

CLOSE TO HOME



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Local resources for help with infertility:

DEALING WITH infertility



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Loved for Who I Am

by Terri Brenneman

Sitting in church one Sunday morning tears sprang to my eyes. I wanted to be anywhere but here. A five-year-old sang a solo, curls bobbing, eyes shining, voice clear and strong. Reality hit me with heart-wrenching longing. My husband and I would never see the musical talents, laughing eyes, and wide smile of our combined biology. That dream child was gone, buried in a file of ovulation temperature charts, medical reports, doctors' bills, and video of my recent laparoscopy. The diagnosis: unexplained infertility.

Why us? We loved God, served the church, were faithful Christians—why was God not blessing us with a child? Others could have children, even if they didn't want them, while we who would be loving parents were not given the chance.

The barrage of “why” questions assaulted me. *Why me? Why us?* We loved God, served the church, were faithful Christians—why was God not blessing us with a child? Others could have children, even if they didn't want them, while we who would be loving parents were not given the chance.

On our seven-year journey with infertility, this point of diagnosis brought deep challenges to my identity, my relationships, and my faith.

Who am I? From the time I was little I had imagined myself as a mother. Nurturing dolls, babying kittens, babysitting, always assuming I would get pregnant in the natural course of events. The dream of parenting, now denied, gained importance and began to affect my sense of self.

Peoples, Debbie and Harriette R. Ferguson. *Experiencing Infertility: An Essential Resource*. New York: W.W. Norton & Co., 1998.

Schalesky, Marlo. *Empty Womb, Aching Heart: Hope and Help for Those Struggling with Infertility*. Bloomington, MN: Bethany House Publishers, 2001.

Taylor, Kelley. *Pregnancy Wishes and IVF Dreams: A Story and Lessons about Life, Love, and Infertility*. Victoria, BC: Trafford Publishing, 2007.

Websites

www.Resolve.org

National infertility support and advocacy organization. Check for a local chapter in your area.

<https://medlineplus.gov/infertility>

National Institute of Health medical information on fertility issues.

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common among other kinds of profound loss. Grief may come repeatedly, and it is usually not acknowledged publicly.

- *Create rituals of ending when you experience loss.* Whether through miscarriage, failed conception, or failed adoption, you have experienced a devastating loss. A ritual can help. Some may choose a service of lament with family, friends, or church.
- *Build a family in a new way.* Some couples receive assisted reproductive treatments, and some couples choose adoptive parenting. A child-free couple can also choose to dedicate their energies and careers to other generative activities that make our world a better place. The grief of infertility may never completely disappear, and resolution may take years. But with the help and encouragement of God and others, new life and new joys will emerge.

For further awareness

Books

Daniluk, Judith C. and Margo Fluker. *The Infertility Survival Guide*. Oakland, CA: New Harbinger, 2001.

Deveraux, Lara L. and Ann J. Hammerman. *Infertility and Identity: New Strategies for Treatment*. San Francisco, CA: Jossey-Bass, 1998.

Nadeau, Jenna Currier with Mike Nadeau. *The Empty Picture Frame: An Inconceivable Journey through Infertility*. Denver, CO: Outskirts Press, 2007.

And what's happening to my relationships? Talking to friends became difficult, especially those giving birth. Envy, jealousy, and anger got in the way of my desire to connect. Shared disappointment with my spouse and sex on demand created marital hardships, as did our differing ways of handling grief and loss.

Where is God? I was an active church member, leader of music and worship, pastor's spouse—yet God now seemed aloof. Praying became impossible, as I no longer expected God to listen or care.

Breaking the silence

Breaking the silence around infertility was my first step toward healing. We sought medical diagnosis and treatment, shared our struggle with close friends, and related to the children of others. It was also important for us to find joy and meaning in other parts of our lives as a couple and to strengthen our communication and conflict resolution skills.

Through thoughtful and caring counsel, I chose Isaiah 54:1-10—"Sing, O barren one"—as my text for a speaking engagement. Breaking my silence toward God by wrestling with these verses opened me to depths of healing I would not have otherwise encountered. Birthing took on a new dimension as I identified myself as a "midwife of the soul" in my role of psychotherapist. I came to grips with the way I was expressing my sense of entitlement. And I encountered God's love for me again, knowing that God loves me for me for who I am, not for what I produce.

Terri Brenneman is a therapist from Goshen, Indiana, who has spoken and counseled extensively on infertility.

What is infertility?

Infertility is a painful and often *silent* experience suffered by individuals and couples who cannot have children of their own.

It involves frustration, disappointment, a sense of failure, and a grief that refuses to go away. Mingle these painful feelings with the hope, excitement, and anticipation of creating a family and you are on an emotional roller coaster ride. The ride seems endless, with yet more bumps and curves as diagnosis and treatment begin.

Infertility is the inability to conceive or to carry a pregnancy to a live birth after one year of unprotected, well-timed sexual intercourse (six months for those 35 and older). After one year of attempting to conceive, 80 percent of all couples achieve pregnancy; another 50 percent of the remaining couples will achieve pregnancy after an additional one or two years. Of the remaining 10 percent, some may become pregnant through natural means or medical intervention.*

There are two types of infertility. *Primary infertility* is when a couple never achieves a live birth (30 percent of infertile couples). *Secondary infertility* is when a couple cannot achieve a viable pregnancy following a live birth or an abortion (70 percent of infertile couples). Within these two types, there are many causes, diagnostic procedures, and treatment options.

- Give yourselves permission to be absent from baby showers, child dedications, and Mother's Day or Father's Day events. As you are able, tell family and friends about your need for space and privacy.
- Finding humor amidst the all-consuming nature of this struggle can be helpful.

3. Find a therapist or counselor experienced with fertility and assisted reproductive issues.

- The complexity of emotional, relational, medical, and ethical issues requires specialized expertise to be the most helpful. (Even a caring therapist unfamiliar with these issues may say insensitive things like "You can always adopt" or "At least you are having fun trying to get pregnant.")
- The helper needs to have excellent empathic listening skills and be flexible in treatment approaches. Some issues are best addressed individually and some as a couple. An experienced helper will assist in discerning choices of treatment, sexual, or marital issues, and family-building options.

Resolution of fertility issues is a long process with many layers. Working through emotional and spiritual pain transforms us as we discover and deal with unresolved loss from our past. As we heal, we begin to handle our current circumstances with more grace. We see more clearly what is important to us as we pursue other family-building options.

Grieving and going on

- *Expect reversals.* You may be making progress in feeling better; and then suddenly a hidden trigger (like an anniversary of a miscarriage or failed *in vitro* fertilization) causes you despair. This pattern of grief is

Steps toward healing

Infertility raises complex problems that require a variety of healing approaches. If you or someone you care for is trying unsuccessfully to conceive, consider the following options (or a combination):

1. Seek medical diagnosis and treatment.

- Find a fertility specialist. Get recommendations from others; you need someone you feel comfortable with and can trust.
- As much as possible, go to diagnostic and treatment appointments together as a couple. This reduces the need to interpret information to each other, and it provides support. Usually the male partner is screened first because male-related factors are more quickly identifiable.
- Become informed and take charge of your own process. Research diagnostic procedures, assisted reproductive options, clinics, and clinicians so you know what questions to ask.
- Talk with each other about financial and ethical dilemmas before being faced with a decision.

2. Seek help with emotional, relationship, and spiritual issues.

- Name your struggles as individuals and as a couple: grief, loss, bewilderment, anger, fatigue.
- Join a support group or organization such as RESOLVE (see page 11).
- Find a faith community with sensitive pastoral support and allow that community to carry you when your faith grows weary.
- Choose your confidants carefully; insensitive comments and advice of friends and family will increase pain and despair.

Myths of fertility

1. **We control our ability to get pregnant.** It's true that there are things we can do to encourage, prevent, or interrupt conception. But in the end, we cannot control the actual joining of egg and sperm. This is a mystery, a miracle.
2. **Just relax and you'll get pregnant.** While stress can affect the ability to achieve pregnancy, especially for women, there are often underlying medical causes, many of which can be treated. For 10 percent, however, no cause is identified, no matter how relaxed one is.
3. **Just adopt and you'll get pregnant.** Some couples conceive after they have adopted a child, but these numbers are small. Of the 10 percent whose infertility is "unexplained," only 5 percent will become pregnant, whether or not they adopt.

How common is it?

Primary or secondary infertility is experienced by approximately one in every six couples in the United States, Canada, and other industrialized countries. Fertility problems have been related to sexually transmitted diseases, environmental factors (mostly for men), and delayed childbearing. (Fertility decreases with age, particularly for women.)

Infertility affects all races, ethnic groups, and socio-economic classes. Men and women are affected relatively equally: 30 percent of cases are due to female factors; 30 percent to male factors; 30 percent to a combination of male and female factors. The remaining 10 percent, as in the case of Terri and her husband, are unexplained.

* These figures are taken from a variety of current sources, including the websites listed on page 11, as well as www.MayoClinic.com.

Infertility, the Bible, and the Christian story

Three matriarchs of the people of Israel—Sarah, Rebekah, and Rachel—all had fertility problems. Hannah of the Old Testament and Elizabeth, the relative of Jesus' mother Mary, also were barren.

But the biblical writers do not view their inability to have children as a curse or punishment. From the writers' perspective, God opens and closes wombs in order to accomplish God's special purposes. All the women mentioned eventually bear children who play key roles in the story of God's work in the world. Barren women who finally conceive leave no doubt that it is God's hand that establishes and leads a people.

Being childless in biblical times was a stigma. People's preference for carrying out God's command to "be fruitful and multiply" is evident when the psalmist states that a "quiver full" of children is a blessing from God (Psalm 127:5). So, while not a curse, barrenness certainly seems to be a lack of blessing.

In the Old Testament, barrenness contributes to *rivalry* between sisters Rachel and Leah; *depression* and *anguish* in Hannah; *mistreatment of others* in the relationship between Sarah and Hagar; and, for most of them, *despair*. Sarah laughs when the angels of God announce to Abraham that she will conceive a child—she's already 89 years old! Yet, despite their agony, conflict, and despair, these women are blessed with children. Their lives are transformed and so is the salvation story of which Christians are a part.

Their stories show that children are blessings from God, not entitlements. We don't "deserve" or "earn" God's blessings, no matter how good we are. While there is no wrong in wanting the same miracles that the

biblical matriarchs experienced, reality shows that we are not guaranteed to receive everything we desire, even when those desires are very good. The Bible contains stories of people who did not receive what they asked for or deserved (including Paul, with his "thorn in the flesh" in 1 Corinthians 12). It is also worth noting that many women in the Bible have special callings from God that do not center on having children: Miriam, Deborah, Huldah, Phoebe, Lydia, and Priscilla.

By wrestling with God through our disappointment and abandonment, we can gain a new understanding of God's love and care.

By wrestling with God we can gain a new understanding of God's love.

Love does not depend on God giving us what we desire. Rather, God's promise is to be with us and love us through whatever reality we face.

Isaiah 54:1-2 calls us to a brave hope: "Sing, O barren one . . . enlarge the site of your tent . . . lengthen your cords and strengthen your stakes." These words call us to open ourselves, to make space for new opportunities, to reach out beyond our current circumstances. If our enlarged tent is filled through conception and birth, we can celebrate. If we build a family through adoption, we can rejoice. If we become mentors or care for the children of others at home or around the world, we can see it as privilege. If we engage in activities that bring hope and healing to our communities and world, we can give thanks. By "enlarging our tents" we allow God to transform our circumstances and our lives.