

FINDING HOPE IN HOPELESSNESS
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- Individuals and couples going through primary and secondary infertility often cope with emotional, physical, mental, financial and spiritual “rollercoasters” of hope and hopelessness. Finding hope and balance is a challenge for most people experiencing infertility.
- Primary infertility is when people are challenged when trying to conceive their first child.
- Secondary infertility is when people are challenged when trying to conceive after successfully conceiving and delivering children previously.
- You are not alone. Infertility affects over 6 million people in North America, 10% of people in the reproductive age range.* One out of six couples in Canada, is unable to conceive in the first 12 months, (IAAC, 2009).
- People find themselves going (sometimes back and forth) through different phases**:
 1. **Dawning Phase**-couples start realizing they are having difficulty conceiving, their anxiety or concerns usually propel them to seek medical consult.
 2. **Mobilization Phase**-testing begins in the medical arena. What was private is now becoming public, and can feel embarrassing and intrusive. When test results give infertility diagnoses, this information often causes the grief stages: shock/denial, anger, bargaining, sadness/depression/pain and acceptance. Diagnoses of unexplained infertility and secondary infertility cause grief reactions and additional frustration. Unexplained infertility feels uncontrollable, as there is no clear reason or treatment option. Secondary infertility can feel confusing, along with painful grief stages, as the body has been able to conceive successfully in past.

Couple Stages of Infertility, cont'd:

3. Immersion-people move into more invasive treatment and testing, feel stuck in a powerless and hopeless "limbo" of not yet achieving pregnancy and live birth. In late immersion stages to achieve their dreams and find hope, couples often consider adoption, donor egg/sperm/embryo or adoption.

4. Resolution Phase-for people who do not achieve pregnancy and live birth, they often decide to end treatment. In this phase, they mourn the loss of not having a genetically related child, and start putting their energy and hope towards a new parenting path e.g. adoption, or living childfree.

5. Legacy Phase-coping with positive and negative effects of infertility on the relationship. Conflict, sexual problems, parenting struggles, financial stress may surface as effects of infertility and treatment costs. Couples can get through the legacy phase via grieving, communication and use of supports. Couples can grow closer and find new strength together, despite some lingering grief re: infertility losses. Some people find it helpful to help others coping with infertility, to do a ceremony to honour their lost children, and to begin again as individuals and a couple.

Ways to cope and find hope

- Grieve losses through individual and couple support, natural, peer and professional support. Deal with grief as it comes. Be aware of using your grieving skills and supports during difficult dates, e.g. dates of losses, a woman's period, Mother's Day and Father's Day, baby showers, etc.
- Do self-care, and strengthen your relationship through regular communication, play, sex, conflict resolution and forgiving and "befriending" your bodies again.
- Focus on what you can control, grieve and accept what you can't control. Use self-care, support each other and use supports, during feelings of powerlessness and grief.

Parenting After Infertility (Salzer cited in Diamond et al, 1999).

- It is important to mourn losses associated with infertility whether you become a biological, adoptive parent, or parent through donor conception.
- After the infertility journey, parents know the value of children and in many cases "the quality of parenting is superior to that shown by families with a naturally conceived child." (Golombok cited in Diamond, 1999).

After infertility, some parents have to still watch out for (p.198):

- Denial/suppression of their disappointment or grief
- Frequent fantasies of an ideal bio child related to both parents
- Fear the adopted or donor conceived child won't live up to family standards
- Difficulty providing effective discipline
- Discomfort in acknowledging the child's birth parents e.g. via adoption or donor conception, keeping it a secret.
- Overprotectiveness or overcontrol of the child
- Talking excessively or not at all about the adoption, donor conception or ART with the child.
- Overly high expectations of oneself as a parent.

Ways to cope and find hope:

- Grieve losses through individual and couple natural, peer and professional support, deal with grief as it comes.
- Learn to contain unresolved infertility feelings when parenting, use "adult time outs" if needed. Later release these feelings with your spouse and appropriate supports about the interaction/conflict/issue.
- Talk your partner, and with other supports about ways to cope during parenting so boundaries, discipline and the parent-child relationship are not "acted out" of unresolved stress/grief.

Gender Issues*

- Men and women may have very similar yearnings for parenting and similar ways of grieving during infertility.
- Differences between genders may include a differing readiness to proceed through stages at different times, and different options e.g. do we proceed with further treatment, adoption, donor conception and/or child free living?
- Many women complain their husbands don't appear to be affected by infertility. However, many men struggle also with grief and infertility stages, as well as feeling like a failure in how they support their spouse, solve the problem, and/or if depending who has the infertility diagnosis, many people feel shame "less than a man" or "not a real woman."

Ways to cope and find hope:

- Challenge gender related beliefs that are not helpful. To be a "real woman or real man", does one have to be a biological father or mother? Must you have the perfect ability to conceive, and to be a someone who can solve every problem perfectly? No, it's not realistic, and can worsen depression, conflict and stress upon individuals, couples and families. Be flexible and compassionate in your beliefs about self and forgive your body's limitations.
- Allow for each other's differences, and ensure that you are communicating and giving each other space. Plan conversations that are not about parenting or trying to become parents to balance the parenting talks. Don't impose your styles upon each other; be open to learning from each other's coping styles.
- Use gender supports, e.g. couples that have also experienced infertility and supports and friendships that affirm a more compassionate view of you, and your infertility journey.

* Adapted from Conquering Infertility, Domar, A. 2002.

**Adapted from Couple Therapy for Infertility, Diamond et al, 1999.