

had bad news, to acknowledge it: a simple "I heard about your news, and I'm really sorry" can be incredibly comforting.

Sometimes infertile people are advised by friends of family to "just adopt", and they find this advice very frustrating. Many have considered this option, and find that very few children become available for adoption in this country, and that adoption is a very difficult process, emotionally and financially. It is not as simple as "just adopt".

Try not to judge. Your friend or family member may do some things which you think are foolish, even irrational. For instance, they may decide to finish a course of treatment when they could have gone on for longer; or to keep going when it seems obvious to you that it will never work; to adopt, rather than try IVF or DI. Infertility causes very intense feelings in people. Remember, you have not experienced these feelings. Your friends may consider IVF a terrible emotional strain; or they may decide that they need to persist with an unsuccessful treatment in order to prove to themselves that they have tried everything; or they may decide not to persist because of financial constraints or the effect of constant failure on their relationship. Their feelings about their infertility may defy your understanding, so try not to judge. They are probably doing what is right for them.

You may hear them talking about fertile people in a very angry way, which you might find alarming, eg. "There are times when if I see a pregnant woman on the street I feel like knocking her over", "If I see another van full of kids I'm going to slam into it and knock the smug smile off that father's face!". This is normal (a sign of grief & jealousy), and it's OK to talk about it. Sometimes they can't help feeling those things, but that doesn't necessarily mean that they're going to do them!

Suggest they seek professional help if their grief or depression seems disabling over a long time. It is normal for your infertile friend or family member to experience some depression and grief. But if it seems to have gone on for a long time and to be interfering with their day-to-day lives and relationships, suggest they seek the help of a professional counsellor. An infertility support group or the staff at the closest Fertility Unit will be able to suggest someone.

Suggested Reading:

Professor Robert Jansen, **Getting Pregnant. A compassionate resource to overcoming infertility**

This book explains why infertility is more important than you think, when you should consider using the new reproductive technologies and how your doctor should help you. You can visit the book on the Internet at www.jansen.com.au

Linda P. Salzer, **Surviving Infertility, a compassionate Guide through the Emotional Crisis of Infertility** Harper Perennial, New York, 1991

In this book Linda Salzer draws on her own personal struggle with infertility and her extensive experience as a psychotherapist. She offers individuals and couples a comprehensive guide for coping with many of the intense feelings that often emerge from the crisis of infertility.

Kay Oke ed, **Taking Charge of your Infertility**, Melbourne IVF, 2000

This book, written by infertility counsellors, casts light on how those facing infertility can ride the emotional merry-go-round with a sense of assurance, rather than feeling that they are spinning out of control. Copies can be obtained from Kay Oke, Melbourne IVF, Suite 10, 320 Victoria Pde., East Melbourne Vic. 3002 Australia. Fax +613 9473 4454

Aline P. Zoldbrod, Ph.D., **Getting Around the Boulder in the Road, Using Imagery to Cope with Fertility Problems**, The Center for Reproductive Problems, 1990.

An easily understood 25 page self-help book for patients, containing exercises and approaches to surviving infertility. For a copy send USD10 to 12 Rumford Rd., Lexington, MA 02173 USA.

Gay Becker, Ph.D., **Healing the Infertile Family**, Bantam Books, New York, 1990

Dr. Becker interviews couples who openly share their pain, strength and hope for a fulfilling future together and offers guidelines to help couples face the future.

Glossary

Assisted Reproductive Technologies (ART) - ART refers to a range of treatments that can be used to assist conception in an infertile person.

In Vitro Fertilisation (IVF) - IVF is one treatment where the eggs are fertilised in the laboratory. In vitro means "in glass" but these days it is in plastic. The fertilised eggs are then transferred to the uterus.

Gamete Intra Fallopian Transfer (GIFT) - GIFT is when unfertilised eggs and sperm are transferred to one or both fallopian tubes. The tubes must be normal for this procedure to be effective.

Intra-Cytoplasmic Sperm Injection (ICSI) - ICSI was perfected by a group in Brussels (Belgium) and uses a very fine pipette to inject a single spermatozoon directly into the oocyte. While a spermatozoon that is at least "twitching" must be taken for injection (motility being used as evidence that it is still alive), the spermatozoon must be immobilised before injection. Otherwise it will swim around inside the oocyte destroying its structure. As far as is known ICSI is unaffected by antibodies on the spermatozoa.

Donor Insemination (DI) - DI involves the insertion of semen obtained from a male donor (who may be known to the couple or anonymous) into the cervix of the woman in order to achieve pregnancy. It used to be called Artificial Insemination by Donor (AID).



Infertility can be a very distressing experience, and it can sometimes be difficult for a friend or family member to understand what's happening. This can make things awkward and cause tension in relationships between an infertile person and the people close to them.

This fact sheet describes some of the feelings and facts associated with infertility. It goes through some medical facts, to "debunk" some of the myths about infertility, some common emotional reactions, as well as describing some strategies for support.

The International Consumer Support for Infertility (iCSI) network is committed to empowering patients to become full partners in ART healthcare and public policy, by building effective relationships with providers, governments and media worldwide.

To further this vision and mission objectives, an international meeting of patient leaders is held prior to the annual meeting of the European Society of Human Reproduction and Embryology (ESHRE).

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Infertility:

A fact sheet for relatives and friends



Infertility - a fact sheet for relatives and friends

So your friend or family member has a fertility problem and you want to know more about it...

People who are experiencing infertility sometimes find this difficult to talk about. This fact sheet is intended to help you understand some of the medical and emotional issues, and suggests some ways you might be able to help your friend or relative.

Medical Facts

- 1. Definition**
A couple is regarded as having a fertility problem when they have not conceived after 12 months of regular, unprotected sexual intercourse.
- 2. About 15% of couples of reproductive age have a fertility problem**
Find that hard to believe? That's because most of them don't talk about it.
- 3. Infertility is not just a female problem**
In about 40% of infertile couples, the problem is a male factor, in about 40% it is a female one. For the remaining 20%, it is a joint problem, or the cause is unknown ("idiopathic").
- 4. The causes of infertility are many and varied**
Some common causes are: problems with the production of sperm or eggs; with the fallopian tubes or the uterus; endometriosis; frequent miscarriage; poor sperm quality. Sometimes problems can be rare, such as hormonal and autoimmune (antibody) disorders in both men and women.
- 5. Treatments for infertility are many and varied**
Some common treatments are: medications to improve production of eggs, surgery on the fallopian tubes to fix blockages; insemination of the woman with her partner's sperm or sometimes donor sperm; In Vitro Fertilisation (IVF) and related treatments such as ICSI. Some people try natural treatments, such as herbs, acupuncture and meditation. Infertility treatments are not successful for all people.
Some couples will opt to create a family by adoption. Others will remain without children.

- 6. "Just relaxing" or taking a holiday does not "cure" infertility**
For 80% of couples there is a proven medical cause. For those for whom there is no explainable cause ("idiopathic" infertility), all that we know is that medical science is not yet able to find the cause. There is no evidence to suggest that stress causes infertility. There is plenty of evidence, however, that infertility causes stress!
- 7. Adoption doesn't "cure" infertility**
You have probably heard of - or perhaps you know - a couple who was infertile for years, then adopted, then became pregnant. Perhaps you thought that it was because the couple "stopped thinking about it" that they were able to conceive. A number of research projects have looked into this phenomenon, and found that infertile couples who don't adopt have the same chance of becoming pregnant after a certain number of years as infertile couples who do adopt. This is because a small percentage of infertile couples will always manage to conceive after a number of years. We probably just hear more about the ones who've adopted.

Emotional Facts

- 1. Infertility is a very distressing and disabling life event.**
The loss of one's fertility - the dream of a family - is akin to the loss by death of a loved one. The depression experienced by an infertile couple can linger for years and years.
For most people, having a family is part of the normal process of life: you go to school, grow up, get married, have children, spend years rearing them, retire and watch your grandchildren grow up. The loss of this dream is a devastating experience. We live in a world in which most people fulfil this dream, so infertile people are constantly surrounded by images of children and families - a painful reminder of what they don't have. Their friends and family members are often having babies at just the time when they are struggling with the realisation that they cannot.
You may at some time need to tell your friend or family member about a pregnancy or a new baby - perhaps your own or that of someone close. You will probably feel awkward about it, and they will, too. What can you do? Don't hide it or put it off for too long - tell them, but in a sensitive way, not in front of a group of people, but perhaps when you are alone together, or by writing them a letter.

Realise that the news will be upsetting for them, and they may react in a way which is strange or uncomfortable for you.

- 2. People sometimes feel that their infertility is the ultimate loss of control**
Infertility means losing control of your reproductive future. Infertile people often find themselves having to organise their bodies and their lives around a series of investigations and treatment cycles predetermined by a clinic; putting their sex lives and genital organs under scrutiny; being instructed when to have sex and when not to, and how and when to masturbate into a plastic jar; or having to submit to a government department investigation into their worthiness as parents (if they apply to adopt). Infertile people experience this as an awful loss of control. They sometimes become very angry, and may take this anger out on the closest target, which may not always be an appropriate one.
- 3. People sometimes say that the emotional "high" and "lows" experienced during their infertility are like being on a roller coaster**
You know how a roller coaster goes - the higher it gets, the worse the fall is? Infertile people sometimes refer to their experience like this. They may feel themselves getting carried away on a "high" of optimism as they start a treatment, or a new course of action (eg. an adoption application). They start to fantasise about prams and christening ceremonies. Then reality hits. They have another period, or the treatment fails, or the adoption social worker starts asking difficult questions. Their feelings are very fragile and they hit "low" with a big crash.
- 4. People deal with the emotional impact of their infertility in individual ways, although there are a few common themes**
Depression: It's normal - and quite OK - for people to feel depressed about their fertility problems, and it's normal for them to want to avoid contact with people at times.
Avoidance: Don't be surprised or offended if your friend or family member doesn't want to spend time with you. If you have a young family or are pregnant, it may be just too painful for them to be confronted with your fertility. Maybe they just want time to be by themselves for a while. Family times such as Christmas, Mother's and Father's Days and

christenings are particularly difficult times, as they are surrounded by everyone else's families. They may feel obliged to attend though they feel very uncomfortable. However, don't stop inviting them. Leave the choice up to them. Let them know that you'd like to see them, but will understand if they don't want to attend. They need to know that you care, and they may eventually want to take up some of those invitations. Try not to cut them off, even if you haven't seen them for some time.

Secrecy: Some people don't reveal their infertility to anyone, even to close family members. Many choose to tell just a few close people. They might do this because they fear that people will believe the wrong things (eg. That they're not "doing it" right), say the wrong things (eg. "Borrow my husband for a night - I only have to look at him and I'm pregnant!") or put them on the spot about it. Some simply believe that it is a very private thing, and no-one else's business to know. Still others feel too vulnerable and sensitive about it to discuss it with anyone. You should respect your friend's or relative's wishes regarding confidentiality.

What else can I do to help or support my friend or family member?

- Be there.** There may be times when he or she doesn't want to see you, but let them know that you're around for when they do.
- Listen.** The most valuable gift you can give is your attention. Unfortunately, there is nothing you can say that will make them feel better, so try to refrain from giving advice or reassurance. This may be difficult when you're wanting to say something comforting. However, sometimes well-intentioned comments will make them feel worse: "I know just how you feel" (when you don't); "well, at least you're luckier than ..." (when they're not feeling at all lucky); "you shouldn't feel like that" (when they do, anyway). It is nice, however, if you know they've