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Robert Taylor
Jayne Edgren Taylor

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DEALING WITH INFERTILITY PROBLEMS

ROBERT TAYLOR, M.D. &
JAYNE EDGREN TAYLOR, M.S.W.
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I am a physician, an internist, not an infertility specialist. My wife is a social worker at the Primary Children’s Medical Center. Both of us have done some work with infertility groups with the Salt Lake Agency of LDS Social Services. In the next hour, we will outline a number of aspects of infertility and discuss how it affects the LDS couple.

I would like to open with a scenario that may be familiar to you:

When Ron and Brenda were married they assumed many things. Both had been raised in the Church, attended Church universities, gone on missions, and always planned to raise a Church-oriented family. As time went on, Brenda did not become pregnant. They consulted medical experts who indicated that their chances of having children were slim. Their initial reaction was one of shock and disbelief. How could what they had always desired in righteousness be denied them? Despite continuous fasting and prayer, Brenda did not become pregnant. The medical tests were humiliating, tedious, and expensive for the couple.

Brenda developed feelings of depression, helplessness, and isolation. They intensified as her friends became pregnant, gave birth, and mothered little ones. She felt a special sense of isolation as the topics of pregnancy, the birth process, and children were discussed among her friends.

She found very few empathic friends and relatives. Some were insensitive, and many shared advice and folklore freely. Occasionally she would go home from Relief Society or other gatherings feeling depressed and even bitter toward those who were pregnant or who had children. As she attempted to explain her predicament, she thought of past mistakes and sins she thought she had repented of. She felt guilt, unworthiness, and spiritual inadequacy.

Ron experienced similar feelings. He dwelt on past mistakes and questioned his worthiness and even his manhood. At Church meetings he was taught the importance of being a good father and he felt frustrated about being excluded from this role. In this state of despair and disappointment, communication between Ron and Brenda was difficult, and their ability to comfort each other was seriously impaired. They were in the awkward position of blaming themselves, each other, and the Lord.

This fictional situation may actually occur more often than we realize. An estimated 10 to 15 percent of the population are infertile in some way or another. In the Church, this would come out to about five people per ward.

The American Fertility Society defines an infertile couple as one which has been unable to achieve a successful pregnancy after one year of having sexual relations without using contraception. Sterility is the appropriate term when a person’s reproductive capabilities have been judged irreversibly nonfunctional.

When we first attempted to learn about infertility, largely because of our personal situation, we wrote to Brigham Young University, the University of Utah, and LDS Social Services to see if
any studies had been done on infertile people in the LDS culture or the LDS Church. All responses were negative. We wrote to an LDS leader and psychologist in California who responded, “My observation, based on a great deal of vicarious experience, is that this must be the toughest culture in the Western world in which to have that problem.” Now, why would that be? Why is it so tough for Latter-day Saints to deal with infertility?

We think there may be a number of reasons, the first being Church doctrine with its emphasis on birth and families. We are taught that we come to earth to gain a body. A woman’s role in the birth process is given great emphasis and is an important part of our doctrine. We hear about it every day and every week in our Church. If you are a Mormon and a woman, you must bear children.

The second reason is related to what we believe our role will be in the eternities. Our eternal role — and goal— is being parents. We believe that Heavenly Father is a father and Heavenly Mother is a mother and that we will eventually, if we are righteous, have an opportunity for eternal propagation. This doctrine puts incredible pressure on someone who is infertile, who is willing and ready, but unable to have children. The pressure is exerted in hundreds of simple, subtle ways.

In the Old Testament, Adam and Eve are instructed to multiply and replenish the earth. In Old Testament times, this is emphasized in innumerable ways. A woman who was unable to bear children is compared to barren ground. Jacob’s wife Rachel implored, “Give me children or else I die” (Genesis 30: 1). In other words, she felt she would rather be dead than barren. An interesting section in First Samuel describes another infertile woman named Hannah.

... The Lord hath shut up her womb. And her adversary also provoked her sore, for to make her fret ... therefore, she wept and did not eat ... And she was in bitterness of soul, and prayed unto the Lord, and wept sore (1 Samuel 1:5–7, 10).

In our day strong emphasis is given to pregnancy and birth, not just to nurturing and mothering. N. Eldon Tanner said, “One of woman’s greatest privileges, blessings, and opportunities is to be a co-partner with God in bringing spirit children into the world. What a glorious concept, no greater honor can be given” (Tanner, 1973). Those who are infertile have a hard time dealing with such messages. Many kinds of material can cause pain. For example, Boyd K. Packer’s outstanding pamphlet written for the youth about the importance of keeping clean morally contains some interesting statements. Listen and imagine you are infertile.

The power of creation is given to virtually every individual who is born into mortality. Someday you will hold a little boy or a little girl in your arms and know that two of you have acted in partnership with our Heavenly Father in creating a life. Our Heavenly Father has bestowed his choicest gift upon you, this power of creation. I picture you with little children about you and see your love growing with them” (Packer, 1973).

In Church one day, our daughter said, “Someday I will be a mother.” We didn’t tell her that. It’s just something she absorbed.

Perhaps we ought to think about teaching our youth that 10 or 15 percent of them may not have children biologically, and other option may need to be explored.

For LDS couples, a real crisis can be the struggle of faith versus acceptance of infertility. Very few infertile couples have not pleaded with God, trying to have enough faith to bear children, especially when many are given blessings that tell them if they have enough faith they will have children. This creates an interesting and painful paradox. If you have enough faith you will have children, and yet if you are trying to have faith to have the children, you may have difficulty in accepting infertility and trying to resolve it.
Another point is closely related and deals with the cultural aspects of Mormonism and infertility. The priesthood holder may not be as affected as a woman, but indirectly there is an underlying sense that the more children you have, the more "arrows in your quiver." Some men communicate the idea to an infertile man that his virility is somehow questioned. In fast and testimony meeting, the infertile couple see a father bless a baby and the mother afterwards stand to bear her testimony about how wonderful it is to bring this child into the world. Much of Relief Society teaching assumes motherhood in the examples used even if the topic is not motherhood. An infertile couple must frequently deal with pressure from their parents who desire grandchildren.

Jayne Taylor

A large portion of our lives as Latter-day Saints centers on reproduction, parenthood, and raising children. When couples become aware that reproduction is delayed or unattainable, they enter a stage of emotional crisis—the crisis of infertility (Platt, et al., 1973). The emotions include feelings of surprise, denial, frustration, anger, guilt, and typically isolation. Another initial reaction is the sense of helplessness and anger at losing control over one's life plan and body. This reaction is particularly true of people who are goal-oriented and people who need to have control over their lives. The feelings of one or both partners may negatively interfere with many areas of their marriage such as communication, sexual adjustment, and the whole quality of their life. A common fear for an infertile couple is that the fertile partner might abandon the infertile one, or worse, stay in the relationship resentfully. Some even make offers of divorce or say such provoking things as, "Well, if you had married someone else, you would have a family by now" (Mazor, 1979). The fertile partner may hide his or her disappointment and anger instead of dealing honestly with his or her feelings. Often we find that single people who know they are infertile will retreat from relationships or keep them superficial because they don't want this dreadful secret to be out. Married people may do the same.

Infertility can also reactivate unresolved past feelings of danger or loss. Sexuality can become extremely threatened. One Relief Society sister told an infertile woman, "You are not really a woman until you have borne a child."

The next phase following the initial shock centers on body image and self-worth. Feelings of worthlessness, defectiveness, and shame are common. People become preoccupied with the infertility workup, formulate theories about why this has happened to them, why they are defective, and why they are denied something that the rest of the world can take for granted. Barbara Menning, the past National Resolve president, said,

There's a sense of loneliness and isolation in infertility that defies description. The couple frequently feel they have no one to turn to, but each other. Family and friends are often reluctant to discuss such a personal and inherently sexual problem. If they do listen, they seem to answer with platitudes and misinformation born of generations of mythology and superstition. Somehow worthiness and pregnancy get conflated (Menning, 1975).

Because of these feelings of failure and inadequacy, it is hard for a couple to discuss this with anybody. Defense mechanisms are often set up to deal with family and friends. A man and a woman often feel damaged and defective. I have heard women describe themselves as feeling hollow or empty. One woman described herself as looking like Hiroshima after the bomb. Men describe themselves as castrated or talk about intercourse as shooting blanks. These feelings of defectiveness go further. Many people comment that they cannot do anything right. One woman was unable to work on her doctoral dissertation; she said that her mind was sterile also. I had a very hard time going
back for my master's degree until I had resolved some of my feelings about infertility. Somehow it affected my whole inner self. The monthly menstrual cycle is a terrible reminder and an enormous tension builds up towards the end of each cycle. Many women feel a deep depression verging on despair when menstruation begins. This intensity lessens over time, yet it is still always there as a reminder.

The next phase involves mourning the loss of the children a couple will never biologically have. This is a very difficult task because the loss is so vague. It is hard to define a potential. There are no funerals, no rituals to help the bereaved. It is an invisible process. I work in an intensive care unit with parents who lose children. For the most part, they have a lot of support systems—family actually present, support from family members not physically present, people who work with them, support groups, and a funeral that helps them through the grief process. But people who are infertile may have no one to talk to.

The final step is that of resolution. The couple must now redefine their sexuality so that procreation is not a central point and work at regaining a healthy self-image.

Conclusive knowledge can help people who know there is absolutely no chance of ever becoming pregnant. They can close the chapter, go through the grief process, and continue with their lives. One woman I talked to recently had had a hysterectomy after years of trying to become pregnant. She was surprised at the relief she felt knowing that she couldn’t become pregnant. There are many cases of infertile women who have had tubal ligations just so they can’t get pregnant.

The couple must assess their inner resources and decide what they are going to do in the absence of biological children. Sometimes this has to become a joint decision on which they can both agree, or the relationship will not last—or if it does, it will be unhappy. If you continue to have faith, does that mean you continue to go to the doctors?

The nonresolution of infertility can be a leading cause of failure in adoptive placements. Adoption may symbolize one's inadequacy in reproduction, and the presence of the child will actually be seen as a narcissistic injury for a couple who has not worked through that infertility. The point is, adoption does not cure infertility. Anecdotal evidence to the contrary, the statistics simply do not show that adoption cures infertility. Adoption and infertility are two different issues.

Failure to grieve is the most common block to resolution and the easiest to help. Every person has losses. We all have losses. It is very useful to give people permission to grieve. They must realize and acknowledge that a loss of great magnitude has taken place and that to grieve is normal. Also, grief runs a predictable course, and the pain does lessen as time goes on. A social support system to help is really important. I’d recommend the National Organization of Resolve which is very active in Utah. Also, the LDS Social Services here in Salt Lake can be a support system for people going through the adoption process.

In summary, the challenges to most infertile individuals/couples, and particularly those in the LDS culture, are very significant and far-reaching, in part due to many contributory cultural factors. Most people in the resolution of those challenges go through the steps of emotional crisis, mourning, and resolution. A social support system is very helpful in the successful resolution. As we remain mindful of these points, we can make a significant contribution to those suffering with infertility.

References