

A CLOSER CONSIDERATION OF THE INFERTILITY CRISIS

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Instructions:

1. Direct participants to Activity Worksheet, “A Closer Consideration of the Infertility Crisis.”
2. Divide class into seven groups.
3. Assign each group one of the seven areas on the activity worksheet: physical, identity, financial, marital/couple relationship, sexuality, extended family relations, and parenting.
4. Ask each group to take 10–15 minutes to identify some of the issues related to the area they are assigned.
5. Ask each group to take three – five minutes to report back to the class the issues they identified. Identify any issues listed below that the group did not identify:

Physical

- Approximately 50 per cent of couples who experience infertility will undergo medical treatments for an average of three years before turning to adoption (Barth, Brooks, & Iyer, 1995).
- Side effects of treatment, especially weight gain, may change a woman’s body image.
- The feeling that one’s body is a failure is detrimental to one’s self image.
- Although these medical treatments can potentially take a toll on both a woman’s body and the couple’s overall emotional state, once on the medical treadmill, it is hard to get off.

Identity

- If unable to have biological children, people may question their role in society.
- Self-esteem is impacted as bodies are seen as “defective” or “broken.”
- In some cultures, there is a belief that one must be a mother to be a woman.
- For men, if they are the infertile partner, their masculinity, virility, and sexually, which are intertwined, may be all brought into question.
- Infertility can lead to depression and a sense of loss of control.



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- To make up for this loss, unhealthy coping mechanisms sometimes emerge, such as eating disorders and obsessive behaviors.

Financial

- The average cost of one in vitro fertilization (IVF) in the U.S. is \$12,400 (American Society for Reproductive Medicine, 2000).
- The financial impact is immense for most couples; insurance companies in many cases will not pay for infertility treatments.
- The financial impact of infertility treatment can impact how a couple raises their child, in that money that would have gone to a larger home or special activities, is going to pay for treatment debts.
- The cost of infertility can determine family size; couples may have to choose between more treatment and adoption, taking costs into consideration.

Marital/Couple Relationship

- The most devastating effect of infertility can be the weakening of a marriage or relationship, a pulling apart of the couple
- The focus on conceiving can create stress on a relationship; both partners feel the impact, and the ability of each to support the other may be hampered, depending on their coping abilities or the way in which each partner grieves.
- Cultural gender differences in how men and women are expected to respond to emotional stress come into play. Men may be more stoic or feel the need to be strong to support the woman; women may feel more isolated as their husbands or partners are not talking openly about it.

Sexuality

- The sexual act can lose its intimacy and often becomes “mechanical” when infertility is an issue; both parties often lose sexual desire when the primary goal becomes reproduction.
- Medical procedures can feel degrading to women.
- Once infertility treatments are discontinued, it takes work to rejuvenate the sex life of the couple who has struggled with infertility.



Extended Family Relations

- Judgment from family members may be experienced, and the couple often receives unsolicited opinions regarding what they should be doing to conceive a child, or to start a family.
- Communication with extended family may decrease, and resentments may develop that can have long-term implications; forgiveness may be difficult to obtain.

Parenting

- Often for adoptive parents who experienced infertility, there is an apprehension regarding their ability to parent that may lead to a poor self-image; these parents worry about being “good enough” and may wonder “maybe parenting was not supposed to be.”
- These may be constant reminders that adoptive parenting is not exactly like the parenting of others—from discussion of genetic resemblance to the experience of pregnancy and breast feeding.
- Overprotective or inconsistent parenting can result from fears of loss.
- Adoptive parents have to sort out what is an *adoption issue* and what is a *normal child development issue*.

References

- American Society for Reproductive Medicine (2000). *Frequently asked questions about infertility*. Retrieved October 21, 2004, from <http://www.asrm.org/Patients/faqs.html>.
- Barth, R.P., Brooks, D., & Iyer, S. (1995). *Adoptions in California: Current demographic profiles and projections through the end of the century*. Executive Summary. Berkeley, CA: Child Welfare Research Center.
- Lieber-Wilkins, C. (2004, March). *Infertility*. Presented at Adoption Clinical Training. Pasadena, CA.

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