

IVF & EVER AFTER

The emotional needs of families

Nichola Bedos

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For Callum and Andrew

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Forewords

Becoming a parent is a significant event in anyone's life, but when the path to parenthood is complicated by infertility and infertility treatment it may be even more emotionally difficult. The unfulfilled wish for a baby and the physical, emotional and financial demands of IVF are distressing experiences that can erode a couple's self-confidence and sense of well-being. Although the chance of having a baby with IVF is improving, most couples who pursue treatment will need several attempts to reach the goal of parenthood. When treatment is unsuccessful or when an IVF pregnancy miscarries, couples describe intense feelings of loss and sadness. Added to this are feelings of personal failure and doubts about whether the dream of a family will ever come true.

Those who persist with treatment and become parents feel extremely grateful that the treatment has worked and have high expectations of life with the new baby. But sometimes the transition to parenthood after IVF poses unexpected challenges. Anxiety about the ability to sustain and keep the baby alive, lack of confidence about the capacity to care for the baby, and feeding and settling difficulties are common after IVF.

While they are involved with the IVF program, couples have access to counselling to help them deal with the ups and downs of treatment. But, once a pregnancy is confirmed, there is little support and information available that meets the needs of couples who become parents after treatment. Nichola Bedos's *IVF & Ever After* is a thoughtful and insightful book that explores the emotional aspects of infertility, IVF treatment and parenting after IVF. It is a very welcome resource for health-care professionals and the growing group of couples who become parents after a long and difficult journey.

Dr Karin Hammarberg
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Welcoming a new baby into the world marks a new beginning for any parent, but for many couples experiencing infertility it becomes an even more significant milestone. The explosion in the number of IVF treatments performed in the last decade and the doubling of the success rate of IVF in the last twenty years herald a new generation of IVF families.

The medical technology that has enabled this process has had a profound effect on the lives of numerous families all over the world. While medico-legal, political and ethical dialogues continue to rage around it, IVF technology has paved the way for more than a million miracles to happen, opening doors to older parents, surrogacy and same-sex families.

The journey of every parent is unique and the experience of IVF is intrinsically individual. However, the psychological impact and emotional cost of the IVF process on couples cannot be underestimated. The need for

psychological counselling is paramount in supporting their tumultuous emotional journeys. Optimally, psychological counselling must begin as soon as the diagnosis of infertility is made. The euphoria of a successful IVF treatment, resulting pregnancy and successful childbirth is more often accompanied by a myriad of complex emotions tinged by grief and loss. In the event of prematurity or medical challenges, the clinical diagnosis of post-natal depression compounds their emotional vulnerability.

In *IVF & Ever After*, Nichola Bedos, psychotherapist, has sensitively but candidly captured the unique psychological journey of families who parent the IVF child. This book is an essential tool for health professionals working with IVF families, those exploring IVF as an option and the general community to enhance their understanding and insight into the challenging journey of IVF parenting.

Lisiane LaTouche

Director of Social Work and Psychology, Tresillian, Sydney

Introduction

In 2006 around 4 per cent of all births in Australia, as many as 10 000 babies, were born following in vitro fertilisation (IVF). With new technology achieving success rates that were unthinkable even a decade ago and new practices making the process more affordable, IVF births are set to become a highly significant part of the nation's fertility rate. Experts predict a figure of about 30 IVF births per 100 births in Australia within twenty-five years.

The technique's quiet beginnings belied its later success. Few would remember 10 November 1977, even though this day heralded the beginning of the first 'miracle' baby, Louise Brown. On that November day her mother Lesley underwent implantation of the fertilised egg — which was to become the world's first IVF embryo to survive beyond a few weeks' gestation — back into her womb. At that stage no one, not even the IVF pioneers, had any idea that this procedure would mark their first success. With great excitement, Louise was born by caesarean section on 25 July 1978. Three decades later, IVF has been used in the creation of over one million babies around the world.

As with all of the world's human-made miracles, media headlines have revealed the excitement and the scientific technique but little of the human side to this amazing story. Being the first miracle baby, Louise has endured much media attention. Interviews throughout her life to date have revealed a very sensible and practical person who has suffered the intrusion into her private life with dignity. What has never been described was the emotional roller-coaster ride experienced by Louise's parents. They lived through a nine-year struggle to become pregnant and the devastation of a diagnosis of blocked fallopian tubes, and finally experienced hope when Doctors Edwards and Steptoe offered them the opportunity of IVF treatment. There must have been anxiety throughout the pregnancy and feelings of absolute elation, combined with deep apprehension as the date of the birth neared.

How did IVF influence Louise's approach to becoming a mother herself? She gave birth to a son late in 2006. What will she tell her child when it comes time to discuss 'where babies come from'?

The science has made miracles happen. But there is a cost. The year 2003 marked an important turning point in IVF treatment. Research published then found that the use of this technique does impact upon the psychological well-being of both parents and child. Successful IVF treatment brings joy on a scale that is unimaginable to those who conceive without assistance, yet studies reveal this joy is also mixed with deep-seated anxiety. For truly informed consent to be obtained before couples undergo IVF treatment, they need to understand the factors that can affect their physical and *mental* health and how to access help to sensibly deal with these stresses.

Promising research by clinical teams around the world points the way to understanding the stress that IVF couples experience. It has been known for years that infertility can lead to anxiety and depression in both men and women and that it plays a role in some relationship breakdowns. A 2003 report published in the *Journal of Marriage and Family* indicated

that involuntary childlessness poses a significant risk to women, even if those women go on later to have a child of their own through assisted means.¹

Once a couple has been confirmed suitable for IVF, participation in treatment is a relief; however, partners often rate the technique itself as highly stressful, with women generally experiencing this stress to a greater degree than men. Women handle treatment stress quite differently to men: a 2006 study revealed that they seek support and talk about the difficulties, whereas men distance themselves or engage in problem-solving behaviour.² The stress can actually get in the way of IVF success because it reduces both sperm quality and the chance of an embryo developing inside the womb.

A pregnancy after IVF treatment produces excitement mixed with frequent periods of anxiety during the early months as the parents-to-be await the three-month point when the rate of miscarriage falls dramatically. Parents I have worked with report intense panic reactions to a twinge or spotting episode. They need calm, wise support to deal with these reactions.

IVF parents also benefit from good birth planning because the adoption of sensible strategies, which consider all available options, brings about healthier parent-baby relationships. Good preparation for birth is as vital to parents as intense training is to elite athletes. You come to the stress of the event with clarity of mind.

Once the baby is born, there are areas of parenting that IVF parents can struggle with in the early years. A wonderful Australian study, led by Karin Hammarberg of the University of Melbourne, reveals the issues IVF families face.³ Over 50 per cent of women using IVF have to struggle to establish care of a newborn after a caesarean section, and IVF parents are nine times more likely to have twins than non-IVF parents. These parents, who are also three times more likely to seek help from parenting centres,

have anxiety about and a lack of confidence in their parenting skills. Finally, more than half of all IVF mothers switch to bottle-feeding in the first three months after their baby's birth, citing failure to establish a 'good' milk supply. These are all issues that lead to parental stress, anxiety and depression, yet all are fully treatable.

This book is intended to raise awareness of the emotional issues that can arise during treatment, pregnancy, birth and the years of parenting, and to provide simple, thoroughly researched strategies to address these issues. These strategies act to heal the damage infertility and stressful treatment can cause, leaving parents to raise their children with calm clear minds.

Today, humankind is so much better at scientifically achieving IVF success with healthy births, fewer multiples and fewer premature babies. We have embraced this amazing miracle technique and IVF treatment is now commonplace. It is time to focus on the emotional aspects of IVF. The miracle of life can then be properly enjoyed for a lifetime.

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Many people helped to create *IVF & Ever After*. Thank you to Frank for being my sounding board and 'phrasing stylist', to my mother Diana for all her proofreading and for being the first person apart from me to tackle the book, and to all associated with Rockpool Publishing for the advice and encouragement to make the idea become a reality. Particular thanks must go to all the professionals who spoke to me and who contributed comments and research: there are a number of amazing people working with IVF families. I am also especially grateful to the wonderful families who have told their courageous stories, allowing me inside their homes and their lives to share the ups and downs of parenting with them. I have incorporated the experiences of many people from all over the world; however, names have been changed to preserve their identities, except when the family concerned has given me their express permission.

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The Emotional Impact of Infertility

It was distressing for both of us to be constantly asked, 'Are you pregnant yet?'

One in six Australian couples suffers infertility. Even though we have the technology to work miracles for infertile couples, the emotional consequences cannot be 'shrugged off', nor can couples simply 'get over it', blindly rushing off to a private clinic to pay for expensive fertility treatment. Those who have been diagnosed with fertility problems require good psychological support to explore the complexities of their feelings before IVF treatment can be successfully attempted. Arriving at the door of an infertility clinic without having reflected on the feelings evoked by a diagnosis of infertility can be disastrous.

'No matter what the doctor offered us, the diagnosis of "infertility" was there like a dark cloud hanging over us. I didn't feel science could ever really overcome it. I felt a failure. It was my fault,' one woman explained. She later went on to give birth to a healthy little girl, yet she still labels herself 'infertile'. In common with many other mothers, she has a sense of failure, of needing outside help and sometimes of thinking that the pregnancy and the baby somehow are not truly 'hers'. It is pervasive,

damaging and it is a real threat to parents' and children's self-esteem. But it is treatable.

I started working with families with IVF babies in 2002. My counselling practice concentrates on treating families with young children, specialising in helping parents to parent in a more positive way.

At first, when I began working with an IVF family, I downplayed the importance of the manner of conception and treated the family very much in line with the conventional wisdom regarding parents who were experiencing anxiety and difficulty separating from their young child. Although I achieved some success with my normal repertoire of strategies, I found the family's pervasive anxiety about 'something being very wrong' hard to understand. It was only the following year that I came to understand the complexity of the issues IVF raises for prospective parents throughout the treatment process and during parenting. I came to see the tremendous impact IVF can have on the whole family, even extending to grandparents, aunts and uncles.

Treating a family who had not yet set foot inside the door of an IVF clinic startled me. Within weeks, I was questioning how the problems they faced could have arisen without a traumatic event taking place. The family was enormously emotional and irritable, which caused incessant arguments, particularly between mum and dad. There was a lot of anger from unresolved grief over a previous miscarriage. Family functioning was at an all-time low. The family's two children, who had been conceived naturally, were also exhibiting signs of behavioural disturbance. Although I am not suggesting all families are as traumatised as this one was, I have since found that many do exhibit similar symptoms of stress. At times, particularly during the phases when they are coming to terms with infertility, deciding to use IVF and the treatment itself, emotions arise that are simply too much for a couple to handle alone.

Even after this experience, I was not convinced there was any particular 'pattern' of need specific to IVF families. But several months later I began

working with another IVF couple and their child. Again I perceived this pervasive fear of loss and the sense of danger that began before the IVF treatment process had commenced, together with the difficulty in separating for both parents and child. I began to sense there was something different about IVF families. I decided that, as a helping professional, I needed greater knowledge about the use of IVF as well as specific therapies to help the family to heal. I undertook research on the subject, finding a few studies that demonstrated heightened anxiety in couples undergoing the procedure. I was unable to find any information directly relating to the situation in Australia.

Recently I completed a small study of my own, a simple analysis of the number of IVF families I was working with as a proportion of my total client base. Surprisingly, in 2005 almost 20 per cent of my clients, twenty of the 100 families then on my books, had used IVF, although this might not have been why the family requested help. In comparison, more than 3 per cent of all births in this country at that time used IVF technology. This research further confirmed my suspicions that there was indeed a pattern of need among IVF families that simply was not being fully recognised and certainly was not being addressed.

The final piece of the puzzle came in the shape of a 2005 study.¹ A research team reviewed the work of parenting centres across Australia, including organisations such as Tresillian, which provide help for parents in settling, feeding and treating post-natal depression. The study found that mothers seeking help at these centres were much more likely to have suffered adverse reproductive issues, such as miscarriage and IVF, than mothers in the general population. Indeed, 6.5 per cent of the mothers attending the centres had used IVF, although they only comprised about 3 per cent of women giving birth. The study included an examination of one case, a couple using IVF to conceive their first child, and the emotional ups and downs that accompanied pregnancy and early parenting.

Other studies were reporting similar findings. Furthermore, Tresillian director of social work and psychology Lisiane LaTouche had also found IVF parents experiencing psychological difficulties. ‘There are a significant number of IVF families attending Tresillian centres,’ she explains. ‘The figures are certainly higher than in 2003/2004 and are rising.’ LaTouche reports complex family presentations: for example, older mothers conceiving through IVF and women giving birth to multiple babies.

My own findings were clearly being replicated elsewhere in Australia. This motivated me to put together a treatment plan for helping these families in need, right through from the infertility diagnosis, the IVF process and pregnancy to the parenting experiences. The plan is flexible in order to accommodate the vastly different situations families may find themselves in, but it always starts with recognising the impact a diagnosis of infertility has on a couple.

Conception today

Our modern society leads us to believe a family of our own is always a choice we are able to make. Couples try to conceive a baby, believing it will only be a matter of time before a successful pregnancy is achieved and a healthy child is born. Advances in medical science have given the human race the sense that ‘everything can be achieved eventually’.

We are bombarded with this ‘we can do anything’ philosophy. The media constantly reports stories about increasingly mature mothers giving birth. Many women feel they are more in control of their bodies than ever before and that age is no longer a barrier to having a career and a family. Expectations are artificially raised.

But, with as many as one in six couples experiencing infertility, these expectations may be shattered. This can leave couples feeling isolated, ‘different’ and eventually like failures. No matter what follows, their self-esteem and psychological well-being suffer sizeable blows.

What I have found from working with IVF families is that these overwhelming feelings from the infertility diagnosis are often left unresolved. IVF clinics offer counselling, but this is focused on the IVF process itself — how to cope with it and what to expect — rather than on the circumstances that brought the couple to the clinics in the first place. Gynaecologists and fertility experts will usually explain the issues around the couple's problems from the medical points of view, but have little knowledge of what the psychological impacts may be. No one sits down with the couple, acknowledges their huge emotional stress and then tells them how to cope.

When IVF begins, the couple are often not mentally adjusted. Psychological work must begin as soon as an infertility diagnosis is made. For parents who have already given birth to an IVF child, this work can take place retrospectively to avoid unresolved grief affecting the parent-child bond.

The grieving process

The first and most common emotional reactions to a diagnosis of infertility are sadness and loss. The couple need to grieve about the fact that the normal vision of conception and parenthood will not be an option for them. This is an important reaction, not to be devalued or brushed aside, but it needs time and energy to accept.

The grief accompanying a diagnosis of infertility is complex. By this I mean that there are a number of different losses that couples must face. The infertility experts Doctors Aniruddha and Anjali Malpani describe these different losses in their book *How to Have a Baby: Overcoming Infertility*. They include feelings of loss over potential children and their non-ability to pass genes on to the next generation. This puts a great strain on marriages, as couples wrestle with the feelings that life is now meaningless. Couples also experience loss of the experience of natural conception, pregnancy and birth.

Another loss that often goes unrecognised is the loss of privacy — and, indeed, ownership of their body for men and women, both of whom may have been through dozens of invasive tests to reach a diagnosis. Malpani and Malpani explain, with startling clarity, the sheer unnaturalness of the explorations involved, quoting one patient who felt she had donated her body to medical science. Daily temperature charts, blood tests, sperm tests and records of love-making can turn a previously cherished and satisfying aspect of life into one that is to be dreaded. All these feelings eat away at a person's self-esteem. These same feelings may again come to the fore after a pregnancy is achieved and a baby born.

To grieve means to experience deep and lasting sorrow. To grieve effectively does not have to mean shutting yourselves away for months or exploring the pain of infertility for days at a time. Grieving means that you recognise your emotions, that you acknowledge and try to understand them and that you express your sorrow in the way that suits you best.

The pioneer of our modern understanding of grief was a wonderful American woman, Elisabeth Kubler-Ross, whose work still shapes much of the professional help that is available to grieving people. Kubler-Ross described people passing through five stages during grieving; how quickly these stages occur depends very much on the person involved and the nature of the loss. You may also pass through some stages several times during the period of grieving.

Firstly, the loss is met with shock and a feeling of numbness. This is a chemical reaction in the brain designed to protect humans from feelings that are too overwhelming to comprehend. Parents often say they feel they are walking in mist for the first weeks after being told they could not conceive naturally. This is a stage that cannot be rushed and little can be done to 'clear the head'. What helps seems to be time to reflect and make sense of what has happened, the opportunity to talk to friends and family who can provide unconditional love, and the understanding of

one partner for another. It is not uncommon for some people to deny the situation initially, rushing to book second or third medical opinions or searching the world for natural ‘miracle’ cures. Again, time will be the healer that eventually allows both partners to face up to the reality of the situation.

As the numbness wears off, it is usually replaced by anger: at the world for its harshness; at God if religion is a part of life; at a partner for being the one ‘responsible’ for the infertility, and at parents who have not had to go through this grief. For people not used to sudden anger, this can be a frightening time. This is the stage when sudden flashes of irritability can easily ignite into a full-blown fight for partners struggling to stay together on an emotional level. The anger may also be turned on well-meaning friends and family who offer up clichés as reassurance.

Anger need not be a negative emotion but one designed to help humans cope. If used wisely, anger can be a positive phase of healing. It may drive people to find a solution, to keep going despite disappointments and to avoid turning inwards into depression. The key to dealing with anger is to express it in harmless ways. Anger exercises, such as keeping a daily journal to chronicle your early feelings or writing an angry letter to friends with children or to someone who has hurt you (but not sending it), are invaluable. These are ways to let out all the pain and frustration being felt. It may be helpful to have a ritual letter-burning ceremony once the worst of the anger has passed.

The third phase of grief, according to Kubler-Ross, is bargaining. Bargaining may involve praying: ‘If only I could overcome infertility, I would be a better person.’ Humans search for some reason that something bad has happened so they can find a way to put it right and, therefore, get rid of the pain. Again, this is a very normal way of dealing with a painful situation and is best helped by partners, friends and family simply listening rather than arguing that bargaining thoughts are not likely

to work. This bargaining is just another step the brain takes on the road to making sense of loss.

The fourth stage, perhaps the longest to move through, is that of depression. As reality dawns, so partners experience the full force of their sadness, beginning to recognise that natural conception will never be theirs. Women may find themselves crying at odd times, unable to look at children playing in the street and deliberately avoiding pregnant friends. Men may experience low self-worth, impotence and feelings of the loss of their manhood. All of these feelings will be resolved in time if partners are allowed to cry, express sadness, talk about the dream child they will now not have and receive the support of others.

Finally, if the preceding four stages are navigated successfully, partners will reach Kubler-Ross's final stage of acceptance. This is not necessarily a happy and confident place but one in which partners feel more able to look at their situation realistically, to evaluate other options, such as assisted conception or adoption, or to decide to remain childless and pursue other meaningful goals.

Stuck in the grieving process

Even after the birth of a healthy baby, many IVF couples remain embedded in cycles of anger and depression, at times feeling worthless or feeling intensely and unrealistically angry with a friend who has reported conceiving 'first go'. There may also be difficulties appearing in the relationship because of the different coping styles men and women adopt in the face of great stress.

Most people become stuck in their grieving by avoiding the terrible sadness that acceptance brings or by holding someone else responsible. They may distance themselves from friends who have children, refuse to talk about their diagnosis or seek 'alternative therapies' in the hope of achieving

‘miracle’ cures. They may blame each other, God or their own continual bad luck.

In contrast, couples who move through their grief are those who face their infertility diagnosis head-on. They discuss their feelings together and with close friends. They acknowledge that infertility is a painful burden to bear at times. Most importantly, couples who successfully navigate infertility and its associated grief are those who can engage in problem-solving. They research the literature about infertility and use the internet to gain a greater understanding of the difficulties they face. They ask questions of the doctors they see. They review the options they may have and assess each one carefully, evaluating the ‘pros’ and ‘cons’, including the realistic costs involved. They remain focused on generating ideas, suggestions and new paths to take.

Special circumstances

Grief does not always depend on how bad the loss is, as measured on a fixed scale. Some people may view the loss of natural conception as the worst event to happen in their lives; another couple may be sad but less affected by grief. Both reactions are entirely normal. However, there are certain circumstances for couples suffering infertility that may complicate and prolong grief.

A number of couples requesting my professional assistance have faced the prospect of using IVF as their only means of conceiving a healthy child, not because either is infertile but because one or both parents carry a genetic abnormality, which may be passed on to a naturally conceived child. Genetic abnormalities can include extra genes, deletion of certain parts of a gene or insertion of extra genetic material into a gene. These abnormalities can lead to failure of the embryo to implant, failure to develop normally or to a baby being born with a genetically determined

disorder such as cystic fibrosis. These parents have losses to grieve, but often they also experience guilt at being the carrier of a gene that could hurt an unborn child.

This may be complicated if the couple already have a naturally conceived child with a gene abnormality that no one knew about until the baby was born. Such parents may feel they are somehow devaluing their older child by deciding to use assisted conception to avoid the abnormality occurring again. Couples who have been advised their child has a 'suspect' gene, which has so far failed to manifest itself in a physical way, feel they are living with an unexploded but loudly ticking bomb just waiting to go off. Their inability to conceive a second child naturally then becomes both a loss and the reason they will avoid coping with this unexploded bomb.

Another situation that complicates grief about infertility is a couple's history of miscarriage or stillbirth. When treating IVF families, I have found the anxiety and grief much more difficult to treat when these very tangible pregnancy losses are added to the loss of natural conception. Many parents begin IVF treatment after multiple losses. Many have suffered repeated early miscarriages because embryos have failed to develop beyond the eighth or tenth week. Still others have reached a later stage in a pregnancy only to have a baby born far too early to survive. These parents often remain at the first stage of grieving, feeling numb throughout their losses, and are never able to move forward in their emotional coping. These feelings can seriously impact upon IVF success and, later, on parenting skills.

The third 'special' group of grieving couples are those who cannot conceive naturally and also cannot use IVF alone to conceive their child. These couples account for about 6 per cent of all those using IVF. Perhaps the woman fails to produce healthy eggs, her partner's sperm is of low quality or fertilisation is not successful. These are the couples, who, if they

decide to try for an IVF child, must use a third-party donor, possibly a stranger.

When couples are desperate to conceive a child and have suffered through a long period of attempted natural conception, the prospect of receiving donor eggs, sperm or embryos may seem a straightforward choice between having a child and not having one. It seems a simple decision to make, and one that is often not explored too carefully for fear of failure. Sometimes it feels easier to ignore complex issues while focusing on achieving a most wanted goal. But once that goal is achieved and a healthy pregnancy results, couples report numerous feelings over the conception. How will the baby look and act and will he seem very different from his mother and father? How will they tell friends and family about the use of a donor? How will the parents cope when it comes time to explain his history to the child?

For all three 'special' groups of couples, professional counselling is important to help both partners explore what has happened to them, how they feel individually about the events surrounding infertility and how they deal with these feelings, both individually and as a couple. Grief reactions are often intense and unpredictable. Most couples lack the skills to resolve the complications alone. Without safe and gentle intervention, the issues fail to be discussed, each partner nurses his or her own hurts alone and a gulf forms between the couple.

Counsellors and psychologists with family and grief experience are most suitable for helping these special couples. Couples can approach their local mental health centre for information or ask for a recommendation from a friend or family member who has experienced a similar situation. Family doctors and hospital social work teams are also good sources for a referral to known and trusted professionals.

There are also public and private organisations that can be of help. They are listed in the Useful Contacts section at the back of this book.

The couple relationship

Whatever the issues around the infertility, couples face intense stress that can derail the strongest of relationships. Most grieving couples are irritable and likely to react strongly to any slightly negative comment a partner makes. Also, anger, which is kept in at work or other such unsuitable situations, may build up so that the evening becomes a war between partners needing to vent. A Canadian report into the experiences of 420 couples in 2006,² along with other studies, clearly shows that men and women cope with infertility differently and that this can generate enormous frustration with a partner at times. A man may become quiet or resort to searching the internet for a 'lead' whereas a woman may want to talk over what is happening, seeking close contact.

Studies also show that stress makes partners feel more out of control, leading to greater conflict over issues that each partner can control. But this is not the way life has to be: there are a number of successful methods of reducing conflict and producing greater harmony despite the stress couples are undeniably facing.

Working on communication

Couples under stress rarely communicate effectively. They may believe they are saying what they feel clearly and listening carefully, but in practice emotions get in the way. A great deal of anguish can be avoided if partners take the time to think what they mean before beginning to speak and they ensure that the other has understood the true meaning of what has been said before reacting to the information.

As an exercise in renewing the strength of your relationship, practise better communication by giving each other a little time apart when you both return home. Then sit down somewhere quiet and spend ten minutes, with each of you in turn describing his or her day and how he or she is

feeling. At the end of each turn, the listening partner relays what he or she has understood, to check that the meaning is clear to both. During this exercise, avoid blaming the other for miscommunication; instead, devise ways for both of you to improve. The more you practise this technique, the better your communication becomes and the less potential there will be for conflict.

Right or wrong

Another guaranteed fire-raiser is a partner telling the other how he or she should cope with feelings, or even that these feelings should not exist at all. Every person will perceive loss in a slightly different way, will have feelings in different intensities and will experience relief from different strategies. The secret of a successful partnership is to navigate the stormy waters of infertility and its treatment together but in individual ways. It can be harder than it sounds.

Typical partner reactions to intense emotions are to ‘make it better’. Men, particularly, like to ‘do’ something to jolly a partner out of the blues. This is rarely helpful and it may even make her angry. Similarly, telling a partner ‘it’s not that bad’ when it clearly is communicates a lack of understanding that hurts.

A useful exercise in maintaining good boundaries in your relationship is to provide a listening ear while reminding yourself that it is your partner’s responsibility to feel better when he or she is ready. I have had much success with simply focusing partners on providing physical comfort to meet distress rather than providing comprehensive solutions. Words may not help, and may even make things worse, when a hug alone communicates support and comfort without the likelihood of misunderstanding. And time spent watching a movie or a distracting television program cuddled together is often a wonderful treatment for distress.

Learn time out

Grief is intense and requires calm and time to ease. A grieving couple needs to ensure there is time in the day for quiet thought and simple pleasures. A gossip with friends over coffee, a walk in the country or by the beach, relaxing in bed with absorbing books to read or taking a long warm bath together are all good ways to nurture yourselves while allowing the grief to continue. Some grieving people are tempted to fill their lives with events or people in order to avoid thinking; this is rarely effective and can provoke intense anxiety. Even if you can only cope with being quiet and reflective for short periods, ensure this time is available.

Practise romance

A diagnosis of infertility seriously affects the quality of an intimate relationship. With partners feeling anything but attractive after being physically invaded and labelled, they could be forgiven for never wanting to have sex again. Even if neither partner feels that lovemaking is an option, keeping a romantic feel to your relationship is very important and extremely effective in strengthening coping skills.

Enjoying romance means expressing love and affection towards each other. Romance does not require huge planning or great monetary outlay. Romantic gestures are as simple as leaving a note in your partner's handbag saying 'I love you', buying the book he wanted and writing a message of affection inside or planning a candlelit dinner as a surprise. These gestures can help to overcome the damage to self-esteem most partners suffer with infertility.

Use others for support

Although a partner knows most about a loved one, he or she may not always be the best person to unload emotions on. As both partners are

grieving in their own ways, one can easily become overwhelmed in trying to help the other. It is useful to maintain a mental list of close friends and family to talk to at the times when a partner seems overwhelmed, exhausted and unable to be supportive. Snapping or saying the other is unsympathetic will actually work in reverse, making the person feel more useless than ever.

Dealing with friends and family

A number of couples have reported that friends and family did not react to their plight as they would have wanted and that relationships were seriously strained at times or even ended. We always hope that those closest to us will be supportive and understanding allies during dark times, but the truth is that couples face many different responses to their infertility diagnosis and future treatment, some negative and some positive.

Many couples receive a great deal of advice from friends and relatives. This ranges from suggestions of different doctors to see and homeopathic remedies to try to the dismissive ‘You’ll be right, mate’. Although the advice will never totally cease, as this is very much human nature, there are ways to deal with it that make it less likely to be repeated. The most effective treatment for unwarranted advice is to calmly ignore it.

I am not suggesting that you flip your nose up at a friend, turn on your heel and run in the opposite direction. Rather, if you can simply move the conversation on to another, safer, topic so much the better. Alternatively, you can simply say, ‘Thanks, that’s interesting’ and again rapidly change the subject. The worst technique to use with unwarranted advisors is to react with intense emotions because this increases the chance the advisors will repeat their mistakes.

A difficulty with family is that they may be too close to you, which means they are unable to be much support. One female patient of mine

was faced with her mother who, every time she saw her, would burst into tears. This mother was so absorbed in her own grief she was completely unable to consider her daughter's needs. If family members and friends are seriously affected by your diagnosis, it is often wise to keep contact fairly superficial for a little while. Make visits a little longer as feelings begin to subside over time.

Several couples report they found family get-togethers a strain and at times even distressing. One couple had to attend a christening early on in their grieving process and found it 'just the longest day ever'. Families may have expectations that you are simply not able to fulfil. At times, the best way to deal with it can be to have a quiet chat with the hosts, explain that feelings are running high and ask that a more intimate celebration may be held a little later, aside from the main day. There may be a little tension over a non-attendance but having grieving prospective parents trying to cope on a day that is too emotionally demanding for them can be distressing for all concerned.

Another difficulty couples experience is the lack of knowledge their close friends have about how to help. This lack of understanding can lead to an avoidance of the grieving couple altogether, leaving them feeling even more isolated. Friends, especially those who are pregnant or have children, may feel unable to cope with the grief of infertility and may need reassurance from the couple themselves that their company is indeed helpful. Couples may also find it helpful to suggest to friends that they can be of assistance. Perhaps friends can provide an evening's distraction by coming to a movie or a weekend treat with dinner at a nice restaurant.

Many of the mothers I work with tell me that they are often scared to go near their friends at first for fear of breaking down in tears and 'making a fool of themselves'. As emotions can rise up quickly and sometimes without warning early in the grief process, they avoid personal contact to save the friend becoming distressed. In the end, this loss of support is

detrimental to the healing process. It can be helpful to begin by seeing very close friends, explaining in advance that these are emotional days. That way, they will not be too surprised if you do become upset. Also reassure friends that they mean a great deal to you. As you become a little stronger, seek out other friends who may not have been able to cope with your emotions early on.

Religious and cultural pressures

Couples struggling with the issue of infertility and possible treatment options come from many backgrounds and religions. They often not only face pressures from family and friends but also from religious leaders and cultural norms. Many religions have a lot to say about various forms of assisted reproduction, and some hold unfavourable views of humankind's ability to manipulate nature.

The Catholic religion, for instance, has long viewed attempts to achieve conception in any way other than through intercourse of husband and wife as being against its basic principles. In 1987, the Vatican issued a statement about IVF, saying it was not acceptable, even though the Church accepts the use of fertility drugs. Protestants and Muslims often recognise artificial reproductive techniques, but only those using sperm and eggs from the married couple. Donor fertilisation is usually considered unacceptable. Jewish writers have adopted more liberal views, viewing any attempt to maintain fertility as a positive act.

There are more adverse views about embryos being frozen for later treatments. A number of religions do not entertain this process and view the disposal of unwanted embryos in the same manner as abortion. Other religions insist that the couple ultimately uses all embryos that result from an IVF treatment cycle in attempting to achieve conception.

Religious confusion is exacerbated by cultural norms. Some cultures

and countries, such as Italy, have very strict regulations about IVF. Their near neighbours Spain and Egypt are much more relaxed. All these societal attitudes influence couples facing infertility and the options they have to overcome. Ultimately, the decision must be that of the couple alone.

Improving self-esteem

One of the most debilitating and longer term effects of infertility on couples is the blow this deals to self-esteem. Many studies have linked infertility to diminished feelings of self-worth, which do not improve without some effort on the part of both partners within the relationship.

Self-esteem is a measure of how we see ourselves in the world: our character strengths, our ability to form relationships, our practical and academic skills and our perception of how we appear to others. Self-esteem measures do differ between men and women due to different physical characteristics, brain processes and social norms. Self-esteem also stems from your upbringing: this is another difference when partners come from families with different values and cultures.

The American Psychological Association reports success using a psychological technique known as cognitive behavioural therapy (CBT) when working with women suffering lowered self-esteem due to infertility. This therapy relies on the fact that your thoughts very much influence your emotions, and that by helping to change your patterns of thinking your emotions will closely follow.

Women diagnosed with infertility receive negative messages about themselves, both actually and implied. There are increasing societal expectations of women managing to have careers, happy relationships and motherhood, at the same time and apparently all with ease. Women grasp these messages, thinking that because they are struggling with fertility, they are 'defective', 'stupid', 'physically less feminine' and somehow to blame.

These thoughts lead to emotions of sadness, guilt and shame. CBT seeks to address these thoughts and turn the messages these women give themselves into more positive ones.

Most counsellors and psychologists are trained in CBT and may use it to help women through these issues by engendering a stronger sense of self-worth. Alternatively, women can try a few CBT exercises at home to determine if these ideas are of help to them.

CBT relies on writing down thoughts and feelings at regular times in the day, to help you become aware of your thought patterns and how the emotions follow. In practise, I have found busy women rarely have the time or energy to carry around a notebook wherever they go, scribbling furiously each hour on the hour. I have adapted the idea for busy women whose only time of peace is at night-time before they sleep. This is also a good time to write as it removes whirling negative thoughts from your mind, making them less likely to affect the quality of your sleep.

Buy yourself a journal, possibly a hardback notebook. Clients of mine have enjoyed making their journals personal by covering them in pretty paper. Make an entry each evening. First, mentally review the day: what you did and how you felt about yourself throughout this time. Next, focus on writing down the negative thoughts you had: what these thoughts were and what situations triggered them. Then write how the thoughts made you feel: perhaps a negative thought of 'I always feel alone even with people around' will make you feel sad and lonely.

Finally, beside each negative thought and emotion, write down a positive thought you would tell a close friend if she had said what you had thought. For example, if my best friend told me she always felt alone even when she was with a group of friends, I would tell her, 'You aren't alone. I'm really happy to talk to you and help you feel better supported.' Once I said this to her I guarantee she would feel less sad and less alone. This is the power of positive thinking.

Below is an example of journal entries:

<i>Day</i>	<i>Negative thought</i>	<i>Emotion</i>	<i>Positive thought</i>	<i>Emotion</i>
Monday, 23rd	'I'm alone even in a crowd.'	Sad, lonely	'A good friend will talk to me one-on-one.'	Less sad, more optimistic
Tuesday, 24th	'I messed up this report. I'm a failure.'	Worthless, not capable	'I will redo it now that I know what's required.'	Some feelings of achievement

'Positive-thought generation' takes practise before it is truly effective. Use it for several weeks before you decide whether it is right for you. The technique is one of the most powerful psychological tools we have and I find around four out of five women respond well to using it and that it significantly diminishes their anxiety and depression.

Most professions working with men who are dealing with infertility report that less is known about their feelings and how best to treat them for stress, anxiety and depression. It is often difficult for men to find a male psychologist who is experienced in fertility issues as few specialise in this field. However, I have successfully treated couples together for self-esteem issues arising from a diagnosis of infertility and I find this often works well.

If they cannot find a male psychologist, I implore men to try to meet another man who has also had infertility issues and get a talk going. Most men feel they are alone in not being able to father a child naturally, and this interferes with their masculinity and their ability to perform in the bedroom. Furthermore, invasive tests, although not as all-consuming as many women face, leave a man feeling 'not good enough'. Being able to

share their feelings with someone who has faced a similar situation goes a long way to solving the stress.

It is also vitally important to ease the stress and raise self-esteem by re-negotiating lovemaking. Men who feel ‘down-at-heel’ after a battery of uncomfortable tests and negative results rarely feel sexy. Helping the couple see these feelings as normal, calling a temporary halt to full intercourse and instead exploring other ways of being intimate often restores *his* sense of worth and brings the partners closer together.

Men often say they feel they shouldn’t have upsetting thoughts and feelings after a diagnosis of infertility, or even after a miscarriage. Resources for coping are predominantly aimed at women, and this causes men to feel they have no right to be ‘not OK’. They also feel a need to stay strong to support their partner while forgoing their own needs. This is also detrimental to their self-worth and can be addressed simply by making men aware that, by having emotions, they are actually supporting and connecting with their partners and at the same time ensuring their own mental outlook is healthy.

Expressing distress and sadness is not solely a female trait, but an instinct designed to help us draw in support to survive and thrive. When couples talk about their feelings and accept each other’s experiences of what they are going through, this will bring them together with added mutual respect. Respect from a partner also helps to raise self-esteem.

Controlling the uncontrollable

Coping with infertility also means learning ways to feel control in a situation where you feel you have none. Although I’m not advocating the use of a tight regime to contain the inevitable anxiety that arises with fertility issues, living with a pervasive sense of having no control is detrimental to mental health.

As we grow, we all develop a view of how we see the world and our role in it. We may feel that the world is predominantly uncontrollable by mere mortals and that we just have to accept what comes our way. Or we may live at the other end of the spectrum, believing that we completely control our destinies, and that if things go wrong it's because of our actions. Of course, it's rare to find people at such extreme ends of the scale: most of us feel that we have some control, although not over everything that happens. Where we fall on the scale is, however, very important in deciding how we might feel about fertility problems and what actions we take after a diagnosis.

The scale is an idea developed some fifty years ago by a psychologist called Julius Rotter. He called his idea the 'locus of control' and it is still well respected in psychological circles. The scale helps counsellors and psychologists identify how much people will 'bow to the inevitable' and do nothing or, alternatively, believe they can still alter outcomes.

If you believe strongly in fate, you have an external locus of control. A partner with a high external locus of control may well feel he or she is destined to be childless. This may lead to an examination of other options, such as a new and exciting career or expensive holidays and pets, to make up for the loss. On the other hand, a partner with a high internal locus of control will believe in leaving no stone unturned in his or her quest to achieve conception. Both extremes are apt to lead to anxiety and possibly later depression, as the situation is rarely black and white. In reality, couples suffering infertility do have some control in the form of informed choices to make, but they are rarely able to produce a desired result alone.

The best partnerships are those in which one partner favours a slightly internal pattern of control and the other tends towards the external. If positions are not extreme, partners then find it relatively easy to discuss their feelings and to establish a compromise. For example, the external partner may have left alone options of assisted conception if he were making the

choice alone. However, his internal partner gives him renewed faith that a little more of their combined input will achieve a happy outcome.

Difficulties arise when one partner has a strong internal locus and the other a strong external locus of control. I have counselled couples when the internal partner is pushing in the direction of ever more tests and ‘new’ remedies to achieve natural conception. In the other corner, the external partner wants to accept the infertility and move to other options, such as IVF or adoption, or enjoying the child or children they already have. This can create much conflict, a great deal of hurt on both sides and an inability to form a compromise. In this instance, professional help is urgently needed to assist both partners to reflect on what has happened, how they feel and to evaluate all the available options in a responsible manner.

As a couple considering IVF treatment, reflecting on and talking about the infertility diagnosis or genetic problem, and what it means to each partner, can only empower you for the journey ahead. It is not at all about indulging in ‘poor me’; rather, it is all about the mental preparation that will help you gain the most from IVF treatment.