

“Can We Do This Again?”: Understanding Women’s Experiences of Infertility

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Abstract: This hermeneutic inquiry into women’s experiences of infertility involved interviews with 10 women participants living in Canada. The research revealed an experience of infertility that was physically challenging, relationally complex, and financially demanding. Couched within infertility were experiences of loss, grief, remembrance, hope, blame, and care. In addition to the presence of an absence, the experience of infertility was disclosive of insights into selfhood, family, and kinship.

Background

Infertility is defined as the inability to achieve a pregnancy or carry a pregnancy to term after 12 months of regular unprotected sex (World Health Organization [WHO], 2025). In Canada, the prevalence of current infertility was estimated to range from 11.5% to 15.7% for married or common law couples with a female partner aged 18-44 (Bushnik et al., 2012). The primary dependence of conception (insemination, ovulation, implantation) and pregnancy (maintenance and growth) on the female body renders the experience of infertility much more complex for women. This extended abstract outlines the main findings from the first author’s doctoral research project that aimed to understand the experience of infertility for women.

Methods

Methodologically guided by Hans-Georg Gadamer’s philosophical hermeneutics, the first author interviewed 10 women living in Canada and invited them to bring an image of meaning to their interviews. In hermeneutics, understanding unfolds in the confluence of history, language, and dialogue. Analysis was informed by the hermeneutic circle, a movement between the parts of data (images and interview transcripts) and the whole of topic in reading, re-reading, dialogue, and interpretive writing (Moules et al., 2026).

Discussion

In the research literature, infertility has been understood through a narrative of deficits, pathology, and absence. In addition to this characterization, infertility was a generative experience for study participants. Infertility was inviting of grief and confusion, it produced multiple forms of labor for participants, and the family continued to grow – in strengthening the dyadic relationship; in nourishing the bonds with children no longer alive; in the trying for a child which took up its own space; and in the inclusion of work colleagues,

pets, and other children for whom they cared. Participants suffered losses that were recognizable but unthinkable, such as the birth of a stillborn child; some losses were shrouded in darkness, obscured by the brightness of hope from medical technology. Participants’ engagement with medical technology created unique points of possibility and loss, revealing the limits of science in emulating conception and birth. Sometimes, this striving for life meant living with death – in the stillbirth of a child and in miscarriage. Infertility was an experience of limits as participants navigated geographical, relational, and discursive boundaries in the pursuit of family. Participants’ experiences with health care providers (HCPs) were, in sum, “*a mixed bag*.” The dismissiveness by HCPs resembled a callused touch that could not sense and abraded those with whom it came into contact. As opposed to more education about infertility, miscarriage, or stillbirth, these findings signal a *return* to the I-Thou relationship at the heart of caring for others in shared life. When HCPs take up what the (clinical) world presents to them, there is something in there for them too.

Conclusion

The experience of infertility was highly indexed to medical treatment. Infertility was about family, relationships, labor, identity, care, hope, loss, and grief. HCPs sometimes fumbled these delicate situations not because of a lack of knowing, but a missed opportunity for understanding.

References

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