	1
Years of Marriage	3-10	3	

11-20	1	
21-30		
31-40	1	
Religion	Roman Catholic	Roman Catholic
Reason for Infertility	PCOS	
	No diagnosis	
	Double Uterus	
	Failed IVF	
Psychological Distress		
High distress	1	4
Average distress	2	0
Low distress	2	1

Table 6 presents the summary of the profile of the couple participants of the study. The participants include more couples in the middle adulthood stage and there is one couple who are in the late adulthood stage. All of them are Roman Catholics as the majority of the people in the locale follow the same religion. The shortest time of being married is 3 years while the longest is 39 years. The reasons for infertility are due to conditions of the wives including having polycystic ovarian syndrome, having a double uterus, and experiencing failed in-vitro-fertilization partially due to a heart problem. Most of the wives who participated in the study are experiencing high psychological distress. The only one with no clinical level of distress is the one who has come in complete terms with involuntary childlessness. Husbands on the other hand are less distressed and only one fit the criteria for a clinical case.

Not all the couples were diagnosed with definite infertility but according to the Office on Women's Health in 2019, 10% of women in the United States who are between the age of 15 to 44 years old are diagnosed with infertility. Mrs. E from couple 1 is diagnosed with PCOS, Mrs. R from couple 4 has a double uterus, and Mrs. Y of couple 5 has a heart condition that contributed to the failure of in-vitro-fertilization. Couple 5 is the example that the study conducted by Whittaker and colleagues in 2018 is true that involuntary childlessness causes a lot of problems among couples that some resort to expensive and invasive alternatives. Some even resort to religiously unethical ways such as surrogacy.

Table 7: Summary of the Themes derived from Psychological Distress, Marital Dissatisfaction, and Grief of Involuntary Childless Couples

Variable	Theme/s	Occurrence
Psychological Distress	Personal Response	5
Marital Dissatisfaction	Individual Challenges	1
	Individual Attitude	4
Grief	Personal Reaction	5

Table 7 presents the themes derived from the lived experiences and statements of the couple about being involuntary childless. The personal response of the couples to psychological distress involve negative emotions, primarily disgust, and negative behaviors. The triadic reciprocal causation (Feist and Feist, 2018) stated how the

environment, behavior, and personality are all connected and a change in one factor could lead a change in the other. The couples experience a negative environment due to the societal pressure that they experience about having a child. Their personality has a lot to do with how emotional they are going to be and how they are going to handle their emotions. Based on the five cases, women are more emotional and open about the difficulty that they have encountered or are still feeling due to childlessness. Men, on the other hand, are less open about their own emotions, tend to highlight what their wife feels or how she behaves, and focus more on masculinity and pride. Both tend to withdraw from social connections and divert their attention to other things such as careers, other family members, and selected friends.

This is consistent with the findings of the study by Hansen, Slagsvold, and Moum (2009), stating that childless women tend to have lower quality of life. In addition, Hadley (nd) specified that the struggle of involuntary childless men is often set aside since men are not open about how they actually feel. But they also experience depression and other psychological problems due to childlessness. The husbands in this study show low or average psychological distress on the scale but were able to express that they are also experiencing distress during the interviews. Gibney, Delaney, Codd, and Fahey (2017) also found that the correlation between involuntary childlessness and psychological wellbeing changes as people go through different stages of development. The younger couples in this study show higher levels of psychological distress while those who are older, such as couple 5 have low psychological distress.

Individual challenges and individual attitudes were the themes generated from marital dissatisfaction of the involuntary childless couples. Individual challenges were derived from the personal issues or problems encountered by couple 1. This includes marital issues, emotional issues, financial issues, behavioral issues, and life-changing situations. Unlike the other couples, couple 1 focused more on the issues in their marriage all the while, explaining that they are still in the state of adjustment. The theme derived from couples 2 to 5 was individual attitude which refers to the way they behave about their marriage.

The four couples have a positive outlook when it comes to their married life and expressed it by stating that they are content and happy with each other. Karney (2010) explained that marriage takes work and effort because there are many different factors that could affect satisfaction. Newly married couples who are in a state of adjustment may choose to avoid settling things like financial matters and minor behavioral issues in order to prolong the blissful relationship. For some couples, the inability to communicate and confront problems become a part of the relationship. When they get used to it, the problems pile up and could result in the three main factors that contribute to marital dissatisfaction - financial problem, long-term stress, and poor communication (Miller, 2013).

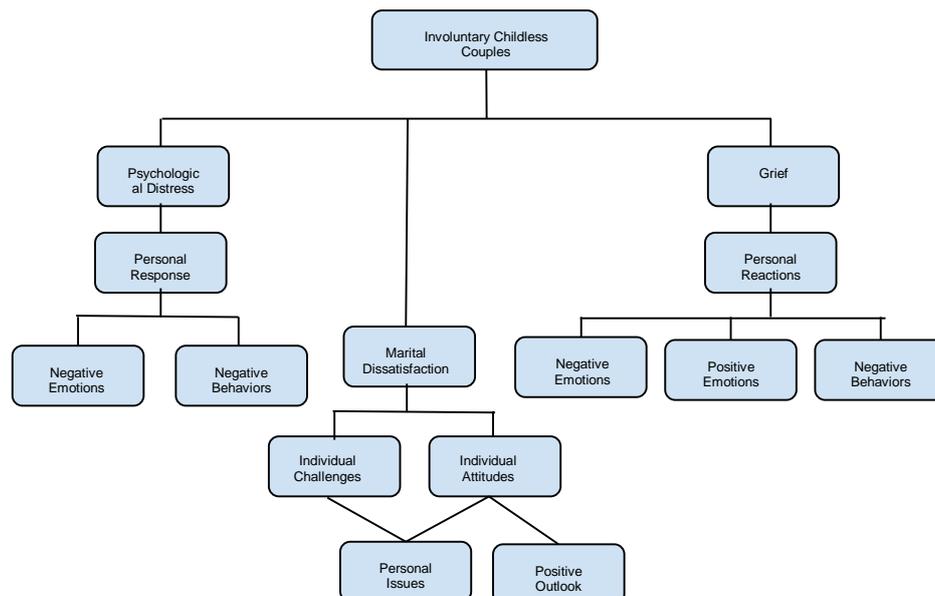
Based on the statements of the participants, poor communication is already a problem. Wives expect that their husbands would understand their silent treatment, body language, and coded messages. Husbands on the other hand rely on honest and direct statements to be able to understand their partners. Without words, they are unable to fully understand how to relate to their wives. Despite the numerous issues encountered, the couples, including long term married couples 4 and 5 remain in the

marriage. The contentment is towards each other and the stability of the relationship. Having a child is just one factor of being in a relationship for them.

Being an important factor in a satisfying married and family life, couples experience grief at not being able to have a child. The theme personal reaction indicates that they have the same negative and positive emotions that people who grieve due to the loss of a loved one have. The common negative emotion is disgust based on feelings of frustration, self-doubt, disappointment, and anger. According to DerSarkissian (2018) these feelings are also present in the five stages of grief, specifically in the anger, bargaining, and depression stages. The couples recognize that they are grieving but their experience is different from the parents who lost a child. Their grief may be categorized as anticipatory, complicated, or disenfranchised grief (Marques, 2019). They grieve the lost opportunity to become parents, the experience is often prolonged and cyclical as it comes back at different stages of life and is also unresolved. It is often unrecognized by other people because they did not technically experience death. Couple 5 expressed that they felt grief when the IVF failed three times and then again at old age they are still experiencing grief as they see other old couples playing with their grandchildren.

Just as the desire for a child never goes away, grief also hits them at different points in their lives. Consistent with the stages of grief, positive emotions are also felt in the form of optimism and acceptance. Couple 4 are positive that they can come into terms with their grief and deal with involuntary childlessness in time. Couple 5 had accepted the lost chance and the probability that they may find themselves grieving about it later on in their lives. To illustrate the themes that emerged from the psychological distress, marital dissatisfaction and grief of involuntary childless couples, Figure 1 is presented below:

Figure 1: Psychological Distress, Marital Dissatisfaction, and Grief of Involuntary Childless Couples



The consistency in the emergent themes from the five cases show that involuntary childless couples go through the same experiences when it comes to experiencing psychological distress, changing perspectives about marital dissatisfaction, and dealing with grief. The derived themes may be used to answer the research statements.

3.7 CURE Psychotherapy (Communicate: Understand unique experiences; Reframe thoughts feelings and actions; Enhance marital satisfaction) and (Communicate: Understand by feeling and listening; Reassure with acceptance; and Express with words and actions)

Introduction

Involuntary childlessness is a condition brought about by infertility or the inability to conceive naturally. Married couples who are unable to conceive naturally within one year are said to be infertile (Tabong & Adongo, 2013). The lack of children often results in stressful social systems because it is expected that married couples will start a family by having kids. The social pressure and personal desire to have children often results in the experience of psychological distress due to depression and anxiety. It also results in marital dissatisfaction as the situation leads to negative interaction and marital instability. Oftentimes, women are left to brood alone and are the ones who are expected to deal with what other people have to say. With the amount of social stressors experienced by these couples, the best social support network should be their spouse and their family. However, with marital dissatisfaction and the use of avoidance and withdrawal as a common coping strategy, this also becomes impossible.

The psychological disposition of the couples are often only focused on years after the therapy failed and their grief is left unresolved. Volgsten and colleagues (2010) reiterated that the condition is an experience of both husband and wife, thus both also need psychological assistance. This is the reason why there is a need to develop a specific therapy for involuntary childless couples.

3.7.1 Theoretical Background

Person-Centered Therapy

The work of Carl Rogers on person-centered approach is known as a nondirective form of counseling. It rests on the assumption that clients have the ability to be good and to choose to be good given that they have the right atmosphere for growth. In this approach, the clients are considered as the experts in their problems and therefore, they are also the ones who can solve it, instead of the therapist. The humanistic approach to therapy specifically focuses on the importance of self-awareness, the use of a phenomenological approach to treatment, humans' growth tendency, humans as free beings, and the subjective experience of the clients (Corey, 2012).

Human Validation Process Model

Virginia Satir's human validation process model focused on communication patterns within the family as well as the self-worth and self-esteem of the individual members. Being connected to the humanistic perspective, it also focuses on experience and growth of the clients. According to Satir, hope is an important

component of change. Each member of the family is encouraged to connect with each other through their similarities but at the same time grow individually. According to the theory, communication must be congruent by ensuring there is respect and acceptance. Ideally, the theory suggests that the needs of all members must be satisfied, their mistakes be tolerated by each other, and their rules be accommodating to all members.

For Satir, treatment is finished when the family members communicate properly, accept each other completely, disagree openly, reach out to each other, let go of previous conflicts, and have the ability to be congruent. When these things happen, it will lead to a change in the individual and in turn, to the whole family (Thomas, J., 2020).

3.7.2 Nature of Married Couple

Involuntary childless couples experience social and personal psychological vulnerabilities that lead them to seek help or therapy. However, it takes several years, approximately 7 years for couples to seek therapy. And culturally, Filipino couples do not consider going to therapy when marital problems arise. They fail to consider fixing the problem together as a couple and as individuals.

Individuals are unique and being part of a family requires the ability to both adjust and accept the uniqueness of each member. Starting a family and navigating through a world, separate from the family of origin, to create a new one poses a lot of pressure not just on the individual but for two people who are trying to make a marriage work. The bliss of being newly weds fade just as the expectations dictate how couples should function as part of the society. They fail to realize that being married means their spouse is already their family and thus, they become each other's persons' – supporting each other and helping in the creation of an environment of growth.

Despite these challenges, human beings have the ability to influence their environment so that it could foster an atmosphere of growth that will ultimately lead them to use their potentials and adjust or adapt to the world. Therapeutic change is possible if the couples would be ready to let go of past mistakes, learn from their experiences, allow changes to take place, and communicate with each other to establish a loving and supportive relationship.

3.7.3 Sources of Difficulty

Involuntary childless couples need psychotherapy due to:

1. Experience of stress and depression due to being childless.
2. Use of withdrawal, disconnection, and avoidance primary from each other and to other people.
3. Failure to process grief as a couple.

3.7.4 Therapeutic Goals

The therapeutic goal of **CURE** is to make sure couples will face the dilemma brought by involuntary childlessness as one unit while also focusing on their individual needs and their partners' needs. This may be achieved by having a two-way communication and a desire for growth and change.

Specifically, its goals are:

1. To assist couples in establishing coping strategies for stress and depression.
2. To assist couples in building coping strategies together and as individuals by using proper communication.
3. To assist couples in expressing their grief and accepting that it could be different from each other.

3.7.5 Role of the Therapist

The therapist's roles are:

1. Provide opportunities for growth and change.
2. Assist the clients in the realization of their individual flaws and flaws in their relationship.
3. Communicate with the couples guided by genuineness, confidentiality, and unconditional positive regard.
4. Lead the clients to the realizations and decisions that could change the way they communicate and support each other.

3.7.6 Therapeutic Techniques and Procedures

After gathering the results and analyzing the interview data from the participants of this study, the research designed **CURE** in order to help involuntary childless couples to deal with their situation. The findings of the study resulted in this integrative psychotherapy from the basis of person-centered therapy and the human validation model. This will allow the couples to get over their psychological distress and grief and to avoid marital dissatisfaction by increasing positive interaction and marital stability. Two **CURE** therapies would be used to help the couples address the problems related to psychological distress, marital dissatisfaction, and grief. First is to communicate to understand each other's unique experiences in the life of being childless, to reframe their thoughts, feelings, and actions about how they approach the situation so they could build better coping strategies, and to enhance marital satisfaction by working together. The second is to communicate by understanding each other's feelings and having empathy, reassuring their partner with acceptance of their differences, and expressing words and actions properly to avoid disconnection and unhealthy coping strategies.

The two approaches are interconnected and most of the techniques to be used are the same. The difference in use would depend on the degree of psychological distress experienced by the couple and their marital dissatisfaction. High psychological distress would require both approaches to be used, whereas couples who are not experiencing high psychological distress may be assisted using the second approach. Both approaches are anchored in the belief that proper communication would help the couple in their journey to accept and get part involuntary childlessness. Both would also address the proper way to process grief.

The main goal of the first approach is to **COMMUNICATE to:**

A. Understand unique experiences

The couples will achieve an awareness of the other's experience of psychological distress and begin to think of them as a duo in the situation rather than an individual. This will help them gain an understanding of each other's needs and

how to address them. It will help them focus on the fact that stress and depression may be experienced in different ways and have different symptoms. This will also allow them to see that despite the differences in thoughts and actions, they may have the same feelings.

B. Reframe thoughts feelings and actions

This technique will assist the couples to use their new understanding of each other in order to build or adapt coping strategies that will work for both of them. This will allow them to process their grief in a way that would allow them to move forward together. This can build the bridge to the gap about who suffers more in the situation and make them work together to achieve resilience as an individual and serve as a supporting agent to each other.

C. Enhance marital satisfaction

With an understanding of each other and developed coping strategies, this last technique will allow couples to focus on their relationship and on what they have. This will highlight the element of optimism and bring the couple closer together by guiding them to acknowledge the wonderful possibilities in their life as a couple and as a family despite not having children. This will also help them to feel empowered as a person and committed as a couple.

Table 8: Therapeutic Techniques for CURE-1

COMMUNICATE		
CURE Technique	Specific Techniques	Description
Understand unique experiences	Drama	Used by asking clients to re-enact specific events in their lives so they may get a new perspective about how they relate to each other and why.
	Denominalization	Used to get an idea of how one wants to be treated by asking them to define or describe words.
Reframe thoughts feelings and actions	Empty chair	Used to focus on unexpressed emotional content and may serve as a practice on how to relate better with a spouse. May also be used to process grief over a child that would never come.
	Utilize client's strength	Reinforce client's strength and find its best use as a coping strategy to manage stress, avoid depression, and express grief in an acceptable manner.
	Reframing	Used to change perception about a situation through highlighting the possibility of good intention and accentuating puzzlement.
Enhance marital satisfaction	Anchoring	Can help bring feelings to the level of interpersonal physical level. Positive feelings may be anchored to the presence and qualities of the spouse.
	Giving compliments	Thinking of positive things about the other person in order to make each other feel appreciated, accepted, and loved.

The main goal of the second approach is to **COMMUNICATE** by:

A. Understand by feeling and listening

The couples would learn the process of two way communication in this technique. They will redirect their focus from themselves to their partners and

understand that the other person is also experiencing the same things and he or she also has emotions and thoughts about it. They will also discover that importance of reading body language and verbal cues in order to understand each other.

B. Reassure with acceptance

This technique will assist couples in accepting their own flaws and the flaws of their partner in order for change to occur. This is also the technique where couples would show their willingness to foster change and growth. After acknowledging and accepting the flaws in the relationship and the individual, bargaining for change could also take place.

C. Express with words and actions

This is the final technique and could only be done when change is observed. Here couples would again learn the use of two-way communication. They would discover the importance of combining words and actions in order to properly express themselves to their partners so that miscommunication would not lead to negative interaction or be interpreted as withdrawal.

Table 9: Therapeutic Techniques for CURE-2

COMMUNICATE		
CURE Technique	Specific Techniques	Description
Understand by feeling and listening	Reframing	The reinterpretation of a situation to change current perceptions would lead couples to think about how their partners might be feeling.
	Enactment	Lead to the identification of problematic interactions by reenacting and discussing it with each other.
	Anchoring	Bring feelings to the level of interpersonal physical experience in order to validate feelings and lead to freedom of expression.
Reassure with acceptance	Giving compliments	Thinking of positive things about the other person in order to make each other feel appreciated, accepted, and loved.
	Looking for exceptions	Use of exceptional questions to make clients realize what would be different if flaws were not present or if a partner leaves.
	Utilize client's strength	Reinforce client's strength and find its best use in relating with each other.
Express with words and actions	Denominalization	Individuals are asked to provide behavioral descriptions for words to discover exactly what must be done to give them what they need in a way that they would appreciate.
	Confrontation	Facilitated to allow accurate and effective communication
	Empty chair	Used to focus on unexpressed emotional content and may serve as a practice before engaging in confrontation. May also be used to process grief over a child that would never come.

4. Conclusion

1. Involuntary childlessness is a long term condition and experience of couples, both husbands and wives.
2. Experiencing negative things from the environment lead to negative emotions and negative behaviors that could lead to heightened psychological distress.
3. Positive and negative outlook in the relationship affects marital dissatisfaction.
4. Involuntary childless couples experience the stages of grief but do not go through them in the same sequence. They are unable to process their negative emotions properly because it is disenfranchised grief.
5. A proposed psychotherapy may be used to address the needs of involuntary childless couples in relating to each other.

5. Recommendation

1. Mental health workers and medical practitioners may focus on treating the psychological effects of involuntary childlessness as it is not only medical but also psychological.
2. Mental health workers may design or apply existing therapies to help involuntary childless couples to establish better coping strategies for psychological distress and grief.
3. Involuntary childless couples may strengthen their relationship because they serve as each others' primary social support system in dealing with the situation.
4. Mental health practitioners may organize support groups of involuntary childless couples so that they could process their grief openly.
5. Psychotherapists may use the proposed psychotherapy to help strengthen the relationship of involuntary childless couples to help them avoid marital dissatisfaction, decrease psychological distress, and allow them to feel and process their grief together because it is a joint experience and it may also be evaluated thereafter.

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References

- Amiri, M., Sadeqi, Z., Hoseinpoor, M. H., & Khosravi, A. (2016). Marital Satisfaction and Its Influencing Factors in Fertile and Infertile Women. Retrieved on: August 25, 2018; from: https://www.researchgate.net/publication/312550123_Marital_Satisfaction_and_Its_Influencing_Factors_in_Fertile_and_Infertile_Women.
- Braun, V. & Clarke, V. (2019). Thematic Analysis: A Reflexive Approach. *The University of Auckland New Zealand*. Retrieved October 2019; from <https://www.psych.auckland.ac.nz/en/about/thematic-analysis.html#bfa0bedc83228bf4cabc945e04addce>.
- Buhr, P. & Huinink, J. (2017). Why Childless Men and Women Give Up on Having Children. *European Journal of Population; Dordrecht Vol. 33, Iss. 4, (2017): 585-606*. Retrieved on: August 24, 2018; from: <https://search.proquest.com/pqrl/docview/1950432038/A6EF6570081445APQ/73?accountid=160143>.
- Castaneda, R. (2018). Being Childless is Painful for Many Women: Here are 9 Coping Strategies. Health. US News. Retrieved September 2019; from <https://health.usnews.com/wellness/family/slideshows/being-childless-is-painful-for-many-women-here-are-9-coping-strategies?onepage>.
- Choi, Y., Sung, M., & Lee, J. (2014). Portraits of Childless Couples in South Korea I: Psychological Well-being, Couple Relationships, and Attitudes toward Children by Types of Childlessness. Retrieved on: August 25, 2018; from: https://www.researchgate.net/publication/279447076_Portraits_of_Childless_Couples_in_South_Korea_I_Psychological_Well-being_Couple_Relationships_and_Attitudes_toward_Children_by_Types_of_Childlessness.
- Chrastil, R. (2019). Not having kids is nothing new. What centuries of history tell us about childlessness today. *The Washington Post*. Retrieved October 2019; from <https://www.washingtonpost.com/outlook/2019/09/05/not-having-kids-is-nothing-new-what-centuries-history-tell-us-about-childlessness-today/>.
- Corey, G. (2012). *Theory and Practice of Group Counseling, 8th ed.* Cengage Learning.
- Del Pilar Sanchez-Lopez, M. & Dresch, V. (2008). The 12-Item General Health Questionnaire (GHQ-12): Reliability, external validity and factor structure in the Spanish Population. *Psicothema 2008. Vol 20, n 4, pp.839-843*. Retrieved December 2020, from <http://www.psicothema.com/pdf/3564.pdf>.

- DerSarkissian, C. (2018). What is Normal Grieving, and What are the Stages of Grief? WebMD. Retrieved October 2019; from <https://www.webmd.com/balance/normal-grieving-and-stages-of-grief#1>.
- Dhar, R. L. (2013). Lived Experiences of Childless Couples: A Phenomenological Study From the Indian Rural Context. *Marriage & Family Review; New York Vol. 49, Iss. 4, (2013): 265*. Retrieved on: August 24, 2018; from: <https://search.proquest.com/pqrl/docview/1334959612/A6EF6570081445APQ/35?accountid=160143>.
- Faulkner, R. A. (2002). Gender-related Influences on Marital Satisfaction and Marital Conflict over time for Husbands and Wives. Retrieved October 2019; from <https://pdfs.semanticscholar.org/24c8/2a3dd05672ca4f3a0f19c5ab5bd52d64e943.pdf>.
- Feist, G. & Feist, J. (2018). *Theories of Personality*, 9th ed. McGraw Hill. New York.
- Fieldsend, M. (2018). What Is It Like Being Involuntarily Childless? Searching Ways of Understanding From a Psychological Perspective. *Voluntary and Involuntary Childlessness: eISBN: 978-1-78754-361-4*. Retrieved August 2019; from <https://www.emerald.com/insight/content/doi/10.1108/978-1-78754-361-420181003/full/html>.
- Gibney, S., Delaney, L., Codd, M., & Fahey, T. (2017). Lifetime Childlessness, Depressive Mood and Quality of Life Among Older Europeans. *Social Indicators Research*, Vol. 130, Issue 1, pp305-323. Retrieved August 2019; from <https://link.springer.com/article/10.1007/s11205-015-1177-1>.
- Graham, M. (2015). Is Being Childless Detrimental to a Woman's Health and Well-being Across Her Life Course? *Women's Health Issue*. Vol. 25, Issue 2 pp.176-184. Retrieved on August 2019; from <https://doi.org/10.1016/j.whi.2014.12.002>.
- Graham, M., Turnbull, B., McKenzie, H., & Taket, A. (2018). Social Inclusion, Connectedness, and Support: Experiences of Women without Children in a Pronatalist Society. *Voluntary and Involuntary Childlessness*, eISBN: 978-1-78754-361-4. Retrieved on August 2019; from <https://www.emerald.com/insight/content/doi/10.1108/978-1-78754-361-420181007/full/html>.
- Grube, T. L. (2019). A Grounded Theory Approach to Explore the Experience of Involuntary Childlessness in Couples with Infertility. Widener University School of Nursing. Retrieved on January 2020; from https://sigma.nursingrepository.org/bitstream/handle/10755/17198/TGrube_1.pdf?sequence=1.

- Guttman, J. & Lazar, A. (2004). Criteria for marital satisfaction: Does having a child make a difference? *Journal of Reproductive and Infant Psychology; Chichester Vol. 22, Iss. 3, (Aug 2004): 147-156*. Retrieved on: August 25, 2018; from: <https://search.proquest.com/pqrl/docview/216074150/24D0D7F7CB0A4A5FPQ/2?accountid=160143>.
- Hadley, R. (2019). The Impact of Male Involuntary Childlessness. *Psychreg Journal of Psychology*, ISSN: 2515-138X. Retrieved on August 2019; from https://www.researchgate.net/profile/Robin_Hadley/publication/334480316_The_impact_of_male_involuntary_childlessness_In_Psychreg_Journal_of_Psychology/links/5d2d98cda6fdcc2462e33083/The-impact-of-male-involuntary-childlessness-In-Psychreg-Journal-of-Psychology.pdf.
- Hansen, T., Slagsvold, B., Moum, T. (2009). Childlessness and Psychological Well-Being in Midlife and Old Age: An Examination of Parental Status Effects Across a Range of Outcomes. *Social Indicators Research; Dordrecht Vol. 94, Iss. 2, (Nov 2009): 343-362*. Retrieved on: August 21, 2018; from: <https://search.proquest.com/pqrl/docview/197617470/24D0D7F7CB0A4A5FPQ/36?accountid=160143>.
- Harley Therapy. (2017). Involuntary Childlessness and Depression – Is it Time to Talk? Retrieved on August 2019; from <https://www.harleytherapy.co.uk/counselling/involuntary-childlessness-depression.htm>.
- Health e-University. (n.d.). Psychological Distress. Retrieved March 2020; from https://www.healtheuniversity.ca/EN/CardiacCollege/Wellbeing/Stress_And_Sense_Of_Control/Pages/psychological-distress.aspx.
- Hess, R. Ross, R., & Gililand Jr, J. L. (2018). Infertility, psychological distress, and coping strategies among women in Mali, West Africa: A Mixed-methods study. *African Journal of Reproductive Health*, Vol. 22, No.1. Retrieved September 2019; from <https://www.ajol.info/index.php/ajrh/article/view/169837>.
- James, S.S. & Singh, A. K. (2018). Grief and Bereavement in Infertility and Involuntary Childlessness. *Journal of Psychosocial Research*, Vol. 13 Iss. 2, pp297-305. Retrieved September 2019; from <https://bit.ly/2nIb7n7>.
- Kane, S. (2019). Factors Linked to Psychological Distress. PsychCentral. Retrieved November 2019; from <https://psychcentral.com/lib/factors-linked-to-psychological-distress/>.

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- Karney, B. R. (2010). Keeping Marriages Healthy, and Why It's So Difficult. American Psychological Association. Retrieved October 2019; from <https://www.apa.org/science/about/psa/2010/02/sci-brief>.
- Lechner, L., Bolman, C., & A. van Dalen. (2007). Definite involuntary childlessness: associations between coping, social support and psychological distress. *Human Reproduction; Oxford Vol. 22, Iss. 1, (Jan 2007): 288-94*. Retrieved on: August 25, 2018; from: <https://search.proquest.com/pqrl/docview/211876760/B30ED3A26BD94211PQ/52?accountid=160143>.
- Li, X., Wang, K., Huo, Y., & Zhuo, M. (2019). The effect of infertility-related stress on Chinese infertile females' mental health: The moderating role of marital adjustment. *PsyCh Journal: Institute of Psychology Chinese Academy of Science*, Vol. 8, Iss 2. Retrieved September 2019; from <https://onlinelibrary.wiley.com/doi/abs/10.1002/pchj.255>.
- Malik, S. H. & Coulson, N. S. (2013). Coming to Terms with Permanent Involuntary Childlessness: A Phenomenological Analysis of Bulletin Board Postings. *Europe's Journal of Psychology Vol. 9(1), 77-92*. Retrieved on August 2019; from <https://doi.org/10.5964/ejop.v9i1.534>.
- Marques, D. (2019). The eight types of grief. Retrived January 2020, from <https://www.happiness.com/en/magazine/health-body/eight-types-of-grief-explained/>.
- Marsh, S. (2017). The desire to have a child never goes away: how the involuntarily childless are forming a new movement. *The Guardian*. Retrieved August 2019; from <https://www.theguardian.com/lifeandstyle/2017/oct/02/the-desire-to-have-a-child-never-goes-away-how-the-involuntarily-childless-are-forming-a-new-movement>.
- Masoumi, S. Z., Garousian, M., Khani, S., Oliaei, S. R., & Shayan, A. (2016). Comparison of Quality of Life, Sexual Satisfaction and Marital Satisfaction between Fertile and Infertile Couples. *International Journal of Fertility and Sterility* 10(3): 290-296. Retrieved on: August 25, 2018; from: https://www.researchgate.net/publication/309102478_Comparison_of_Quality_of_Life_Sexual_Satisfaction_and_Marital_Satisfaction_between_Fertile_and_Infertile_Couples.
- Mayo Clinic. (2017). Complicated Grief. Retrieved on: January 2020; from: <https://www.mayoclinic.org/diseases-conditions/complicated-grief/symptoms-causes/syc-20360374>.
- Men's Health Forum. (nd). Men Without Children. Retrieved September 2019; from <https://www.menshealthforum.org.uk/men-without-children>.

- Miller, A. (2013). Can this Marriage be saved? *American Psychological Association Science Watch*, Vol. 44 No. 4. Retrieved December 2019, from <https://www.apa.org/monitor/2013/04/marriage>.
- Mohamed, J. & Hatem, N (nd). Leonard Pearlin's Theory of Psychological Distress. Retrieved October 2019; from http://cisemrjason.weebly.com/uploads/2/3/6/5/23650446/leonard_pearlin.pdf.
- Office on Women's Health. (2019). Infertility. Retrieved September 2019; from <https://www.womenshealth.gov/a-z-topics/infertility>.
- Oti-Boadj, M. & Asante K. O. (2017). Psychological health and religious coping of Ghanaian women with infertility. *BioPsychoSocial Medicine*, Vol. 11, Art. 20. Retrieved September 2017; from <https://bpsmedicine.biomedcentral.com/articles/10.1186/s13030-017-0105-9>.
- Psychological Association of the Philippines. (2017). Adoption and Promulgation of the Code of Ethics and Professional Standards for Psychology Practitioners in the Philippines. Retrieved October 2019; from <https://www.pap.org.ph/sites/default/files/upload/resolution11-2017.pdf>.
- Pedro, A. (2017). Coping with infertility: An explorative study of South African women's experiences. University of the Western Cape Repository. Retrieved September 2019; from <http://repository.uwc.ac.za/handle/10566/4053>.
- Sage, E. A. & Shackelford, T. K. (nd). Marital Satisfaction. Sage Knowledge. Retrieved October 2019; from <http://sk.sagepub.com/reference/socialpsychology/n323.xml>.
- Schick, M., Rosner, S., Toth, B., Strowitzki, T., & Wischmann, T. (2014). Exploring Involuntary Childlessness in Men – A Qualitative Study Assessing Quality of Life, Role Aspects and Control Beliefs in Men's Perception of the Fertility Treatment Process. *Human Fertility Journal*, Vol. 19, Issue 1. Retrieved August 2019; from <https://www.tandfonline.com/doi/abs/10.3109/14647273.2016.1154193>.
- Tabong, P. T.-N., & Adongo, P. B. (2013). Infertility and childlessness: a qualitative study of the experiences of infertile couples in Northern Ghana. *BMC Pregnancy and Childbirth*, 13, 72. Retrieved on: August 24, 2018; from: <http://doi.org/10.1186/1471-2393-13-72>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3610195/>.

- Tanaka, K. & Johnson, N. E. (2016). Childlessness and Mental Well-being in a Global Context. *Journal of Family Issues*, Vol. 37, Issue 8, pp 1027-1045. Retrieved on August 2019; from <https://doi.org/10.1177/0192513X14526393>.
- Thelen, V. (2019). Disenfranchised Grief. Family Health Psychiatric and Counseling Center, P. Retrieved on January 2020; from <https://www.fhpcc.com/disenfranchised-grief>.
- Thomas, J. (2020). The Mother of Family Therapy: Virginia Satir. Retrieved on: March 2020; from: <https://www.betterhelp.com/advice/therapy/the-mother-of-family-therapy-virginia-satir/>.
- Twenge, J. M., Campbell, W K., & Foster, C. A. (2003). Parenthood and marital satisfaction: A meta-analytic review. *Journal of Marriage and Family; Minneapolis Vol. 65, Iss. 3, (Aug 2003): 574-583*. Retrieved on: August 25, 2018; from: <https://search.proquest.com/pqrl/docview/219745844/25E1D73CEF644D90PQ/16?accountid=160143>.
- Vizheh, M., Pakgozar, M., Rouhi, M., Veisy, A. (2015). Impact of Gender Infertility Diagnosis on Marital Relationship in Infertile Couples: A Couple Based Study. *Sexuality and Disability; New York Vol. 33, Iss. 4, (Dec 2015): 457-468*. Retrieved on: August 25, 2018; from: <https://search.proquest.com/pqrl/docview/1732759030/fulltextPDF/33E3A3EA2A84C7APQ/1?accountid=160143>.
- Volgsten, H., Svanberg, A. S., and Olsson, P. (2010). Unresolved grief in women and men in Sweden three years after undergoing unsuccessful in vitro fertilization treatment. *Acta Obstet Gynecol Scand. 2010 Dec; 89(10): 1290-1297*. Retrieved on January 2020; from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2993044/>.
- Wells, H. & Heinsch, M. (2019). Not Yet a Woman: The Influence of Socio-Political Constructions of Motherhood on Experiences of Female Infertility. *The British Journal of Social Work*. Retrieved August 2019; from <https://doi.org/10.1093/bjsw/bcz077>.
- Whittaker, A., Inhorn, M., & Shenfield, F. (2018). Globalized quests for assisted conception: Reproductive travel for infertility and involuntary childlessness. *Global Public Health: AN International Journal for Research, Policy, and Practice*, Vol. 14, Iss. 12. Retrieved September 2019; from <https://doi.org/10.1080/17441692.2019.1627479>
- Yeshua-Katz, D. (2018). Childless in an IVF-nation: Online Stigma-Coping Strategies in Support Groups for Childless Israeli Women. *Information*,

14-16 May, 2021
Paris, France

12th International Conference on
Humanities, Psychology & Social Sciences

Communication, & Society, Vol. 21, Issue 10. Retrieved August 2019, from
<https://www.tandfonline.com/doi/abs/10.1080/1369118X.2017.1324504>.