

Infertility: Crisis as Opportunity in Marriage

Earthquakes such as the recent one in California stand as ominous reminders of nature's power. People's responses to such destruction are varied, from selfish looting, on one extreme, to altruistic involvement on the other. Recovery involves stepping back from the rubble to see the full picture, asking the larger questions which reveal the direction to take as rebuilding begins.

Infertility is an emotional disaster of earthquake proportions. It takes tremendous amounts of time, effort, and money, and drains emotional resources needed to deal with the psychic devastation caused by the realization that conception will be at best difficult and at worst impossible. Sometimes we forget that nature's power can have a larger meaning on a personal level, too. Like it or not, infertility is a life crisis.

Today, increasing medical options will give many couples their miracle baby. Deciding among options, or acknowledging that a different road needs to be taken, requires the ability to think clearly amid the tumult. While getting skilled medical intervention is paramount, infertility also demands that two people understand their own and their partner's emotions and needs. Understanding yourself and your spouse is no small task, even without a crisis. And infertility is both a personal crisis and a couple crisis, which adds up to more than one plus one, with the potential to desta-

bilize a marriage, or even wrench it apart. But with this crisis comes an opportunity to step back, get your bearings, and choose a direction. A crisis in marriage can be an opportunity in disguise.

The navigation of a trauma can certainly unite people. Many couples claim that the infertility experience strengthened their marriage. What are the characteristics of these relationships? How do some couples adapt, while others seem more susceptible to division? It is not mere happenstance. Although the onset of the crisis may seem as unpredictable as an earthquake, to get through the experience intact both personally and maritally mandates taking control. Nature may have notions of its own, but we can choose our responses.

The sense of shock and disorientation of infertility can be eased when the emotional response to the trauma is laid out in a way that is understandable. Information classically relieves anxiety and upset.

The emotions accompanying infertility are so intense that many people deal with their shock and pain by fluctuating between denial and rage. Guilt, profound grief, and jealousy, are all part of the infertility experience. These feelings are worsened for people who are met with a lack of understanding from friends, family, or from the medical community. The situation is made even more painful if sympathy and communication are not

forth coming from the spouse. And when these intense feelings are left unacknowledged, denied, or buried, they can become festering wounds.

Emotional responses to other crises can be just as intense. But usually the episodes of intense emotions are time-limited to six weeks. By the time one year has past, most people feel able to regroup and get on with their lives.

With infertility, the timing is different. Reality presses in every 28 days, and at the one year point, many couples are just beginning to struggle with an approach, or for one of a myriad of reasons, have persisted in denying that there is a crisis.

Denied crises do not go away. A crisis that remains "underground" can only leave two people in a marriage blaming each other for their personal disappointments and/or leave them unavailable to one another for the mutual nurturing that makes rising above a time of trauma seem within the range of possibility.

Out in the world, people struggling with infertility feel as if insults are added to injury. They already feel vulnerable. To make matters worse, a social protocol which would address infertility is lacking in the fertile world. Without a prescription for behavior, the population at large can in the course of normal interaction, easily wound or offend. "And when are you two planning on starting a family?";

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"Just relax and you'll get pregnant,"; or "My little Bobby is a brat on wheels; I wouldn't wish him on my worst enemy!" are just a few of the most common assaults. Even when relaxing in front of the television for the evening, you may be caught off guard by the endearing faces of the children on the Pampers commercial.

The medical setting itself can be a source of stress for the person whose emotional resources are stretched so thin. High quality care, even when delivered with empathy, is an ordeal. It is intrusive; it makes the private public. It can be painful. Fertility drugs can further aggravate the normal emotional ups and downs of hope and despair, which come in two week cycles. Sperm tests and post-coital tests have implications that are much larger than what is seen under the microscope; the results seem to justify ego melt down. And when empathy is absent, getting the needed medical expertise could put a saint in a foul mood.

By the time an infertile person comes home to the marriage, wounds are raw. Bad feelings can escalate. Many people marry hoping to find love and companionship; a place to retreat from life's hard knocks. But sometimes our individual coping styles do not match or are completely at odds. We get on each others' nerves, turn our backs to one another, or pull away. We sit and stew alone, our expectations and fantasies about marriage competing with whatever the reality has become. This behavior seems like the lesser of many evils because at least it feels self-protective.

When couples are unschooled in working on problems together, unskilled in identifying and communicating what is troublesome on a personal level, anger, upset and resentment fester. Without an outlet, bad feelings can only build. At a time when renewal is needed for the next onslaught of surgery, or the homestudy, people are met by their loved ones with a defensive wall. This defensiveness is to be expected if blame or fault-finding, wanton discharge of frustration on one another, or explosive expression of emotions has contaminated the atmosphere.

Couples who do not communicate, or who communicate only clumsily about feelings raised by infertility, may find themselves vocalizing loudly about problems unrelated to infertility, but germane

to marital issues that would be present even without the infertility.

In such marriages, the woman, for instance, might have no trouble saying, "Your mother is driving me crazy with her intrusive questions." It would not occur to her to say, "Let's try to understand how each of us views our relationship to our parents and our in-laws, and figure out what limits need to be set, so they do not add to the pressure we already feel under these circumstances."

The husband might say, "Of course I am upset that we're not conceiving, but I still don't see why you can't go to my sister's baby shower." It would not occur to him to say, "No, I do not want to confess to the pain of our infertility, and when I see you so emotional it reminds me of how I really feel. I don't like that, and I do not know how to deal with your feelings or mine, so pull yourself together and go to the baby shower, and then I'll be off the hook."

In both of these scenarios, the real issues get lost. This is a common phenomenon with any stressful situation. Stresses are catalysts which make us become more of who we already are. What are minor annoyances in easier times become more obvious in times of stress. If the real issues are exposed, understood and dealt with, there is always relief.

Looking at what is real is not easy, not always because it is painful, but because reality comes in disguised forms. Often couples truly do not know with what issues they are dealing. Survival seems to depend upon seeing things the way we want to and not the way they are.

Couples or individuals who come to me with the "recognized" or "stated" problem of infertility usually think that there is nothing wrong with their marriage a baby would not cure. This is especially logical if everything seemed okay before they encountered difficulty with conception. But after my clients accept the therapy setting as a much-needed supportive one, discharge their pent-up and ongoing frustrations, achieve some clarity regarding medical care, and learn situationally adaptive social skills, another level of work can begin: a process which scrapes away the circumstances and looks at the people. Many couples are surprised to find that dealing with who

they are as people has become important.

One couple with whom I worked for five years sounded typical: menstruation blues again, or the agony of watching their friends become parents, etc. But the real issue for this couple, and the one they needed to keep hidden from themselves, was that they were both terribly immature emotionally and therefore poorly prepared to be parents, although both were competent human beings in many ways. It took them five years to grow up enough to adopt. Adoption was a more sensible plan for them than pursuing a pregnancy, since each had a complicated medical history and very questionable fertility.

No doubt some readers groaned at the thought of five years of therapy. I understand this response. You want a child now, if not yesterday. Clearing emotional debris out of the way does not always take so long. But if it is there, it is impossible not to be tangled in it. In fact, one doctor of the couple just mentioned tried to address their problem from a purely medical point of view, without considering the then-existing limitations of the people involved. He tried artificial insemination by donor. This woman's anxiety level soared, and the insemination process could not be complete. It was her way of saying, "NO-I'm not ready." This unreadiness came in the disguised form of her panic. No one was more surprised than they were at the time. The upshot, however, is that the couple chose to stretch toward their growth potential via therapy and they are now proud parents of an adoptive son and daughter.

Another couple's choice to stretch toward their growth potential has allowed them to identify family forces which had been in place for decades, though previously only mildly disruptive to their marriage. Their infertility presented an opportunity for the imbalance to be corrected.

This couple had bounced around for seven years, always down dead-end streets, before they first came to me for help in finally putting their infertility to rest. In their late thirties, they were now feeling the pressure of time. Their medical diagnosis stacked the odds heavily against their carrying a baby to term. They recognized this fact, but were not able to deal with its implications because so much of their energy was still going to-

ward perfecting the kind of children *that they thought they were supposed to be*. Their efforts left them too depleted to initiate in the adoption process, or even to decide upon it. Nor did they recognize that this is what was happening.

Over the course of two years' work, this couple came to the realization that for all of the effort they put into attempting to win the parents' approval, that approval was never forthcoming. What a relief to realize this, and to stop trying. They had brought their futile over involvement to a screeching halt. The time in therapy led also to uncovering the husband's escape into drugs. He is now available in the marriage in a whole new way, and she is much more able to receive him.

Good marital adjustment dictates that a couple declare separateness from both families of origin and define a unique marital identity. Often families of origin will not let go, and the children do not break away. Yet, in truth, the decision the couple will face in the process of coping with their infertility, to adopt or to opt for in vitro fertilization, for instance, belong only to them. Over involvement with parents complicates the decision-making process greatly and hence complicates the resolution of infertility for such couples.

Ironically, often a closed attitude toward letting anyone else know about the infertility and relying instead on the sole support, or sometimes the mirage of support, of the parents goes hand in hand with a too-tight attachment to the parents. Sometimes confiding in friends, or reaching out to others who might be better equipped to help is confused with disloyalty toward the parents.

Poor self-esteem can also prevent the resolution of infertility. Although one of my clients was a high-powered executive herself, for many years she could not find the inner strength to stand up to her husband's refusal to investigate their infertility medically. Ten years had gone by without a conception. Her undying desire to be a mother wilted in the face of his stubbornness. Her fear of confronting the issue with him meant that respect for her own feelings needed to be suppressed.

Now, three years later, she has discovered that although it has been painful for her to give up her quest for parenthood, she likes her life, especially since she has gradually learned to successfully

stand up to his rigidity, and has taught him what her other important needs are in the marriage. With the pressure of having a family gone, he has responded to her needs to her great satisfaction.

Another woman achieved a pregnancy by chipping away at the brick and mortar wall which obstructed her dream. She had felt intuitively that there was some explanation for her failure to conceive, even though there was no medical diagnosis. When she asked her doctor if the reason could be emotional, he said no. That seemed to be the end of that. But when, her confidence in her original intuition grew during our first session, she asked me the same question, "Can this be emotional?" My ensuing line of questioning led us to the facts of her life.

She had had a urinary tract problem her whole life, which resulted in ongoing bed-wetting. When the problem was finally discovered at age 15, and surgically corrected, the bed-wetting stopped. The emotional damage, however, had already been done. It seemed that this woman's mother had been very harsh and critical. The client had years of psychic pain, subconsciously connected to her notion of the mother-daughter relationship. When her feelings were validated, and her fears about repeating this pattern allayed, she conceived.

Specific to each couple are dynamics which either create an impasse or greatly hinder the resolution of the infertility crisis. The therapy setting can be used to gain greater insight into the "hidden agenda" which can hinder the resolution of the infertility crisis and can prove destructive to the marital relationship.

Unknown to one couple was the way in which their need to control each other interfered with their needs in a very real way. Even without the infertility, each oozed dissatisfaction when the other did not behave exactly as expected. The genuine love that was there was a weak competitor against this powerful self-perpetuating pattern.

With the added pressure of infertility, blame for his low sperm count became a focal point, obscuring how her intense anger in general, and the tightness with which she held her body in particular, may have been part of their difficulties with conception. His sperm count was low, but not so low that she should not

have conceived after six years of trying.

In therapy we worked to remove the blame and accompanying guilt (which resulted, interestingly, in a higher sperm count as time went by), while simultaneously opening her receptivity to him by easing her inner tension and anger.

The fact that this couple now has two sons is deserving of top billing. To my way of thinking, what is also deserving of top billing is the fact that this couple, by remaining in therapy beyond the achievement of parenthood, has found the solace in their marriage that can only come when two people stop expecting to be able to control the other. This couple, appreciating the awareness which came from the work of looking at themselves, together chose to nurture the seeds that had been planted early in their therapy, and to stay on for the more challenging job of redefining their marriage according to their specifications, to their great delight.

Procreation speaks to larger issues for everyone. Unresolved confusions lie latent in the corners of our minds. These confusions have to do with the transition from being someone's child to someone's parent, separating sterility from virility/femininity, our level of self-esteem, and openness toward or isolation from asking for help when guidance is in order at a new stage in life or under adverse conditions.

Many, if not all of the issues in anyone's marriage that infertility provokes into existence would erupt eventually anyway. Over the course of the life cycle, no one gets away with living free of major stress. The trouble is that the timing of the infertility crisis is unfortunate. Most couples have been married a short time--at most, ten years. Especially if things went smoothly until that point, there might not be any historical experience for the couple to draw upon where successful navigation of a major crisis is stored somewhere and what was learned can be applied anew.

This is why I say that crisis can be an opportunity in marriage; an opportunity not only to learn to understand the infertility and co-operate in response to it, but also to expose latent marital issues as well. The bonus is that what is learned becomes a part of the couple's repertoire of coping skills, invaluable in difficult times ahead. Future children can only stand to benefit. C