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Article

The Lived Experience of Couples Undergoing In Vitro Fertilisation in Greece: An Interpretative Phenomenological Analysis

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Abstract

Background/Objectives: Research examining the emotional and psychological challenges experienced by couples undergoing in vitro fertilisation (IVF) remains limited. Existing evidence suggests that women undergoing IVF often report elevated levels of depression, anxiety, and emotional distress, while men may experience feelings of anger, inadequacy, and self-doubt, especially following unsuccessful treatment cycles. Successful IVF outcomes are commonly associated with intense joy, relief, and fulfilment, as couples realise their aspiration to become parents. Given the limited qualitative research in Greece, the present study aimed to explore the lived experiences of couples undergoing IVF treatment, with particular attention to emotional, relational, and systemic dimensions. **Methods**: A qualitative research design was employed. Semi-structured, in-depth interviews were conducted with six heterosexual couples (aged 18–49 years) residing in Athens and Karditsa, Greece, all of whom had undergone IVF treatment. Interviews were audio-recorded, transcribed verbatim, and analyzed using Interpretative Phenomenological Analysis. **Results**: Analysis revealed five interrelated superordinate themes with associated subordinate themes: (1) attitudes towards infertility and IVF, (2) the impact of IVF on couple relationships, (3) the IVF experience, (4) challenges related to healthcare and the insurance system, and (5) expectations for the future. Lived experiences of infertile couples undergoing IVF treatment, highlighted a range of emotions, social pressure, and attitudes towards IVF and related policies. **Conclusions**: In Greece, where declining birth rates are increasingly prominent, IVF has gained societal and policy attention as a potential solution. Although IVF constitutes a demanding psychological journey, it represents a hopeful pathway for couples striving to achieve parenthood.

Keywords: in vitro fertilisation; medically assisted reproduction; infertility; couples' lived experience; psychological impact; interpretative phenomenological analysis; qualitative study; Greece

1. Introduction

Conceiving is straightforward for many couples, but for others, it presents significant psychological and emotional challenges. Most healthy young couples (85-90%) conceive within the first 12 months [1]. If conception does not occur after one year of regular attempts, couples may face infertility [2].

Infertility is the inability to conceive or carry a pregnancy to term naturally [3] and affects around 17% of the global adult population [4], leading to feelings of depression, anxiety, isolation, and loss of control [5].

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Many couples turn to medically assisted reproduction (MAR), with in vitro fertilization (IVF) being the most common procedure [6]. IVF aims to enhance fertility or prevent genetic disorders [7,8], and while it has high success rates [9], it also entails long-term emotional, economic, and social challenges [10,11]. IVF success depends on factors like maternal age, reproductive history, infertility causes, lifestyle, as well as clinical various factors [12–15].

IVF treatment has economic, psychological, and social consequences. It is financially burdensome, raising questions of access, equity, and support [16,17] and highlighting the need for better insurance coverage and financial support [18,19]. Couples often experience stress, anxiety, and depression [20,21]. Individually, women bear a greater psychological burden [22], lack of support, and feelings of isolation [23]. Men experience anxiety, financial stress, and self-doubt [24]. Socially, couples must deal with stigma and negative societal reactions towards infertility, affecting their emotional well-being and social interactions [25], while assisted reproductive technology (ART)-related pregnancies challenge couples' social and relational bonds [26].

Overall, research focusing on couples as a unit remains limited, particularly in Greece. Yet infertility is rarely an individual phenomenon: it is inherently relational, shaping and being shaped by the couple's shared experiences, decision-making, and emotional coping strategies. Adopting a dyadic approach allows us to capture how IVF influences both partners and their relationship, highlighting dynamics such as spousal support, resilience, and the negotiation of future parenthood. This approach is especially relevant in cultural contexts, like Greece, where family and marital expectations strongly shape fertility-related experiences. To the best of our knowledge, no study has investigated the lived experiences of couples undergoing IVF treatment in Greece. Thus, our study seeks to address this gap by posing the following research questions:

a) How do couples in Greece experience the psychological and emotional challenges of undergoing IVF?

b) How does IVF impact couples' relationships, both within the partnership and with their wider social environment?

c) How do couples perceive the role of the healthcare and insurance systems in shaping their IVF experiences?

d) What expectations and meanings do couples attach to their future after undergoing IVF?"

2. Materials and Methods

2.1. Recruitment and Participants

Six couples who had previously undergone IVF, regardless of the outcome, were purposively recruited through a private fertility clinic in Athens and the first author's professional network in Karditsa (Table 1). Inclusion criteria required participants to be aged 18 years or older, reside in Greece, and have undergone at least one cycle of IVF. Exclusion criteria included being under 18 or living outside Greece. Participation by both partners was a strict requirement. If either partner was unwilling to participate, the couple was excluded from the study. Thus, eligibility for the survey was limited exclusively to couples in which both partners agreed to take part.

Table 1. Demographic characteristics of the participating couples.

Pseudonym	Age		Years undergone IVF		Residence	Already had child
Thetis & Hercules	48 & 49		2 years		Karditsa	Yes (with IVF)
Aelia & Herodotus	40 & 48		5 years		Athens	Yes (naturally)
Calliope & Menelaos	47		7 years		Athens	No
Hyacinth & Archelaus	41 & 49		8 years		Athens	No
Marcella & Isokrates	40 & 48		2 years		Karditsa	Yes (with IVF)
Julia & Aristeidis	40 & 43		10 years		Karditsa	Yes (naturally)
	Mean	Range	Mean	Range		
All couples	44.33	40-49	5.66	1-10		

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The decision to include six couples was based on the principles of Interpretative Phenomenological Analysis (IPA) [27], which recommends small, relatively homogenous samples to enable detailed, idiographic exploration of lived experience. This sample size is consistent with prior IPA studies, which typically include between 4 and 10 cases [28,29].

Recruitment took place through two channels. In Karditsa, local doctors invited eligible couples to participate and then forwarded their contact information to the first author. In Athens, recruitment occurred via a psychologist at the collaborating fertility clinic, who referred interested couples to the first author. All participants received full study information and gave written consent before participation. None of the participants refused to participate or withdrew after they had given consent.

2.2. Data Collection and Saturation

Data was collected through semi-structured, face-to-face interviews using an interview guide (Supplementary document S1) covering three areas: (1) experiences before IVF, (2) the IVF process, and (3) life after IVF. Additional probing questions were asked when needed. Interviews, conducted by the first author between October and December 2023, lasted 25 minutes on average and were digitally recorded, anonymised, and transcribed verbatim by the second author (female, economist, MSc). The first author (male, health psychologist, PhD) reviewed the transcripts for accuracy. No field notes were taken following each interview. There was no prior relationship between the interviewer and participants and none declined to participate or withdrew at any stage of the study. Transcripts were not returned to participants for revisions, and no follow-up interviews were conducted.

Partners were interviewed jointly, with each given space to freely express their thoughts, feelings, and experiences. Participants were permitted to speak at any time, while the interviewer maintained overall control of the discussion. The interviewer intervened when necessary to manage intra-dyadic divergences in lived experience and to address potential power asymmetries during joint narration. Divergent partner experiences were addressed analytically by representing both individuals’ perspectives. Relational dynamics were preserved and not subsumed under generalised themes.

Data collection was considered complete once couples’ narratives had been analysed and the conceptual structure was sufficiently rich to address the research qusetions. In line with Braun and Clarke’s (2019) position [30], we acknowledge that formal “data saturation” was not reached. However, consistent with IPA methodology, the aim was not to exhaust all possible perspectives, but to capture in-depth accounts of meaning-making within a small, homogenous sample. The data were therefore judged adequate to provide insight into the lived experiences of couples undergoing IVF in Greece.

Interviews were held in a private space in the clinic, cafés, or homes to ensure a comfortable, secure environment for couples to share their experiences. In cases that couples explicitly requested cafés to be interviewed, as these environments felt more comfortable and less intimidating, interviews were conducted in quiet, secluded areas to minimise the risk of being overheard.

Couples were fully informed about the study and gave written consent to participate. Before the interviews, an informal conversation established rapport, during which the interviewer explained the study’s objectives, the interview process, and participants' rights, including the right to withdraw at any time. Participants could ask questions before signing the consent form. They did not provide any feedback on the results.

2.3. Ethical Considerations

Ethical approval was granted by the Research Ethics Committee of the University of West Attica (Approval No 72553 - 28/07/2023) and the Bioethics Committee of the collaborating Clinic (Approval No 203 – 27/7/2023).

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2.4. Analysis

The transcribed data was analysed using Interpretative Phenomenological Analysis (IPA) [27], which focuses on individuals' perceptions and interpretations of their experiences [31]. The second author conducted the analysis in three steps: (1) identifying emerging themes in the initial interview, (2) clustering related themes, and (3) identifying similar themes across subsequent interviews [32]. Participants were assigned pseudonyms to ensure confidentiality.

IPA was selected because it allows for an in-depth exploration of how participants make sense of emotionally complex and relationally embedded experiences such as IVF. IPA was uniquely suited to our aim of capturing the depth, nuance, and subjectivity of couples' lived experiences. Its idiographic emphasis enabled us to explore both individual and dyadic meaning-making, while its interpretative dimension acknowledged the co-construction of meaning between participants and researcher.

The methodology and findings reporting follow the COREQ guidelines [33] (Supplementary Table S1).

2.5. Trustworthiness

The study's quality was assessed using Yardley's (2017) [34] four principles for evaluating qualitative research. To ensure accuracy in translating participants' psychological experiences into themes, the second author engaged in repeated, detailed readings of each transcript, remaining grounded in participants' words before moving toward higher-level interpretations. Emergent themes were developed inductively and consistently cross-checked against verbatim extracts to confirm that analytic narratives faithfully reflected the lived experiences described. Although member checking was not conducted, peer debriefing took place throughout the analytic process. The first author (an expert health psychologist, experienced in IPA) and the second author met regularly to review coding decisions, interrogate interpretations, and refine the clustering of themes. This collaborative dialogue served to enhance interpretative fidelity and minimise individual researcher bias. In keeping with IPA's idiographic commitment, each couple's account was analysed in depth as a standalone case before cross-case comparisons were attempted. Only after a full, detailed analysis of each case were patterns identified across couples. This approach preserved the uniqueness of each couple's meaning-making while also allowing for the identification of both shared and divergent experiential themes. Trust was further strengthened through repeated interactions with participants and referring clinics, and transparency was maintained through a clear presentation of the methodology, theoretical framework, and analytic steps.

3. Results

Five interrelated superordinate themes, including subordinate themes emerged: (1) attitudes towards infertility and IVF, (2) IVF's impact on relationships, (3) the IVF experience of IVF, (4) challenges related to health and the insurance system, (5) expectations for the future (Supplementary Table S2).

3.1. Attitudes Towards Infertility and IVF

This theme explores couples' attitudes and experiences with infertility and IVF, highlighting their journey in seeking medical assistance and consulting with appropriate healthcare professionals.

3.1.1. The Experience of Couples' Infertility

Infertility was a tough experience for couples, who tried really hard to become parents and felt emotionally helpless, in their struggle. Couples' journey started with the medical diagnosis and acceptance of infertility.

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They said that we were not capable of having children. …that my wife's egg cells were no good and that my own sperm was also not good at all (Menelaos)

3.1.2. Seeking Help for IVF

Couples searched for reproductive alternatives, before taking the decision to undergo IVF.

We needed help. And then we decided to undergo IVF (Julia)

3.1.3. Perceptions About IVF

Some couples felt that people's perceptions were influenced by their own experiences, shaping positive or negative opinions, yet they noted a shift in attitudes towards IVF, from social stigma to viewing it as a path to parenthood.

It's better now…. Nowadays, people say: 'Oh, are you going to have IVF. Congats' (Thetis)

3.2. IVF's Impact on Relationships

This theme explores couples' marital and social relationships, including the reactions of significant others to their decision to undergo IVF.

3.2.1. Strong Spousal and Parental Bond

After IVF, couples reported a strong spousal bond marked by love, support, and composure, rather than conflict. Most couples also described a strong parent-child bond formed through IVF.

During my difficult times, my husband was there to support me (Julia)

We have a strong bond with our daughter. I feel like a normal mother, not overprotective, raising her like my mother raised me (Marcella)

Nevertheless, one paerticipant's discourse reflected the fear for straining the spousal bond and the vulnerability IVF can trigger within the couple dynamic.

It was my fear that if we did not have children, we would lead ourselves straight forward to divorce. (Marcella)

3.2.2. Social Environment Reactions

Some couples openly shared their IVF decision, while others confided in trusted individuals. A few kept it secret. Reactions from the social environment included support, understanding, criticism, and fears.

We didn't hide our IVF decision…. Some people were very supportive and understood our desire to become parents (Marcella)

3.3. The IVF Experience

This theme covers couples' IVF experiences, including challenges like miscarriages, injections, anesthesia, and egg retrieval, as well as emotional impacts such as distress, anxiety, and the woman's role as a supportive partner.

3.3.1. IVF: Difficult as an Experience

Even with IVF success, couples may experience miscarriage, leading to loss, sadness, and emotional breakdowns. Women often face distress, fear, and mental strain during preparation. Medications cause emotional shifts, and the egg retrieval procedure with anesthesia induces anxiety and pressure.

….We lived that pregnancy till the sixth week… It was better for me to know that there is no baby, 12 days after our IVF attempt, rather than to live this bad experience again… (Calliope)

When IVF embryo conception failed, couples' narratives revealed a divergence in emotional response suggesting differences in expectations and coping processes within the dyad.

During our first unsuccessful IVF attempt, Archelaus was emotionally devastated, I did not. Prior to this experience, it was my firm belief that if an experienced IVF center took the IVF's responsibility…. I thought that IVF was an easier procedure. In fact, IVF was more difficult than I thought... (Hyacinth)

IVF required the most involvement from women, while men faced stress, fear, and anxiety about both the woman's health and the outcome. Infertility and IVF affected people regardless of age or socioeconomic status, with young couples also undergoing treatment. At times, women had to support their partners through the process.

My main anxiety was to see my Hyacinth getting out completely well of her surgery. That was my first and basic anxiety (Archelaus)

3.3.2. Resilience and the Imposter Syndrome

Resilience in couples stemmed from a "never give up" mentality, positive thinking, and acceptance of life's challenges. Some needed a mental health break to strengthen their resilience, while others struggled with disappointment and feelings of giving up on their path to parenthood.

Ok. As a person, I am used to focus on the bright side of life… on the bright side of our attempt to become parents. I was thinking that we were capable of doing that- a possibility was there. (Marcella)

Yes, we wanted two years off… We needed that, in order to calm ourselves down… mentally... (Caliope)

3.3.3. Making Sense of Life Through the Child

Having a child through IVF gave couples meaning, while those without children found purpose in their daily lives. However, IVF failure led some to feel purposeless, causing depression and loneliness.

As starting point, you should want children. Now, we would like to have children (Menelaos)

3.3.4. Emotions About Achieving Pregnancy

Successful IVF conception brought couples both happiness and anxiety about the pregnancy's progression. They felt that a positive outcome helped them move beyond past struggles. Women often experienced anticipatory feelings about the pregnancy before confirming it.

True happiness… What else?... I was suffering from anxiety in order to be sure that everything is fine… I was expecting the positive to come (Hercules)

3.3.5. Money: Exploitation and Stress for IVF

Couples saw IVF as an expensive treatment with access barriers for infertile individuals, citing exploitation for profit. They also expressed difficulty in finding the right doctor and IVF center to improve their chances of becoming parents.

Entire business…. When IVF treatment has business spects, you are not sure about the professional's pure intentions and job…. (Marcella)

3.3.6. Fears

IVF treatment sparked fears child's health, lack of information, and the risk of COVID-19 infection.

There was a 25% chance it would have thalassemia, a 25% chance it would carry the trait, and a 25% chance it would have nothing at all… and another 25% chance it would carry the other trait.

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… We wouldn't keep it. I wouldn't keep it. Thalassemia—there is no straight line forward. It means a sick child we would be caring for for the rest of its life. There is no cure! (Markella)

Yes, we didn't get vaccinated because we were afraid of the vaccine… to be honest… and then we caught COVID… but not at [she mentions thw fertility Center]*"… we caught it at the dentist. (Hyacinth)*

3.3.7. Thinking Adoption

Couples struggling with infertility had a strong desire to become parents. After numerous unsuccessful attempts, they began considering adoption.

We have recently submitted our application in order to adopt a child (Caliope)

3.4. Challenges Related to Health and the Insurance System

This theme covers couples' IVF centre selection, perceptions of healthcare and insurance systems, and the lack of complete information about MAR and IVF. It also includes their experiences at IVF centres, including referrals to other assisted reproduction methods.

3.4.1. Choosing a Fertility Centre—Attitudes Towards Health System and Medicine

Couples chose their IVF centre based on recommendations from loved ones or gynaecologists. Their attitudes toward the healthcare system were influenced by economic barriers and limited access to IVF, with health insurance offering minimal coverage.

It was a public hospital with an excellent IVF department, recommended by our gynaecologist…. The public healthcare and insurance system did not cover IVF treatment, requiring individuals to pay for everything out of pocket (Marcella)

3.4.2. Information About MAR and IVF

Couples highlighted the lack of complete information about MAR and IVF, believing it should be provided by healthcare professionals, schools, universities, and state agencies. They emphasised that seeking IVF information was mainly their own responsibility.

There is better information about IVF now than in previous years, but it largely requires personal effort, with much information available online. (Marcella)

3.4.3. Experience from the IVF Clinic

Overall, couples had a positive experience at IVF centres, praising the staff's professionalism, though they noted misconceptions and prejudices toward infertile couples and their decision to pursue IVF.

Prejudices existed, with people assuming my sperm was unhealthy and considering us a useless, infertile couple (Menelaos)

3.4.4. Other Methods of MAR—Perceptions

Couples mentioned other MAR methods like Preimplantation Diagnosis, Postmortem Fertilisation, Cryopreservation, and Egg Donation, expressing both support and opposition to them.

What I wanted to do, but I did not! I wanted to do the Preimplantation Diagnosis, in order to inspect or to fix an embryo problem prior its conception (Marcella)

3.5. Expectations for the Future

This theme focuses on couples' views of their future with children, shaped by stress and anxiety about their children's safety and upbringing, as well as expectations for their short- and long-term futures.

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3.5.1. Parental Stress

Couples experienced parental stress about raising their children and felt age-related anxiety about ensuring their well-being.

Now, yes we worry about how we should properly grow our children (Caliope)

3.5.2. Seeing the near and Distant Future

Couples' near-future expectations focused on their children's health, education, and needs, while those without children hoped to have kids soon. In the distant future, parental expectations centered on their children's development and freedom to live a life of kindness and integrity.

I hope for my child to have good health above all. In the next five years, my child will be starting school (Marcella)

3.5.3. Emerging Needs of Society—Proposal

Couples critically situated their accounts within Greece's broader public health and population policy context, implicitly challenged current policy frameworks by foregrounding reproductive justice concerns, and called for a stronger state role through a more robust insurance system, increased public funding for assisted reproductive services, and redistributive financial support for vulnerable groups and large families, including families with twins.

Our country has an aging population. In the next 20 years, Greece's population will decrease to 8 million... The State should encourage couples to have children (Hercules)

The State should cover IVF treatment by 100%– through healthcare and insurance system. …. [the State] should give financial funding to couples undergoing IVF. (Caliope)

4. Discussion

This study provides a comprehensive understanding of infertility and IVF, revealing that couples found IVF emotionally challenging, consistent with prior research. Couples sought medical help and encountered both supportive and unsupportive behaviors from their social environment. The choice of IVF center influenced outcomes, and healthcare and insurance system dysfunctions created financial barriers and limited access to IVF. The study identified the need to address demographic and aging population issues and restructure healthcare and insurance systems. Couples also provided policy recommendations.

Relationship type and quality played a central role: couples with strong spousal support described IVF as a unifying experience, while others articulated fears of separation or relational breakdown. These findings are consistent with studies linking infertility and IVF to conflicts and isolation [10,35]. Infertility and IVF have been linked to conflicts and isolation [35], emotional transitions, psychosocial changes [36], barriers [37] and emotions like sadness and helplessness [38]. There is a strong need for both medical and mental health support during IVF [39]. IVF is a psychological journey marked by alternating emotions, reshaping personal relationships, and causing mental distress and financial strain [26,40].

Similar to previous research, our study found that couples feared divorce, faced economic barriers, and sought to preserve mental well-being and marital stability during IVF [41,42]. These concerns were closely tied to treatment outcomes, as positive successful IVF brought happiness and a strong parent-child bond [43], while negative outcomes caused emotional strain [44]. Within this emotional contect, IVF treatment choices were influenced by psychological, socioeconomic, and time-related factors [45].

Our findings further suggest that gender, socioeconomic status, and relationship dynamics shaped how IVF was experienced. Women consistently reported more intense psychological strain, embodied the physical aspects of treatment and seeking sought more social support, whereas men more often expressed anxiety around financial pressures and their partner's wellbeing, echoing

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previous research on gendered experiences of IVF as shown by previous research [22,23,46,47]. Furthermore, the IVF experience affected emotional well-being and relationships, with couples' self-reliance and psychological support being crucial [48].

Our study captured couples' hope and their "never give up" mentality on their journey to parenthood. IVF is a process filled with stress and anxiety [37,49,50], yet it represents couples' hope and determination to fulfill their parenthood dream, akin to climbing a mountain step by step [29].

Additionally, significant prejudices regarding infertility, even among IVF clinic staff [51–53] were revealed. Prior research has confirmed that IVF conception is culturally shaped [54], and IVF clinic staff often have their own subjective perspectives on fertility, experiencing dynamic emotions within their work environment [55].

Finally, couples' narratives highlighted economic, healthcare, and insurance barriers that intensified distress among less affluent participants, who experienced treatment as financially draining and, at times, exploitative. These accounts underscore the need for healthcare and insurance system restructuring, alongside policies that address infertility within the context of population aging [56,57].

5. Strengths and Limitations

This is the first study in Greece to explore the lived experiences of couples undergoing IVF, providing valuable insights into their psychological process and the support they received. From a methodlological point of view, the intentional decision to interview couples and jointly analyse partners' narratives allowed to explore the relational dynamics within couples. However, as with all qualitative studies, the small, non-representative sample limits generalisability. Additionally, contextual constraints on data collection—such as conducting some interviews in semi-public settings (e.g., cafés)—may have shaped the depth or disclosure of participants' accounts. The sensitive nature of the research topic, which involved personal and family life (privacy concerns), limited the diversity of perspectives. Finally, data saturation, in the traditional sense, was not achieved, yet this decision was intentional and consistent with the IPA approach, which prioritises depth of understanding over breadth. Thus, in our study, the six participating couples provided sufficiently rich and detailed narratives to illuminate the research questions and generate meaningful insights.

6. Implications and Recommendations for Future Research

The findings of this study have clinical and policy implications. First, psychological care for couples provided by experienced and qualified psychologists could support couples' sense-making, reduce treatment-related distress, and strengthen dyadic coping during IVF cycles, aligning with relevant reccomendations [58]. Second, participants' call for state support could take the form of public and private sector partnerships to co-finance IVF or ART a model used internationally [56] and address Greece's population decline. Finally, future research could explore attitudes towards ART among infertile couples and the general public, compare the experiences of women undergoing IVF with those using alternative ART methods and evaluate the degree that financing arrangements and integrated psychosocial care contribute to treatment engagement and well-being.

7. Conclusions

This study highlights the emotional challenges, social pressures, and attitudes towards IVF and assisted reproductive methods. Despite improved perceptions, gaps in information and stereotypes continue to affect infertile couples pursuing parenthood through IVF.

Supplementary Materials: The following supporting information can be downloaded at the website of this paper posted on Preprints.org, Document S1: Interview Guide; Table S1: COREQ: 32-item checklist; Table S2: Superordinate and subordinate themes.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Selected excerpts from participants' original contributions in this study are included in the article as interview quotations. Further inquiries can be directed to the corresponding author.

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Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

IVF	in vitro fertilisation
ART	Assisted Reproductive Technology
IPA	Interpretative Phenomenological Analysis

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