

Coping With Infertility As Couples & Families



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Quick Review: Stages of Infertility for Couples (Diamond et al, 1999)

- **Dawning**-realizing infertility/fertility challenges are present for the couple
- **Mobilization**-doing practices to optimize fertility, seeing G.P, specialists.
- **Immersion**-more intrusive testing and treatment, possible ART and donor and/or adoption are considered.
- **Resolution**-the couple decides to end treatment, pregnancy, birth and parenting occur, the couple choose childfree living or adoption and/or fostering occur.
- **Legacy**-couple deals with underlying problems pre and post infertility-e.g. sexual problems, conflict, financial stressors, addictions, infidelity. Couples may also honour the lost child/embryos, find meaning in humanitarian works for children, e.g sponsoring a child.

Optimize Your Couple Relationship: couples who consistently cope constructively with stressors, grief, powerlessness, use natural, peer and/or professional supports, take care of their physical and mental health, and who ensure that they work through issues, and live life with/without children, are more likely to move through the infertility journey and stay connected.

Take Action: Couples who stay in denial, suppress feelings/grief/powerlessness, who repeatedly isolate, don't communicate or deal with conflict, may then be more vulnerable to individual couple distress, anxiety and depression, addictive behaviour, and unresolved grief. Alice Domar suggests that infertility can "exacerbate weaknesses that already exist in the relationship." (Domar, 2000, p.117). Couples should make time to be as healthy, to communicative, and to get pastoral, counselling and/or peer support if you feel stuck.

How Do I Grieve & Take Action?

Many of us have heard of the 5 phases of grief: 1)denial/shock/anxiety 2) bargaining 3) anger 4) sadness/depression 5) acceptance (which for some includes forgiveness). Allowing yourselves to move through these 5 stages is important-feeling and expressing your feelings, using each other and your community for support, and planning rituals, can help a couple move forward. Unresolved grief can inhibit attachment/bonding during parenting, as well as affect and individual, couple and family negatively, e.g. conflict, depression, separation, difficulty functioning.

Grief is a process-you can move through it-there are no concrete rules to it. People in couples and families grieve differently, and at different paces. It is common to feel surprise, denial, anger, loss of control, shame/unworthiness/failure, as part of your grief (Daniluk, 2009). Grief is a process that if dealt with constructively will decrease emotional pain and help you move forward (Kohn & Moffatt, 2000, p.6). It is common to go through a) Initial shock 2)Anticipatory Grief-e.g. when you don't feel pregnant, or have learned a fetus is no longer living, fearing an adoption will fail 3)Acute Grief-intense mourning, which may be increased temporarily by hormones, and 4) Integration of Grief-when a couple and family have done active grief work, resume functioning, feel "lighter" and more whole again as individuals and as couples. (p.6-16).

Coping Strategies - give yourself permission to grieve, for some 6 months to a year is needed for active grieving, though some people take shorter or longer periods. **Remember to G-Shed your grief:**

G-Be gentle and patient during grieving with yourself, your partner, and your family. Befriend your bodies through massage, sports, yoga, cuddling, sex for pleasure with your partner. Be patient if there is "sexual aftermath"-lowered libido, erectile dysfunction and numbing and dissociation from your body (Daniluk, 2009). Acknowledge and release small amounts of guilt, feelings of failure, powerlessness, shame and grief as they may arise. If this persists, counselling may be needed.

S-Support yourself via couple, family, peer, faith, online and book resources, counselling.

H-Health-rest, balance your meals, be cautious about drug and alcohol use, and other compulsive behaviours. Ask yourself each day if you've had enough to eat, rest, are their activities you need to do to support your mental and emotional health, e.g. if depressed, are you exercising, resting, consider if you need anti-depressants and counselling to cope with severe depression and suicidal behaviour.

E-Express-feelings, thoughts, memories, through talking, writing, rituals/ceremony, movement, e.g. dance, yoga, exercise. I recommend "controlled grieving" allowing at least 5 minutes of day of feeling and expressing feelings, then "containing them" e.g. imaginary vault, a journal, so you can resume functioning. Be prepared for STUGS during acute grief (sudden temporary upsurges of grief), if possible express them, and comfort yourself to resume your day. Avoid the BLAME GAME-allow frustration at the infertility, but do not blame your partner as if he/she is the infertility. Treat infertility like is an unwanted third party external to the relationship., e.g. saying I'm sad we have to deal with infertility, instead of silently or openly blaming your partner (he's infertile, she's barren, etc.)

D-Decision postponement-during initial and acute grief, you may wish to postpone major decisions re: work, marriage, treatment, adoption, purchases. Once you have moved through grief and are less stressed, you may find decision making more clear-headed.

Gender-Make Peace in the Battle of the Sexes

Partners may feel they have failed themselves, their hoped for child, their partner and family, either during the infertility diagnoses and/or during miscarriage or unsuccessful treatment. Talk through feelings together, remember you are not infertility (do not let it define you) and your partner chose you for more than childbearing reasons. Don't assume just because of your gender that you are not affected by infertility, e.g. she went through treatment, so it doesn't affect me.

Women-some women feel they have failed as women, particularly if social training put extra emphasis on being a mother. At times, if there is already a power imbalance in the relationship, women may be coping with dual powerlessness in the couple and during infertility. Negotiating power so that it supports individual and couple health can assist in the coping and grieving process (this may also be true in female-dominated relationships. Power struggles may occur during treatment, adoption planning, financial struggles, and later, in parenting. So talk about this and get outside help if needed. Also, as the woman is often the site of ART procedures and she is carrying the pregnancy, her "embodied" sense of grief may differ from the male partner. Being gentle with each other and allowing for different intensity and hormone levels to even out. These dynamics may occur in lesbian relationships.

Men-some men find their grief is more connected to what their partner is going through during infertility, treatment and loss/miscarriage. It may have been very worrying to see their partner in discomfort coupled with a loss of unsuccessful attempts to conceive, treatment or miscarriage. However men also develop powerful attachments to the dream of parenting, embryos and the in utero child. Some men allow for their grief, while others grieve briefly and immerse themselves in work, activities and want their partner to prematurely "move forward" from grief (women can do this also) (p.26). Being strong for your partner is okay; however, there is strength in dealing with your grief then moving forward together. Men in gay relationship using donors/surrogates may go through similar issues.

Families-Are They Helping or Making it Harder?

- **Language**-many couples have families who are helpful during fertility challenges. However in some families, members may, despite their care for you, use verbal and non verbal language that is hurtful. (see IAAC handout). Non verbal language may include avoidance (reduces contact, silence, numbness), or volatile expressions of emotion. Problematic verbal communication may include insensitive language and unwanted advice. Gently educating, providing resources, and setting clear boundaries may be in order to help you cope.
- **Dealing with "Buttinski" Friends and Family** (Perkins & Meyers-Thompson, 2007, p.84)
Infertility is an individual, couple, family and community issue. It is be important to communicate what you need and don't need to others-some people are polite, some are very direct, partners can "tag-team", ask each other's family/friends to not "ask", e.g "we will let you know any news when it is time" then change the subject. Some family members feel it is a "right" to know about progress, some couples keep certain

details private to help cope with intrusive behaviour while other couples want to communicate openly. It is okay to delay attending a family baby shower/birth/child's party/holiday events, if the individual or couple is not ready. Communicating your well wishes and then taking space may be necessary, particularly during initial and acute stages of grief. Be aware of taking space vs. prolonged isolation that can impair individual and family functioning.

- **Ensure you and your partner are both okay with info sharing**-e.g. your partner may not want you to share sperm details with your girlfriend/mother/neighbour. Negotiate a balance of using support and maintaining privacy. This can offset the intrusiveness and loss of control that comes with infertility, ART and adoption/fostering. Some couples may be private or have to work through internal and external conflicts due to different beliefs re: ART, adoption, donors among family and community members.
- **Allow for family member's grief**-during infertility, unsuccessful treatment, miscarriage, or the choice to adopt/foster, or living childfree may be difficult for family members to absorb. Honour their grieving styles is important, but set limits if you feel pushed to do something you have decided as a couple you do not want to do. Some people want to communicate difficult news directly, while others choose indirect methods through cards, emails, and request space before being able to visit/talk on the phone.
- **When family want you to "get over it"**-infertility often affects identity, your sense of masculinity and femininity, can lower self esteem (Daniluk, 2009), and stress a couple for a prolonged period of time until there is resolution, legacy, integration and a readiness to move forward. Assuring your family that you do want to "get over it", but that it takes time to deal with it. If you have been overcome by depression and cannot move past your grief, it may be time to listen to your partner and/or family/friends suggestions that you need further help to cope and move forward.
- **Expand your notion of family**- It takes time for a couple to decide how to resolve the infertility journey, it takes some effort to expand the notion of who "family" are. Some couples need to include "chosen" family in the infertility journey, friends and support people who may be able to step in when other family members are unavailable physically or emotionally. For couples, families and social groups with boundaried rules re: who is our family, who belongs, they may need education and time to adjust to new ideas of donors, adoption/transracial adoption, fostering and/or childfree living.

Resources/References

[A Silent Sorrow: Pregnancy Loss, Guidance & Support for You & Your Family, 2000.](#)

[Conquering Infertility-A. Domar, 2000](#)

[Couple Therapy for Infertility-Diamond et al, 1999](#)

[Fertility Challenges Workshop-Powerpoint presentation of Daniluk & Wolff, 2009.](#)

[Infertility for Dummies-Perkins & Meyers-Thompson, 2007](#)

[Sweet Grapes-How to Stop Being Infertile and Living Again-](#)

Online Resources:

Peer/Resource Support:

www.wircwpg.ca

www.ivf.ca

www3.fertilethoughts.com

www.InfertilityNetwork.org

www.iaac.ca

Professional Support/Counselling

www.tarasheppard.com

Your EAP resources.

Aurora Family Therapy Centre 786-9251