

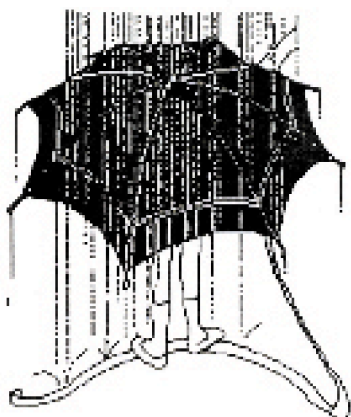
# The Mental Health News

## Coping with Infertility

by

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### *Infertility is a common problem*

Infertility is defined as the inability to conceive after one year of trying to get pregnant. Studies suggest that approximately 10% to 15% of couples who attempt to conceive are infertile. This rises to about 25% when the woman is between the ages of 34-39 and to about 30% when the woman is in her forties. In cases where infertility is suspected, a complete fertility workup is indicated, including a consultation with an infertility specialist. There are many treatments accessible to an infertile couple once the diagnostic workup has been completed. Recommended treatments may include minor reparative surgery, ovulatory stimulating mediation, artificial insemination and assisted reproductive technologies (for example, in vitro fertilization).

More often than not, couples experiencing infertility experience painful emotions. This may first start as the couple goes through an infertility assessment.

Prior to diagnosis of infertility, a couple has generally made a decision to have a child. This decision reflects a profound commitment, not only to the relationship but to the role of being a parent. When a couple makes this commitment it is usually with the assumption that it will be possible to get pregnant. Therefore, when pregnancy is not forthcoming one or both people may feel crushed. Any combination of the following feelings and behaviors may occur:

- \* Shock
- \* Rage
- \* Depression
- \* Guilt
- \* Loss of Control
- \* Withdrawal

**Shock:** This is a sensation that results when a trauma is too big to digest. It can feel like events are being watched instead of experienced. There may be thoughts of disbelief and denial. Attacks of anxiety may also occur.

**Rage:** It is not unusual to feel rage at one's body, one's partner, those who are pregnant,

those who have children, medical personnel, representatives of parenthood or birth, God, a culture which assumes fertility and so on.

**Depression:** It is common to feel a sense of overwhelming loss; loss of the experience of childbirth, loss of parenthood, loss of manhood or womanhood, loss of self-esteem, loss of relatedness with friends and family who have children, loss of generativity and loss of

### *Infertility causes tremendous emotional pain*

sexual passion (e.g., infertility causing sex to become a scheduled duty and technical enterprise which inspires little passion). Sometimes these feelings can significantly interfere with sleep, appetite and concentration. Occasional thoughts that life is not worth living may also creep in. During this time individuals may seek to self-mediate despair through alcohol or drug abuse.

It can be difficult to accomplish final resolution on this problem as it may take many years to know whether it will be possible to have a biological child; for this reason, a couple may come to feel as if they are living in a private concentration camp.

**Guilt:** Guilt feelings may stem from a belief that some-



one is always to blame when bad things happen. This belief facilitates self re-

criminations: "if only I hadn't abused my body." "I am being punished for..." "If only I hadn't waited to have children...waited to get married...used contraceptives..., etc." Relatedly, shame feelings arise as one feels unable to function normally. There may be an incessant tallying up of one's perceived failures, together with a belief that one is a leper living among the healthy.

**Loss of Control:** Persons experiencing infertility may be unable to control emotional reactions to events and situations which are symbolic of the problem. In such situations, angry outbursts, tears, impulsivity or other kinds of lapses of control may occur.

**Withdrawal:** Interactions with others may spontaneously produce reminders of infertility. There is a sense that family and friends cannot understand what infertility is really like; well intended but insensitive comments and questions from family and friends may support this intuition. It becomes all too easy to withdraw from social contact.

This collection of emotions can become overwhelming to both members of the couple, at different times and in different ways. Disagreements and problems may become exacerbated during this time. Synchronized feelings and reactions may occur less frequently. One person may be feeling despair while the other person is feeling hope. One person may want to problem solve while the other wants to vent. One person may want to avoid or escape from the problem while the other wants to confront it, and so forth.

In order to process of understanding and healing, a couple must find ways to communicate effectively.



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In general it is helpful to acknowledge one's own feelings and thoughts while inviting the other to do the same. It is important to avoid assumptions regarding the other person's inner world and to create time to discover each other's thoughts and feelings. This facilitates problem solving, coping and intimacy.

There are other ways to facilitate coping:

- Becoming educated about infertility, including how it should be assessed and treated.

- Making a timetable for treatment and personal efforts (e.g., what treatments will be tried, how long treatments will be tried, whether or not adoption will be pursued and at what point, etc.).

- Locating others from whom support may be obtained (e.g., a support group, clergy, etc.)

- Planning special evenings to relax and enjoy each other.

- Treating oneself to special gifts and events.

- Keeping a journal.

- Praying.

- Exercising and eating well.

- Allowing oneself time to feel badly.

- Making time to talk.

- Reducing irrational, negative thinking.

- Taking a vacation to a childless resort.

- beginning counseling.

Any of the above may help a couple travel through the pain and into insight and meaning, whether with children or without them.

