

class 9

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15. Surviving Infertility

Moon-In-The-Water . . .

Broken-Again . . .

Broken-Again . . .

Still a Solid Seal.

CHOSU

Many thoughts, suggestions, pieces of anecdotal material, and insights were left over when all else was carefully ordered into the chapters of this book. This last chapter is a potpourri—some observations on what hurts infertile couples, what helps them, and, reaching the ultimate goal, with children or without, how to survive infertility.

COMMENTS FROM FAMILY AND FRIENDS

Without question, the most common complaint heard from infertile couples is that people all about them are poking, probing, and pressuring them to begin a family. Remarks, often very direct and personal, are usually endured until a point of pain is reached where the couple react angrily, or withdraw in silence with their secret of infertility.

My friends and family seemed angry with us for not producing children. My mother said one Christmas, "Are you going to have a tree?" implying that two people are not sufficient to justify common traditions being carried out. A

woman at the country club told me I was a "cop-out" for not having children. Another high-school friend said to me one day, "Who are you going to hug—a dollar bill?"

Why do infertile people feel they have to endure such insensitive comments? If they keep their infertility secret, or if they honestly give up on people by believing "they just wouldn't understand," then the infertile couple are unwittingly setting themselves up for one painful encounter after another—or worse, total isolation from family and friends in an effort to be "safe."

What helps is realizing that people should be made *accountable* for their remarks. This can be expected only if the disclosure of infertility is made. It can be enforced only if limits are set on what family and friends have a right to ask about. For example, one woman kept getting calls from her mother, who lived across the country, asking, "Are you pregnant yet?" (or in more subtle forms—"Any news?" "How *are* you?"). The woman finally told her mother this was making her very unhappy and said that she would call *her* the minute there was any news. Calls could continue, but the subject of pregnancy was off limits. A person with a problem—any problem—unfortunately has the burden of explaining to others the nature of the problem, and how others may be helpful.

I approached an intersection where a blind boy of about eighteen was attempting to cross a busy street. I came to his side and put my hand lightly on his shoulder and said, "Would you like me to help you across the street?" He answered with such confidence that I was taken aback. He said, "Yes, if you will just take a firm grip on my elbow here and tell me when we reach the opposite curb, I would be very appreciative." After I left him at the other side I thought for a long while about this encounter. I realized that he had helped *me* to help him, in a way that made us both feel good. I think this is the same with infertility, but more difficult, as our problem is invisible. We have to help others to help us.

One risk in talking openly about infertility is becoming an object of *pity* instead of receiving the hoped-for support and understanding. No one likes to feel pitiful. Pity places the people involved on very unequal footing. It helps if the person who is the recipient of pity is able to explain to the offender that pity does not comfort, it hurts. *Sympathy*, on the other hand, acknowledges an equality of status even though there is expressed sadness and caring for the person who is in pain.

There is no reason that infertile couples have to attend events they know in advance will be filled with painful potential. Christenings, baby showers, family gatherings with small children present—all have such loaded agendas that the couple might choose to absent themselves. In time, with resolution

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of the infertility problem and the feelings that accompany it, these situations will again become bearable, even enjoyable.

Although most people would not hurt another intentionally, occasionally the infertile person runs into someone who will use this subject to "one up" them or be malicious. There are also some people who, like racists and sexists, are hopeless cases for education. These people are probably best avoided.

We had two adopted children and were awaiting a third. I was at a party and met the father of the hostess (who had four children). He asked if we had any children and I said, "We have two and another coming very soon." He stared at my tummy and realized I meant we had adopted. He shook his head and said, "I hope you'll have one of your *own* one day." I explained patiently that my adopted children *were* my own. He shook his head and said, "Well, it's nice you feel that way, but there is something special about the ones you make yourself." I stood boiling inside and considered taking this old guy really to task . . . when the absurdity of his statement made it clear he was beyond salvage. I just laughed and said, "Well, that is *one* way of looking at it."

If family and friends of infertile couples really wish to help, they should let the couple know they are available to *listen*. They should refrain from unsolicited advice and educate themselves on the subject enough to be knowledgeable—not so they can offer suggestions, but so they can understand what the couple is going through, physically and emotionally. One admission that seems to help, especially if the friends have children, is that they *cannot possibly know how it feels to be infertile*, but that they care very much about hearing the couple tell them *what they wish to tell them*. They do not poke or probe, but simply make themselves available. Their genuine love and concern will be best communicated in this kind of sharing.

PROFESSIONALS AND THE INFERTILE COUPLE

In the full course of investigation and attempted treatment of infertility, and the possible selection of an alternative, the infertile couple comes in contact with a myriad of professionals: doctors, nurses, technicians, counselors, adoption workers, and so forth. The attitudes of these people can be either very helpful or very painful. The two professions most likely to trigger reactions, partly because they wield so much potential power, are doctors and adoption workers.

The most common complaint about doctors is that they are often very rushed and seem to have little time for answering questions or offering emotional support.

He is the only doctor I know who can do a pelvic exam with one foot out the door. The fact that he is prestigious and only takes a few new cases makes me feel I cannot call him or demand anything more than what he gives me. I saw him on a local TV talk show discussing "surrogate mothers" while I was home recovering from a laparoscopy!

Here are a few pointers for the couple trying to get more time and attention from their doctor. It helps for the couple to present themselves as a team. It helps to bring an actual list of questions and concerns for discussion at the time of an appointment. It helps to ask the doctor to arrange a time to talk before or after any physical procedures *in the office*. Under no circumstances should a woman try to discuss or negotiate her case while undergoing tests or treatments in the examination room. If the end result is still a hurried and unsupportive approach, the couple is well advised to look for another doctor.

Here are a few helpful things some doctors are doing in an effort to help their patients: They are willing to see them together for a long initial visit in the office to discuss the case fully and jointly plan the goals for the future; many doctors now have a nurse counselor or social worker on their staff to offer support and information sessions, or in-depth counseling if needed; doctors are recognizing the need for telephone call-in time—such as many pediatricians offer—so that small troubles or questions can be aired without a needless office visit. Finally, more doctors than ever before are referring their patients to infertility support groups in their community, such as RESOLVE, where they can talk with others who are infertile.

Adoption workers are a close second to doctors in receiving criticism of their way of dealing with a couple in crisis, either at the initial inquiry into adoption or in the home study. *Initial inquiry* is often made so close on the heels of some bad news from the doctor that the couple are almost always still reeling and spinning and in a state of shock. The person who answers the phone inquiries at most agencies is often a receptionist. It hurts terribly if this person (whom they may mistake for an adoption worker) curtly tells them there is no waiting list, or that the list is more than five years long. What is helpful is if the initial inquiry can be passed along to a crisis counselor who can talk with the person a little more at length, commiserate on the small supply of local infants, suggest alternate types of adoption (such as legal risk or international), and invite the couple in to a general information session. These are held by many agencies every few months to deal with the many new inquiries they receive. Here couples can see other couples like themselves. They can ask questions. They can have a sense of being supported and served instead of shut out.

If the couple are able to progress to a waiting list and eventually to a home study, they may again come up with problems if the adoption worker is insensitive or threatening.

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She asked us about our infertility very suddenly and abruptly after a question on something else. As I started to talk, my voice cracked and my eyes filled with tears. I was proceeding well with the story of our problems, it was just *painful*. She picked right up on my tears and said, "It looks as if you still have a lot of work to do to resolve your feelings." This made me scared and then I really did start to cry. She turned to my husband and suggested that I was too upset to continue and that we should go home and "work our feelings through" on this subject.

The home study is often a time of turmoil when old "resolved" feelings get reactivated or feelings previously unacknowledged come into view. It is the ideal time for therapeutic intervention if the adoption worker can see himself or herself as an advocate of both the child the agency will place and the family that is going to receive the child. Too often an adversarial relationship is laid down on the first encounter, where the couple feel they have to measure up to impeccable standards to *deserve* a baby, and the worker feels compelled to ferret out all the couple's deepest, darkest secrets. The most nonthreatening approach an adoption worker can use is that of being a *facilitator*. Faced with education about the adoption process and some questions about their feelings about adoption, most couples with dubious motivation select themselves out or choose to wait for a point of readiness to be achieved through counseling. The vast majority of couples entering a home study are acceptable candidates.

COUPLE COPING TECHNIQUES

In recent years whole books have been written on the subject of communications between the partners in a relationship. Many churches and counseling centers run "retreats" for couples to do intensive work on their marriages. Infertile couples often mistakenly think their only problem is infertility. For many couples, just as with any other crisis or life change, the issue is often how they are communicating with each other. This is especially important with a situation like infertility, because (1) it is a problem *both members of a couple have*, even though one may carry the burden of the diagnosis, and (2) it involves sexual and personal issues and is a lot harder to share outside the marriage with a social support system. The members may lean on one another exclusively for support, and the results may be difficult.

It is common among infertile couples for the woman to be the much more verbal and emotional partner, even if the diagnosis is a male factor. One RESOLVE counselor, Merle Bombardieri, suggests use of the "20-minute rule" to help keep infertility from becoming an all-consuming event and to break the pattern of lopsided communications. She suggests the couple set aside a period of time each evening to talk about infertility. Using a timer to limit each person to 20 minutes, first one speaks and then the other. The

person not speaking is asked to listen intently. This technique is particularly helpful in achieving these outcomes:

1. The wife will talk less about infertility and will present her feelings more succinctly.
2. The husband is more willing to listen because he is assured of an end point.
3. The wife feels she has an interested listener and is supported.
4. Both may feel relieved to see the other feeling better.
5. Then the rest of the evening may be spent in more pleasant pursuits.
6. In all likelihood, as the wife feels she has less need to talk about infertility, the husband will begin to do more. Bombardieri notes that in many cases she has seen, the wife has actually been "grieving for two."^{*}

Couple support groups are another excellent way for couples to cope with the infertility experience. Often what they have been unable to hear from a spouse, they can hear and accept from another group member. At first, members of a group are very oriented to "who has the problem" within each couple, and they are very polarized by sex—that is, the women support the women and the men support the men. Later on in a group's process, one sees transferences to like issues in a member of the opposite sex, that is, "We are both the infertile members in our marriages," and surprising support for characteristics, traits, and situations that are similar in opposite-sex members, that is, "I'm just like you; I have no family to share this with." One of the healthiest things that happens in a well-run group is confrontation by one member of another, often over an issue of marital communications. A group member can usually accept this from another member better than from a spouse. The leader is present to be sure that confrontations are fair and not one-sided. The other group members and the leader lend an objectivity to a relationship, which is very helpful.

An excellent book by a RESOLVE member and family therapist includes exercises and anecdotal material that is very useful to the couple struggling in their communications; this is Linda Salzar's *Infertility: How Couples Can Cope* (see the bibliography for this and other helpful resources). —

RELIGION AND FAITH

Formal religion may be a source of pressure (to produce children) and even guilt about how the couple may choose to go about overcoming their

* Merle Bombardieri, "The Twenty Minute Rule: First Aid for Couples in Distress," *RESOLVE Newsletter*, December 1983, p. 5.

infertility. Couples who use "technologies," use of analysis, must come to medical convictions. In many cases, couples are choosing their course of treatment. More commonly, couples are in the infertility struggle.

I have a daughter with a second child, I found it hard to give me another child. My first child was the only one. Someone told me that I should. He also gives us the support so I changed my prayer from my misery. I still struggle. But I have given my

I believed for quite a while we so earnestly desired to volunteer projects that we had no pregnancy. I finally said "Our concept of God is not vested with giving." She suggested that the situation of infertility, and that I should accept the peace to accept it.

DREAMS AND FANTASIES

Some of the powerful fantasies as well as the recesses of the mind that the situation is resolved. The situation of infertility and in w

I have a favorite fantasy of being pregnant. There is a lot of talk about my period coming and I have my hair done and I eat steaks and a bottle of wine. We talk of his day and I wonder what is such fun i

infertility. Couples who are members of faiths that do not condone the "new technologies," use of donor semen, or even masturbation to obtain a semen analysis, must come to grips with both their religious convictions and their medical convictions. Sometimes the two clash; in an increasing number of cases, couples are choosing to accept their "individual conscience" to decide their course of treatment.

More commonly, religion and faith play a comforting and supportive role in the infertility struggle. Several testimonies follow:

I have a daughter who is almost six. After two and a half years of trying for a second child, I found renewed religious faith and prayed daily, "Please, God, give me another child." I could not pray, "Your will be done," as I felt another child was the only solution. I became increasingly miserable and angry. Someone told me that if God gives us something in life that is hard to handle, He also gives us the strength to handle it. I couldn't stand my miserable state, so I changed my prayer at last to "Your will be done" and felt an instant relief from my misery. I still *hope* to become pregnant. God allows us to have hope. But I have given my burden of infertility to the Lord and feel a sense of peace.

I believed for quite a while that God was punishing me by withholding the baby we so earnestly desired. I atoned through various painful professional and volunteer projects that brought me into daily contact with unwed mothers. Still no pregnancy. I finally talked with our minister (who was a woman) and she said "Our concept of God is not of a punishing or withholding Power. Our God is not vested with giving or taking away, but is a benevolent, all-caring Presence." She suggested that the science of medicine might conquer (or not conquer) our infertility, and that God could give us the courage, the strength, and ultimately the peace to accept our fate.

DREAMS AND FANTASIES

Some of the powerful feelings of infertility may be played out in dreams and fantasies as well as in everyday thought. These images from the deeper recesses of the mind are often recurrent and may persist long after the actual situation is resolved. Dreams and fantasies are helpful in coping with feelings of infertility and in working them through.

I have a favorite fantasy about what it would be like telling my husband I am pregnant. There is no taking of temperatures, no programmed sex, no worry about my period coming. Just one day I discover I am pregnant. I go out and have my hair done and buy a new dress (a little loose). On my way home I buy steaks and a bottle of champagne. Dinner is elegant, with candlelight and wine. We talk of his day at the office and all the other news . . . the delay in telling is what is such fun in this fantasy. Finally, lingering over coffee, gazing at him

through the candles, I say, "I have something to tell you, Jim. I'm pregnant!" He is amazed; he is thrilled! We embrace (it's just like a Doris Day movie). Bring on the champagne!

I have a crazy recurring dream that I got pregnant but that it was necessary to borrow Bob's stomach for the whole nine months!

When I was in the midst of my infertility workup, I began dreaming about giving birth. These were no small dreams—they were gigantic Cecil B. DeMille productions with casts of thousands. I was always at the center, very beautiful and in control. My husband was standing at my side and I labored (sweating ever so slightly) briefly, then had a wonderful birth. The baby was perfect and everyone cheered and praised me for how well I had done. My husband was crying and telling me how much he loved me. Once I awoke in the middle of this dream (which recurred for years) and I found myself with my legs drawn up and bearing down as if I were really giving birth!

We've created such an absurd fantasy in our minds as to what life with a child would be like that it could never possibly meet our expectations. I imagine a smiling and happy baby—always immaculate—with my husband and me beaming proudly, completely contented, with few worries. Life is beautiful and we feel fulfilled. I visualize a lovely little girl with blond hair and blue eyes, dressed in yards and yards of ribbon and lace. . . .

One common theme to most dreams and fantasies is sense of control and mastery over situations that the infertile person has so often lost in reality. In this sense, and as an outlet for otherwise repressed fears and feelings, dreams and fantasies are no doubt helpful.

ANIMALS AND OTHER LIVING THINGS

A universal outlet for the longing to nurture felt by the infertile couple is given to pets and growing things. Most commonly the nurturance is transferred to a lovable and furry pet such as a dog or cat, which gives great satisfaction in return. But couples report pleasure in almost anything alive, from tropical fish to horses to gardens.

We could not have pets in our apartment, which made me very sad. I had never had much luck with plants, but I proceeded to buy an enormous number of African violets and a fluorescent light unit to grow them under. I mixed superfertile soil for potting; I fed them extra nutrients each week. I was rewarded with brilliant blossoms. Each plant took on a character of its own. If one damped off and died I felt a great loss; those which were richest in display were

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centerpieces for our table. I don't know what Freud would make of my several years of plant fetish, but it gave me a feeling of control over fertility—and something *alive* that I could call my own.

It is common for pet owners to ascribe human thoughts and feelings to their animal friends. For the infertile couple this can manifest itself in treating pets as children and in enjoying the extra time and attention they require, and also in complaining (though not too bitterly) over their mishaps and accidents. Some couples carry photos of their pets to have something to show when fertile couples are showing their photos of children. One obviously loaded area in regard to pets is their fertility.

I got this adorable female kitten at the local humane society. I knew from the start I wanted a female, though I hadn't given much thought to why. When she neared six months of age I asked the vet about the best time to spay her. He recommended doing it at once, since many female cats, once they mature, are literally never out of heat long enough to have the operation. I thought about letting her have one litter, but I also believed firmly that wanton breeding of cats and dogs is immoral. How I struggled with the decision to have her fixed! I should explain that I had recently had ovarian surgery myself and my outlook was very dim. I looked at her eyes and they seemed to be pleading with me to let her be a mother *just once!* The event that decided things in a hurry was her first heat. She was unbearable! I took her right in for her operation after that. Afterward, I often thought she looked at me with a look that had special meaning between us. I would stroke her and say, "We're just a couple of spayed cats, huh, Goldie?"

Some people raise valuable animals and breed for stud. There is probably a vicarious thrill in the successful mating and rearing of animals when personal fertility is denied. This may lead some to let dogs and cats of no particular value breed at will, forcing many offspring into poor homes or the certain death of a humane society ward.

The death of a beloved pet, for anyone, may be very traumatic. If that pet was considered as a surrogate child for the couple, the grief may equal the intensity of the loss of a child. Once again, society will negate such grief and the couple are often very private with their feelings. Since pets and other growing things are valuable as objects of nurturance, it is also very painful when that beloved object is lost.

TIME

"The trouble with time is that . . . *it takes so long!*" This is an often heard protest when infertile couples are consoled with the fact that they will feel

better by and by. It is true that the passage of time heals. It is also true that it can't be hurried or telescoped. Time seems to bring with it a sense of *perspective* or "the larger view" of life for those who have had tunnel vision focused on infertility for a number of years. When feelings have been properly worked through, they tend to subside and a kind of *selective remembering* often takes place so that the really painful memories and events are muted. Time is a healer, time is a friend. But *time takes time*.

THE ROLE OF HUMOR

In the face of adversity, laughter is indeed the best medicine. It helps enormously if a couple can keep their sense of perspective and their sense of humor enough to indulge in occasional laughter at the absurdity of some of the situations infertility imposes upon them. RESOLVE support groups often begin with a great deal of anger and upset, so-called war stories of what the couples are going through, and they almost invariably are characterized by increasing amounts of banter and laughter as therapy progresses. This reflects the willingness to let go of some of the control of a frequently uncontrollable situation, and the ability to not take oneself too seriously in the face of adversity. Some of the "jokes" in support groups are so subtle that only infertile people would understand them. Here are some examples from anecdotes sent to RESOLVE or shared in support groups.

All of the waiting, the painfully slow cycles due to having to wait for bodily processes to run their course, made us realize how totally out of control we were. Because of the methodical plodding along, we came to refer to ourselves as "infertile turtles." We could think of nothing more appropriate. Turtledom was a very isolating experience. We never told anyone of our animal identities. We even had a theme song. There was a song from *Cabaret* called "Maybe This Time" and with a few changes the song became "Maybe This Month."

I was delivering my husband's 24-hour urine specimen in a large jar in a big brown bag. The hospital was located in a high-crime area of town and I suppose I was clutching the bag to my body. A man came out of nowhere and grabbed the bag away from me. I was just dumbfounded! Several people came to my assistance and I just began to laugh until I cried and I couldn't get a word out.

I will never forget a talk show interview I did on infertility while in Nashville. This really suave and debonair male host (on live TV) looked at me and asked, "Is infertility usually a hereditary problem?" I had all I could do to keep my composure. "No. . . ." I started thoughtfully. "I think we can say with certainty that absolute infertility is *never* hereditary."

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My husband had to take a six-month training course at the exact time the doctor decided to put me on fertility pills. His schedule was crazy—two weeks in New York, three weeks in Atlanta, one week in Buffalo, and so on. We were still relative newlyweds (married two years) and no one knew about the fertility pills. All they did know was that my husband had one very impassioned wife who followed him all over the country while all the other wives stayed at home. It got to be a joke with us—"Have thermometer, will travel!"

Our support group got into this really hilarious discussion about what sort of container makes the ideal vessel to deliver a semen specimen. We all agreed that 5 cc of semen in a mayonnaise jar looks too pathetic to even consider. On the other hand, our wives' empty perfume bottles were virtually impossible to hit and were somewhat effeminate. Used caviar jars or artichoke heart jars were just the right size, but we felt "pretentious." We finally agreed that the ideal jar to deliver a semen specimen in was that one item an infertile couple would never have in the house—an empty baby food jar.

The humor of infertility is often wry and low-key. There aren't too many sidesplitters when it comes to this problem. Humor adds levity to an otherwise depressing situation. It adds balance and perspective to stressful and frustrating situations. Those who can see humor in the midst of their travail are most blessed.

CONTACT WITH OTHER INFERTILE COUPLES

No one understands infertility as well as someone who has been there. Finding another person or couple who are experiencing infertility may be easy for some who are candid and open about their own situation. But many couples honestly do not know one other man or woman who is or ever has been infertile. *This in a country where more than 10 million people are currently infertile!* It could be their next-door neighbor, the man who manages the local gas station, the woman at the local library reference desk—almost anyone with no children. The problem is that *infertility does not show*. And to presume lack of children is equal to infertility is frequently wrong. Infertile people simply have no way of finding one another without help.

RESOLVE was founded in Boston in 1973 for exactly that reason. A small group of women who were experiencing infertility "found one another" at an adoption conference and decided to hold monthly discussions about what they were feeling. The idea was so successful that soon the group expanded and increased to weekly meetings and the depth of a true support group. Later came a telephone counseling service staffed by a volunteer nurse. Still later came a small newsletter to send to our increasing membership. The call came from other cities and other states for services in their areas. RESOLVE, which

is nonprofit and charitable, has now expanded to a national organization with more than 40 chapters and a membership in the thousands. Fact sheets, reprints of good articles, suggested reading lists, and other resources are available to members as well as an excellent national newsletter published five times a year. Through this clearinghouse, members can be put in contact with others in their area who are infertile. They can join support groups and attend conferences. They can discover that they are not alone and help educate themselves to receive the best possible medical care. The organization also helps couples who are turning to alternatives such as adoption, donor insemination, or childfree living. Contact with other infertile couples is one of the most helpful ways to break through the isolation and despair of the infertility experience. Information on joining RESOLVE is found in the section on organizations and resources.

CONCLUSION

In spite of medical advances and "new technologies," there has never been a harder time to be infertile. The 10 million Americans whose lives and hopes are touched by infertility are caught between two opposite and powerful social currents. The first is the traditional value system of religion, family, and culture that says marriage and childbearing are expected duties of the adult person. The other is the social trend toward zero population growth, childfree marriages, and the dissolution of family values. In the eyes of the first segment of the population, the infertile couple are seen as objects of pity or even scorn. In the eyes of the second, infertility may be seen as a "blessing" or, at worst, a minor inconvenience. People who work at achieving pregnancy in a time of world overpopulation have even been called "immoral."

The decisions on medical and surgical procedures to overcome infertility have never been more complicated. Some, such as in vitro, donor insemination, and surrogate mothering involve ethical, legal, and moral dilemmas as well. If the couple cannot be helped by science, and half of all cases cannot, the alternative of an adoptable infant is becoming less and less available.

The infertile couple deserve advocacy and respect. Theirs is a problem that is a legitimate public-health concern—one that is alarmingly on the rise in recent years. Infertility cannot remain shrouded in superstition, stigma, and misinformation if we are to help overcome it. While it rarely proves fatal or incapacitating physically, infertility exacts a heavy toll on the emotions, finances, and quality of life of those affected. A health problem affecting 10 million people cannot be denied. Its victims may be invisible, but they are joining forces and resources as never before. They will be heard. They will be helped.

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