

Identifying Relational Growth Trajectories in Couples Following Infertility Treatment

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ABSTRACT

Objective: This study aimed to explore and identify the relational growth trajectories experienced by couples in Chile following infertility treatment, focusing on emotional, communicative, and identity-based transformations emerging after treatment completion.

Methods and Materials: This qualitative research employed a phenomenological design to capture couples' lived experiences of relational change after infertility treatment. The sample consisted of 18 participants (9 couples) recruited purposively from fertility clinics and support networks in Santiago, Valparaíso, and Concepción. Semi-structured, in-depth interviews lasting 60–90 minutes were conducted until theoretical saturation was achieved. All interviews were transcribed verbatim and analyzed using Braun and Clarke's six-step thematic analysis framework with the support of NVivo 14 software. Credibility was ensured through member checking, peer debriefing, and maintenance of an analytic audit trail.

Findings: Thematic analysis revealed four overarching themes that described couples' post-treatment experiences: (1) Emotional reconstruction and resilience, encompassing acceptance, emotional regulation, and rediscovery of hope; (2) Transformation of couple communication, marked by open dialogue, empathy, and constructive conflict resolution; (3) Reconfiguration of identity and meaning, reflecting shifts in self-worth, spirituality, and relational purpose; and (4) Relational growth and future orientation, capturing strengthened partnerships, gratitude, and shared visions beyond biological parenthood. Couples reported that infertility, while initially distressing, ultimately fostered deeper intimacy, mutual empathy, and adaptive meaning-making. These relational growth trajectories aligned with prior research emphasizing post-traumatic growth and dyadic coping in infertility contexts.

Conclusion: Infertility, despite its emotional burden, can serve as a catalyst for relational and psychological growth. Couples who engage in mutual support, empathic communication, and meaning reconstruction often emerge from treatment with stronger emotional bonds and renewed partnership. Integrating relational and psychological support within fertility care may enhance couples' resilience and promote long-term well-being.

Keywords: Infertility; Couples; Relational growth; Emotional resilience; Dyadic coping; Thematic analysis; Chile.

1. Introduction

Infertility is recognized as one of the most distressing life crises that can profoundly affect individuals and couples across biological, psychological, and relational dimensions. The inability to conceive despite regular unprotected intercourse for at least one year is not merely a medical diagnosis—it is an experience that touches on identity, intimacy, and meaning in human relationships (Pozzi et al., 2021). In many cultures, parenthood is socially constructed as a marker of adulthood, marital success, and social legitimacy, and its absence can threaten the stability of the couple's relationship and personal sense of self (Nazemi et al., 2023). The global prevalence of infertility is estimated to range between 8% and 12% of reproductive-aged couples, with rates varying based on sociodemographic and environmental factors (Tang et al., 2023). However, beyond biological causes, infertility is increasingly viewed as a psychosocial phenomenon, with emotional distress, anxiety, and relationship strain constituting central aspects of its lived experience (Fernandes et al., 2023).

Research consistently demonstrates that infertility generates significant psychological challenges. Affected individuals often report elevated levels of anxiety, depression, and feelings of inadequacy, which can disrupt both personal well-being and marital functioning (Jain & Tiwari, 2024). The emotional reactions to infertility—ranging from grief to hopelessness—mirror those observed in trauma and loss experiences (Ebrahimi, 2022). Moreover, the cyclical nature of medical treatment, involving repetitive hope and disappointment, contributes to emotional exhaustion and relational fatigue (Derakhshan et al., 2023). In this sense, infertility constitutes not only a reproductive crisis but also a relationship stressor, capable of either weakening or strengthening the marital bond depending on how couples navigate its challenges (Fathi et al., 2023).

Couples' responses to infertility are mediated by a range of psychosocial variables, including emotional intimacy, cognitive flexibility, and social support (Vakilian et al., 2024). For instance, high levels of emotional intimacy and mutual understanding are associated with greater relationship satisfaction and resilience in the face of infertility-related stress (Besharat, 2021). Conversely, rigid cognitive patterns and irrational beliefs about self-worth or gender roles may exacerbate marital tension (Moghadam et al., 2024). This relational dynamic suggests that infertility can act as a "stress test" for the couple, exposing pre-existing vulnerabilities while also providing opportunities for

relational growth and emotional transformation (Salimi, 2023).

A growing body of research has examined the importance of social support systems in moderating the psychological impact of infertility. Support from family, friends, and healthcare providers can mitigate the effects of stress and promote adaptive coping (Joseph et al., 2024). Partner support, in particular, has been found to play a protective role against infertility-related distress and to enhance overall relationship quality (Rasheed et al., 2024). Emotional closeness and shared understanding between partners help them negotiate the uncertainty and emotional turbulence of infertility treatment. In contrast, lack of communication and mutual blame can exacerbate feelings of isolation and dissatisfaction (Ngai & Loke, 2022).

The role of gender in the psychological experience of infertility has also received scholarly attention. Studies show that women often report higher levels of psychological distress compared to men, largely due to cultural expectations and internalized gender norms that associate femininity with motherhood (Jain & Tiwari, 2024). Nevertheless, men also experience significant emotional consequences, frequently manifesting as withdrawal, avoidance, or reduced sexual satisfaction (Fernandes et al., 2023). The intersection of these gendered experiences within the couple's relationship can influence communication patterns and coping mechanisms. Dyadic approaches to understanding infertility—those that consider both partners' interdependent emotional experiences—have been shown to provide richer insights into relational adjustment processes (Tang et al., 2023).

From a therapeutic perspective, infertility challenges traditional conceptualizations of marital adjustment and invites a more nuanced exploration of how couples reconstruct meaning and connection through adversity. Interventions such as emotion-focused couples therapy and Gottman-based approaches have demonstrated efficacy in improving sexual satisfaction, intimacy, and emotional stability among infertile couples (Fathi et al., 2023; Salimi, 2023). These interventions promote emotional attunement, empathy, and acceptance—key components of what some scholars term relational growth trajectories, whereby couples transform distress into opportunities for deeper emotional connection and shared resilience (Dehqan Manshadi et al., 2024).

The relational dimension of infertility has been further illuminated by studies exploring family sense of coherence—the shared capacity to perceive life as

meaningful, manageable, and comprehensible (Ngai & Loke, 2022). Couples who maintain a strong sense of coherence are better equipped to manage infertility-related stress and preserve relationship satisfaction. Similarly, research on cognitive flexibility indicates that partners who can reinterpret challenges and reframe expectations show higher levels of marital stability and psychological well-being (Vakilian et al., 2024). This adaptability allows couples to navigate the emotional highs and lows of treatment, integrating the infertility experience into a broader life narrative rather than perceiving it solely as failure.

At the same time, social and cultural contexts significantly shape the meaning of infertility. In many societies, including Iran and other Middle Eastern countries, infertility is often stigmatized and can lead to social isolation or diminished marital status (Derakhshan et al., 2023; Nazemi et al., 2023). Similar patterns are observed globally, where infertility continues to be associated with shame and secrecy, particularly for women (Babakhani et al., 2024). These sociocultural pressures can strain couple relationships but may also strengthen inter-partner solidarity as couples turn inward for emotional support (Nezami et al., 2023). Indeed, qualitative studies highlight that many couples emerge from infertility experiences with an enhanced sense of empathy, mutual care, and partnership—a phenomenon referred to as post-infertility relational growth (Dehqan Manshadi et al., 2024).

Furthermore, research indicates that marital satisfaction plays a mediating role between psychological distress and social health among infertile couples (Babakhani et al., 2024). High marital satisfaction not only protects individuals from depressive symptoms but also enhances overall well-being and life satisfaction. Relationship quality—comprising trust, communication, and shared goals—serves as a buffer against infertility-related distress (Besharat, 2021). However, when couples experience poor communication or unresolved conflict, infertility can exacerbate relational dissatisfaction and emotional disconnection (Ebrahimi, 2022). These findings underscore the critical role of relational dynamics in determining how couples cope with and adapt to infertility.

From a clinical standpoint, the literature emphasizes the necessity of integrating psychological and relational support into fertility care. Despite recommendations, many infertility clinics still prioritize biomedical treatment over psychosocial well-being (Iordachescu et al., 2021; Pozzi et al., 2021). This gap in care often leaves couples feeling

unsupported in navigating the emotional and relational complexities of infertility. Studies have urged healthcare systems to incorporate counseling, couple therapy, and psychosocial education as standard components of infertility treatment (Malina & Piotrowski, 2024). Doing so not only improves treatment adherence but also enhances couples' resilience and satisfaction with the process.

The interplay between stress, coping, and relational adjustment is thus central to understanding infertility outcomes. Couples who engage in dyadic coping—mutual strategies for managing stress—tend to experience lower levels of anxiety and depression and report stronger marital bonds (Tang et al., 2023). Conversely, those who rely on individualistic coping strategies often report greater psychological burden and reduced intimacy (Rasheed et al., 2024). Importantly, adaptive coping does not necessarily depend on treatment success; rather, it reflects the couple's ability to find meaning and connection despite uncertain outcomes (Moghadam et al., 2024). This suggests that relational growth is not contingent on achieving pregnancy but on transforming the infertility experience into a shared journey of understanding, acceptance, and renewal.

The relational transformation following infertility is not limited to emotional closeness—it also involves reconfiguration of identity and life goals. Couples often redefine the meaning of parenthood, partnership, and fulfillment, moving from a focus on biological reproduction toward broader conceptions of intimacy and life purpose (Dehqan Manshadi et al., 2024; Nezami et al., 2023). Such meaning reconstruction parallels the concept of post-traumatic growth, wherein individuals find positive psychological change resulting from struggle with highly challenging circumstances (Nazemi et al., 2023). For many couples, infertility thus becomes a catalyst for deep relational introspection and renewed commitment to shared values.

Taken together, these studies highlight infertility as a complex biopsychosocial phenomenon that profoundly affects couple functioning, identity, and emotional well-being. While the literature has extensively documented the psychological distress associated with infertility, less is known about the positive trajectories of relational growth that can emerge after treatment—particularly in cultural contexts like Chile, where family identity and marital roles hold significant social meaning. Understanding these growth processes can inform more holistic therapeutic interventions that address not only distress but also resilience, meaning-making, and relational transformation.

Therefore, the present study aims to identify and explore the relational growth trajectories experienced by couples following infertility treatment in Chile.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a qualitative research design using a phenomenological approach to explore the lived experiences and relational growth trajectories of couples following infertility treatment in Chile. The phenomenological design was chosen to capture the depth, complexity, and meaning that couples ascribe to their relational changes during and after fertility interventions.

A purposive sampling strategy was utilized to identify participants who had undergone any form of assisted reproductive treatment (e.g., in vitro fertilization, intrauterine insemination) within the last five years and were willing to share their experiences. The sample included 18 participants (9 couples), ensuring representation of diverse age groups, treatment outcomes, and relationship durations to enhance the richness of the data. Inclusion criteria required that participants: (1) were married or in a committed relationship for at least three years, (2) had completed at least one cycle of infertility treatment, and (3) were fluent in Spanish. Individuals experiencing ongoing acute emotional distress were excluded to protect psychological well-being during interviews.

Recruitment was conducted through infertility clinics and support groups in Santiago, Valparaíso, and Concepción. Initial contact was made through clinic coordinators who distributed study information sheets. Interested couples were then contacted directly by the research team to schedule interviews. Participation was voluntary, and all individuals provided written informed consent prior to data collection.

2.2. Measures

Data were collected through semi-structured, in-depth interviews conducted between February and June 2025. An interview guide was developed based on existing literature on infertility, couple adjustment, and post-traumatic growth. Key topics included emotional adaptation, communication patterns, mutual support, intimacy changes, and perceived relational transformation after treatment.

Each interview lasted approximately 60 to 90 minutes and was conducted either face-to-face or via secure video conferencing, depending on participant preference and

geographical location. All interviews were conducted in Spanish by a trained qualitative researcher with a background in clinical psychology and experience in reproductive health counseling. Interviews were audio-recorded with participants' permission and subsequently transcribed verbatim. Field notes were maintained to capture contextual and nonverbal cues. Data collection continued until theoretical saturation was reached—defined as the point at which no new themes or insights emerged from additional interviews, which occurred after 18 participants.

2.3. Data Analysis

Data analysis followed Braun and Clarke's (2006) six-step thematic analysis framework, allowing for both inductive and deductive coding processes. Transcripts were imported into NVivo 14 qualitative data analysis software to facilitate systematic organization, coding, and retrieval of data.

The analytical process involved:

1. Familiarization: Reading and re-reading transcripts to gain a holistic understanding of participants' narratives.
2. Initial coding: Generating open codes to capture meaningful units related to relational growth, emotional recovery, and communication changes.
3. Theme development: Grouping similar codes into broader categories representing emerging patterns (e.g., "mutual empathy," "rediscovery of partnership," "spiritual reappraisal").
4. Reviewing themes: Refining and consolidating themes to ensure internal coherence and distinctiveness.
5. Defining and naming themes: Formulating clear definitions for each theme and identifying subthemes that illustrated variations in experience.
6. Reporting: Integrating participant quotations to illustrate key themes and constructing a coherent narrative that reflected relational growth trajectories following infertility treatment.

To enhance credibility and trustworthiness, multiple strategies were employed, including member checking (participants reviewed summary interpretations for accuracy), peer debriefing among research team members, and maintaining an audit trail documenting analytic decisions. Reflexive journaling was used to minimize researcher bias and maintain transparency throughout the analytical process.

3. Findings and Results

The study sample comprised 18 participants (9 heterosexual couples) who had undergone infertility treatment within the past five years in Chile. The participants' ages ranged from 29 to 46 years (mean age = 37.2 years). In terms of educational background, 11 participants (61%) held university degrees, 5 participants (28%) had completed secondary education, and 2 participants (11%) possessed postgraduate qualifications. Regarding the duration of their relationships, four couples (44%) had been together for 5–10 years, three couples (33%) for 11–15 years, and two couples (23%) for over 15 years. Most participants were employed in professional or service occupations (n = 12; 67%), while the remainder were engaged in part-time or domestic work (n = 6; 33%).

With respect to infertility experiences, seven couples (78%) had pursued in vitro fertilization (IVF) as their primary treatment method, while two couples (22%) had undergone intrauterine insemination (IUI). The outcome of treatment varied: three couples (33%) achieved successful conception, two couples (22%) were still pursuing additional treatment cycles, and four couples (45%) had discontinued medical treatment and focused on emotional and relational adaptation. All participants were Chilean nationals residing in urban areas (Santiago, Valparaíso, and Concepción). The diversity in age, education, and treatment outcomes contributed to a rich understanding of relational dynamics and emotional adaptation processes among couples navigating infertility in the Chilean context.

Table 1

Main Themes, Subthemes, and Concepts Derived from Thematic Analysis

Main Themes (Categories)	Subthemes (Subcategories)	Concepts (Open Codes)
1. Emotional Reconstruction and Resilience	Acceptance of Infertility Experience Managing Emotional Distress Growth Through Adversity Emotional Balance in Relationship Rebuilding Hope and Optimism Deepened Emotional Dialogue	Acknowledging emotional pain; Letting go of guilt; Coming to terms with medical limitations; Recognizing shared suffering Coping with treatment failure; Emotional regulation strategies; Support from therapist; Learning to tolerate uncertainty Discovering inner strength; Transforming pain into purpose; Increased empathy; Meaning-making from suffering; Spiritual reliance Controlling emotional outbursts; Creating safe space for feelings; Respecting partner's emotional needs Reframing future goals; Focusing on possibilities beyond parenthood; Renewed motivation for shared life; Planning new beginnings Sharing fears openly; Verbalizing affection; Reducing blame; Honest emotional disclosure
2. Transformation of Couple Communication	Constructive Conflict Management Empathic Understanding Shared Decision-Making Redefining Intimacy	Listening during disagreement; Avoiding defensive reactions; Compromise and negotiation; Apologizing and repair behaviors Recognizing partner's vulnerability; Active listening; Nonverbal empathy; Emotional mirroring Joint reflection before decisions; Mutual respect in choices; Discussing treatment options together Emotional intimacy renewal; Physical closeness without pressure; Creating new rituals of connection
3. Reconfiguration of Identity and Meaning	Reassessment of Life Priorities Spiritual and Existential Reappraisal Redefining Self-Worth Social Identity Reconstruction Empowerment Through Shared Experience Integration of Past and Present Selves	Questioning previous goals; Shifting from parenthood to partnership; Simplifying lifestyle Trusting divine timing; Searching for existential purpose; Finding peace through spirituality Moving beyond reproductive identity; Self-acceptance; Recognizing personal achievements Navigating social stigma; Adjusting to societal expectations; Reframing couple image in community Feeling stronger as a couple; Advocacy for infertility awareness; Supporting others in similar situations Healing from past disappointment; Embracing new identity; Bridging pre- and post-treatment selves
4. Relational Growth and Future Orientation	Strengthened Partnership	Perceiving teamwork; Mutual reliance; Greater unity; Seeing relationship as unbreakable bond

Vision for the Future	Planning life projects; Reimagining family structure; Exploring adoption or alternative parenting
Compassionate Reciprocity	Caring more for partner's needs; Mutual appreciation; Expressing gratitude; Emotional reciprocity
Reestablishing Trust and Security	Reassurance behaviors; Emotional dependability; Reduced fear of abandonment
Shared Meaning of Parenthood and Beyond	Accepting multiple paths to fulfillment; Expanding notion of family; Seeing love as generative beyond children

The thematic analysis of interviews with 18 participants revealed four overarching themes that illustrate how couples in Chile experience relational growth following infertility treatment. These themes capture emotional, communicative, identity-based, and future-oriented transformations that emerged in the aftermath of infertility-related distress, reflecting both individual and shared adaptive processes that contributed to renewed relational meaning and cohesion.

The first major theme, emotional reconstruction and resilience, described the process by which couples gradually rebuilt their emotional worlds after the disruption of infertility. Participants frequently highlighted a journey from despair to acceptance, noting how acknowledging pain and guilt became a foundation for healing. One woman explained, *"At first, I blamed myself every day. But when I saw that he was suffering too, we started to forgive ourselves together."* This phase often involved developing coping strategies and emotional regulation skills, supported by therapeutic guidance or peer groups. For some, adversity became transformative; as one participant reflected, *"What hurt us once now connects us—we discovered strength we never knew we had."* Couples also reported learning to balance emotions in the relationship, creating a safe emotional space where both could express vulnerability without judgment. Rebuilding hope emerged as a shared process, often characterized by redefining life goals and rediscovering optimism. As one husband shared, *"We began dreaming again, not about a baby this time, but about our life together."*

The second theme, transformation of couple communication, captured the shift from defensive, fragmented dialogues during treatment to deeper, more authentic emotional exchanges afterward. Participants described how open dialogue and empathy became central to relational recovery. One woman stated, *"We learned to talk without trying to fix each other. Just listening was enough."* Communication changes were reflected in the emergence of mutual respect, emotional transparency, and joint decision-making in both everyday and treatment-related matters. Couples highlighted how conflict resolution

became less adversarial and more constructive, with one man noting, *"Before, every disagreement was about failure. Now, we fight to understand, not to win."* Empathic understanding and shared decision-making reinforced intimacy and trust, while many couples reported redefining intimacy itself—moving away from performance-oriented sex toward expressions of emotional closeness. A participant explained, *"We stopped seeing intimacy as a task and started seeing it as our way to feel human again."*

The third theme, reconfiguration of identity and meaning, revealed that infertility prompted deep existential questioning and reconstruction of both personal and shared identities. Couples spoke about reassessing life priorities, realizing that their value and purpose extended beyond biological parenthood. As one participant shared, *"Infertility made us rethink everything—we were more than our diagnosis."* Spiritual and existential reappraisal played a significant role for many, as they sought peace through faith and acceptance of divine timing. The process also involved rebuilding self-worth, moving away from the internalized stigma of infertility toward a more holistic sense of self. One woman reflected, *"I learned I'm not broken. I'm still me, just wiser and stronger."* On a social level, participants described navigating cultural expectations and stigma while learning to define their identity as a couple independent of societal norms. For some, empowerment arose from sharing their stories publicly or supporting others facing similar struggles, turning personal pain into advocacy. Integration of past and present selves was another key aspect—participants expressed a sense of closure and continuity, recognizing that their new identity was both an outcome of suffering and a testament to resilience.

Finally, the theme of relational growth and future orientation reflected the couples' ability to look beyond loss and cultivate a stronger, more purposeful partnership. Many participants reported experiencing a renewed sense of teamwork and unity, perceiving the relationship as a source of enduring strength. One husband described, *"We are partners in everything now; infertility taught us to rely on each other like never before."* Vision for the future emerged

as a defining element of this growth, with couples setting new goals—such as travel, career development, or considering adoption—representing a reimagined sense of family and fulfillment. Compassionate reciprocity and gratitude became frequent markers of this stage, with one woman expressing, “*He cared for me when I couldn’t care for myself; now I see love differently.*” Many also discussed reestablishing trust and emotional security, feeling that their relationship had survived its most difficult test. For several participants, this transformation culminated in a broader meaning of parenthood and love: “*We realized family is not only about children—it’s about the love we build every day.*”

4. Discussion and Conclusion

The findings of this qualitative study revealed that couples in Chile who underwent infertility treatment experienced multifaceted relational transformations, reflected in four overarching themes: emotional reconstruction and resilience, transformation of couple communication, reconfiguration of identity and meaning, and relational growth and future orientation. These themes illustrate a complex psychological and interpersonal journey in which couples moved from distress and fragmentation toward emotional integration, mutual understanding, and renewed connection. The results provide empirical support for the notion that infertility, while a source of intense suffering, can also act as a catalyst for personal and relational growth, aligning with prior studies that have conceptualized infertility as both a crisis and a developmental opportunity (Dehqan Manshadi et al., 2024; Nazemi et al., 2023).

The first major finding—emotional reconstruction and resilience—reflects how participants gradually rebuilt emotional stability following the uncertainty and disappointment of infertility treatment. Couples described transitioning from self-blame and grief toward acceptance and emotional balance, often facilitated by shared empathy and mutual support. This process resonates with findings from (Besharat, 2021), who highlighted that emotional attunement and mutual understanding significantly enhance couples’ ability to adapt to infertility-related distress. Similarly, (Ebrahimi, 2022) found that infertile couples undergo a progression from denial to acceptance, during which emotional resilience plays a pivotal role in maintaining relationship continuity. The emergence of resilience in the current study underscores the adaptive potential of emotional regulation and shared vulnerability,

supporting (Vakilian et al., 2024) who argued that emotional intimacy and cognitive flexibility predict marital commitment among infertile couples.

Couples’ narratives also reflected the transformation of negative affect into a renewed sense of purpose, a process that aligns with (Dehqan Manshadi et al., 2024), who emphasized that adopting a positive outlook after unsuccessful treatment can lead to emotional stability and family continuity through non-biological means such as adoption. In the present study, many couples described finding meaning in adversity and embracing a broader life perspective beyond biological parenthood. This meaning-making process echoes (Nazemi et al., 2023) and (Nezami et al., 2023), who suggested that satisfaction and stability in infertile marriages are associated with the couple’s capacity to redefine their identity and reconstruct meaning from the infertility experience.

The second theme, transformation of couple communication, indicated that infertility treatment catalyzed deeper, more authentic communication between partners. Participants reported that during early stages of treatment, emotional avoidance and miscommunication were common. However, over time, many learned to engage in open dialogue, empathetic listening, and collaborative problem-solving. This evolution mirrors the findings of (Tang et al., 2023), who demonstrated that dyadic coping—jointly managing stress—reduces anxiety and depression and strengthens emotional connection among infertile couples. Similarly, (Rasheed et al., 2024) found that perceived partner support and shared communication mitigate infertility-related stress and improve marital satisfaction.

The communication improvements described by participants also align with therapeutic outcomes reported in studies evaluating emotion-focused couples therapy (EFCT) and Gottman-based interventions, both of which enhance marital intimacy and emotional regulation (Fathi et al., 2023; Salimi, 2023). In the present study, couples who developed open emotional dialogue often reported greater satisfaction and unity, reflecting what (Moghadam et al., 2024) termed as “intimacy through vulnerability.” These couples described a shift from blaming and emotional withdrawal to a pattern of mutual validation and shared problem-solving. Such findings are consistent with (Joseph et al., 2024), who underscored the protective function of partner support in maintaining quality of life during fertility treatment. The capacity to express empathy and reassurance appeared to foster relational safety, confirming (Fernandes et al., 2023) who noted that emotional connection mitigates sexual

dissatisfaction and anxiety among couples coping with infertility.

The theme of reconfiguration of identity and meaning highlighted a profound transformation in how participants perceived themselves, their relationships, and their broader life purpose. Couples described infertility as a challenge that disrupted not only their reproductive goals but also their self-concept and social identity. This disruption triggered a process of introspection, reevaluation of priorities, and spiritual reappraisal. These findings echo (Derakhshan et al., 2023), who found that family continuity and satisfaction in infertile couples are linked to adaptive meaning-making and faith-based acceptance. Similarly, (Nezami et al., 2023) identified that redefining one's social and personal identity is crucial for achieving stable marital satisfaction after infertility.

Many participants in this study reported developing a stronger spiritual perspective and adopting a sense of acceptance grounded in gratitude and trust. This experience parallels the notion of post-traumatic growth, which involves finding personal strength and spiritual renewal following adversity (Nazemi et al., 2023). Furthermore, the process of reconstructing self-worth beyond biological parenthood supports (Babakhani et al., 2024), who found that lifestyle, social health, and marital satisfaction collectively predict depression outcomes among infertile women. By detaching their identity from fertility status, couples in the current study fostered psychological resilience and emotional liberation. These results also align with (Vakilian et al., 2024), who highlighted the importance of cognitive flexibility in overcoming irrational beliefs and promoting marital commitment.

The final theme, relational growth and future orientation, revealed that couples who had endured infertility treatment frequently reported strengthened partnerships, deeper compassion, and renewed commitment to shared goals. Many participants described perceiving their relationship as more stable, empathetic, and collaborative than before treatment. This finding aligns with the literature that identifies infertility as a potential turning point in couple dynamics, leading to improved relational maturity and solidarity (Besharat, 2021; Dehqan Manshadi et al., 2024). In addition, the couples' narratives of gratitude and unity reflect the role of dyadic coping described by (Tang et al., 2023), where couples who support one another emotionally are better able to manage distress and enhance relational satisfaction.

Interestingly, couples in the current study expressed future aspirations that extended beyond reproductive outcomes. Several participants mentioned focusing on joint life projects, adoption, or community involvement, illustrating the evolution from reproductive identity to a broader life purpose. This aligns with (Nezami et al., 2023) and (Nazemi et al., 2023), who found that couples who reconstruct shared meaning experience greater stability and satisfaction. The concept of "relational reorientation" observed here is consistent with (Ngai & Loke, 2022), who demonstrated that family sense of coherence moderates the impact of infertility-related stress on quality of life. In this way, couples' ability to envision meaningful futures together—regardless of treatment outcomes—can be understood as a hallmark of relational growth.

These findings also contribute to the ongoing discussion about the necessity of integrated psychosocial support in infertility treatment. The narratives of emotional growth, communication renewal, and shared resilience reported by participants support previous recommendations emphasizing that fertility care should include psychological counseling and couple-based interventions (Iordachescu et al., 2021; Malina & Piotrowski, 2024). (Pozzi et al., 2021) noted that infertility services often neglect the relational and emotional dimensions of treatment, focusing primarily on biomedical success rates. In contrast, the present study demonstrates that psychological and relational outcomes can represent equally valuable markers of success. Indeed, emotional healing and relational strengthening may persist even when conception does not occur. Such findings echo (Fathi et al., 2023) and (Salimi, 2023), who found that therapeutic interventions targeting emotional regulation and empathy significantly improve relationship satisfaction among infertile couples.

Overall, the study contributes to a growing body of evidence that infertility can trigger a developmental trajectory of growth rather than unidimensional decline. The participants' accounts revealed that emotional resilience, mutual understanding, and redefined meaning emerged not despite infertility but because of it. These results reinforce the integrative model proposed by (Rasheed et al., 2024), which emphasizes perceived control and social support as central to mitigating stress and fostering satisfaction. Similarly, the couples' increased capacity for gratitude and empathy aligns with (Dehqan Manshadi et al., 2024), who highlighted the role of emotional transformation in sustaining family continuity after infertility. By bridging these perspectives, the current research underscores that

post-infertility relational growth involves both individual and dyadic adaptation, encompassing emotional, cognitive, and existential domains.

The cultural context of Chile also appears to have influenced the relational trajectories observed in this study. In societies that place a high value on family and parenthood, infertility often carries stigma and emotional burden similar to that reported in Middle Eastern contexts (Babakhani et al., 2024; Derakhshan et al., 2023). Yet, participants' narratives demonstrated how collectivist values and strong marital commitment facilitated joint coping and emotional closeness, echoing findings from (Vakilian et al., 2024) and (Nezami et al., 2023). Thus, relational growth among Chilean couples appears to stem not from the absence of distress but from their shared capacity to transform it into connection and meaning.

In summary, the results of this study demonstrate that couples' post-treatment experiences of infertility are characterized by multidimensional adaptation encompassing emotional healing, improved communication, redefined identity, and renewed relational purpose. These findings complement and extend existing theoretical frameworks on marital adjustment and psychological adaptation to infertility by emphasizing the potential for relational growth and positive transformation. The study thus shifts the focus from pathology to resilience, contributing to a more holistic understanding of the human experience of infertility.

5. Suggestions and Limitations

Despite its valuable insights, this study is subject to several limitations. First, the qualitative design and small sample size (18 participants) limit the generalizability of findings to broader populations. The participants were all Chilean, predominantly from urban areas, which may not fully represent rural or cross-cultural experiences of infertility. Second, the use of retrospective interviews may have introduced recall bias, as participants reflected on past experiences that might have been reconstructed through the lens of time and emotional distance. Third, the study relied on self-reported data without triangulation from other sources such as clinicians or family members, which may have influenced the reliability of the narratives. Finally, while the study captured diverse experiences of infertility treatment outcomes, it did not differentiate between those who achieved conception and those who did not, which could affect interpretations of relational growth trajectories.

Future research should aim to examine relational growth following infertility treatment using mixed-methods or longitudinal designs, allowing for the integration of quantitative measures of marital satisfaction, psychological well-being, and communication quality. Comparative studies across different cultural and socioeconomic contexts could provide deeper insight into how sociocultural norms influence relational adaptation and meaning-making. Future research might also investigate couples who pursue alternative pathways to parenthood, such as adoption or surrogacy, to understand how post-infertility growth manifests under varying life circumstances. Additionally, studies should explore the role of gender, spirituality, and social stigma as mediating variables influencing relational outcomes. Employing cross-cultural samples and dyadic analysis frameworks would contribute to developing a more comprehensive, culturally sensitive model of relational growth in infertility.

Clinicians and counselors working with infertile couples should incorporate relationship-centered interventions that emphasize emotional communication, shared meaning-making, and dyadic coping. Fertility clinics could integrate psychological support programs alongside medical treatment to address the emotional and relational challenges couples face throughout the process. Therapists should help couples identify and reconstruct adaptive narratives of resilience rather than focusing solely on loss. Psychoeducational initiatives promoting emotional regulation, empathy, and cognitive flexibility may further support couples' relational adjustment. Finally, public health policies should recognize infertility as both a medical and psychosocial condition, ensuring that couples receive holistic care encompassing emotional, relational, and existential well-being.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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