

Sex, Relationships and Infertility

Fact Sheet 14

by Susan Cooper, EdD

THE SEXUAL RELATIONSHIP

A couple's sexual relationship is often the area of their life that is most negatively affected by infertility. Love-making, once a warm loving, intimate and physically pleasurable experience, becomes a dreaded chore—a means to an end that continues to result in failure. To make matters worse, sex often becomes the battleground in which a couple's fears, anxieties and depression are played out. There are many reasons why a couple's sexual relationship is so adversely affected by infertility, and since sex is usually considered a private matter, this is rarely talked about.

Depression and Loss of Libido

For many infertile people, depression is the one emotional state that permeates all others. Even when there is a reason to be hopeful about achieving a pregnancy, this hope is usually coupled with depression. And one of the clinical manifestations of depression is loss of libido. When people are depressed, they do not usually like being sexual.

Sexual Identity

Infertility deals a severe blow to both men's and women's identities. In fact, their sense of themselves as sexual people becomes distorted as their ability to procreate is called into question. Men often feel emasculated as a result of infertility, particularly if there is a male factor involved. Women feel unfeminine, damaged and defective. Sex comes to mean failure—failure to conceive and therefore failure to be a “real man” or a “real woman.” These negative distortions become magnified as infertility progresses, and often get generalized so that one's self-esteem is affected. Infertile men and women can easily feel worthless as people.

The ability to enjoy sex presupposes the ability to take pleasure in one's body, which, in turn, is dependent upon

RESOLVE: The National Infertility Association
www.resolve.org

having a positive self-image as a man or as a woman. When self-images are damaged by infertility and depression saps libido, the convergence of these factors can lead to a couple's poor sexual relationship.

Mid-cycle Conflict

Couples often manage to have their worst fights, perhaps unconsciously, around the middle of the menstrual cycle. Anger can serve a useful purpose—it can prevent the dreaded intercourse. When partners are angry at each other, they don't feel like being sexual. And if a couple doesn't have sex during their fertile time, they probably won't feel like a failure when conception doesn't occur. Surprisingly enough, couples will sometimes unconsciously sacrifice a month of trying for the relief they feel at not having failed.

Scrutinized Sex

Another factor which further contributes to a couple's sexual decline is that infertility takes the privacy out of sexuality. Despite the sexual revolution, men and women rarely discuss their sex lives with anyone other than their partner, and sometimes not even with him or her. Perhaps it is the fact that sex is secretive that makes it more exciting. Our sexual arousal, and hence enjoyment, is somewhat dependent upon sex remaining behind closed doors.

The infertility workup by its very nature necessitates that a couple's sex life is up for scrutiny. Doctors need to know when a couple has had intercourse, how often they had intercourse and sometimes in what position they had intercourse. Physicians ask detailed questions about sexual performance in an effort to ascertain whether their infertility results from a sexual dysfunction or from a structural or physiological problem.

Diagnostic tests, such as the postcoital (PK) test, magnify feelings of invasion about one's sexuality. Couples

must have intercourse for the purpose of learning whether the sperm can live in the woman's cervical environment; the woman must visit her doctor's office a few hours after she has had sexual relations. Couples often feel their physician is literally in the bedroom with them watching their performance.

Structured Sex

Infertility takes the spontaneity out of sex. Attempting to conceive means having sex on the right days—often every other day during the middle of the month. The man must be able maintain an erection and reach orgasm. The woman only has to be a receptacle for his sperm. Sometimes women are given advice about lying in certain positions, or remaining flat on their back for 20 minutes after ejaculation occurs. Sex resembles a clinical procedure rather than a loving, passionate act between husband and wife.

Performance

The anxiety and tension that surround infertility often build to such a degree that “successful” intercourse cannot take place. Men feel anxious about having to perform. Women feel anxious that their husbands will not be able to perform. Men may feel rejected, believing that their wives want a baby more than they want their husband. And women often begin to wonder whether their husbands really want a child, since they seem so disinterested in sex.

The fights that so frequently occur during infertility are often a result of the enormous stress and ongoing pressure to produce a child. Sex on demand is usually not fun, and both partners often just “want to get it over with.” Women can feel resentful when they don't reach orgasm or even get sexually aroused, believing that their partner is enjoying the physical pleasure while they (the women) are not. Partners may get irritated with each other if they are taking too long to reach orgasm. Men can get annoyed if they feel their partner is merely “lying there” and not participating in the sex act, or if the men sense their partner cannot wait to “get it over with.” Infertility can cause men who have never been impotent to have difficulty maintaining an erection or reaching orgasm. Women become understandably frustrated when this occurs, yet their frustration only increases the tension. And when anger builds up without being expressed, couples either withdraw from each other emotionally and sexually or they have an unproductive fight. Neither way is conducive to the well-being of a relationship.

Reversing the Trend

Infertility, particularly if it is long-term, is probably one of the most difficult times in a couples' life. Nothing can

erase the pain; one must go through it in order to come out of it. Yet, I can say from both personal and professional experience that there are some things that couples can do—ways of being with each other—that can ease the pain of infertility as well as minimize the couple's sexual problems and, in the long run, enrich their relationship.

Most importantly, couples must talk to each other about their fears, worries, sadness, anger and any other feelings related to their infertility. For men who have been taught not to express their feelings, this can be especially difficult. Yet people feel less depressed, and hence more sexual, when they can express their emotions. It is important to be honest with oneself about the source of one's feelings. For example, a fight about whose turn it is to do the dishes might stem more from anger over infertility than from frustration about getting housework done.

It is also important for partners to remind themselves, and each other, that infertility should not determine one's self-worth or one's sexuality. Being a “real man” has about as much to do with the quality of his semen as it does with whether or not he eats quiche. Likewise, being a “real woman” is simply not related to her ability to bear children. Though it may be difficult to harness the energy, men and women should continue the same kinds of behaviors that made them feel sexual before their infertility, whether it be dressing in a certain way, sharing a romantic dinner or going dancing. It is especially important to exercise, eat properly, get enough sleep and in general keep one's body in good shape. The healthier one is, the better (and more sexual) he/she will feel.

Because of all the factors previously discussed, sex is rarely enjoyable for the infertile couple, and they should be reassured that their negative sexual experiences are normal. Sex on demand, for the purpose of procreating, and sex for pleasure are two very different phenomena. It usually helps to think of mid-cycle sex as work—a job that must be done in order to reach a desired goal. This is a time when a couple can reaffirm their love for one another and their commitment to work on expanding their family. Their feelings can be expressed tenderly and lovingly even though deep sexual passion may be missing. Partners need to be understanding of the pressures each of them feels about performance and be patient, not critical of one another. Getting angry at a man who is temporarily impotent only makes matters worse. If orgasm is not achieved, the couple should take a few hours or a day off and try again. When orgasm is achieved, they can congratulate themselves, even if it wasn't the sexual experience of the century.

If their emotions can stand it, reserving some time during the non-fertile part of the month—even once is enough—for recreational sex can be extremely rewarding for the infertile couple. Sex, then, is no longer viewed solely as a means to an end. Sometimes, however, even the thought of sex when it is not “necessary” seems intolerable. But couples do not need to have intercourse to enjoy sexual feelings. Gentle caressing, massaging, necking, petting or even mutual masturbation, are all ways that couples can give and receive sexual pleasure without having to engage in intercourse.

In working with fertile and infertile couples over the years, I have come to discover that sex often has different meanings for men and women. Men tend to “need” sex in order to feel loved. It may be the primary way in which they feel needed and desired by their partner. Sex, to many men, feels essential to the maintenance of their relationship. If sex is infrequent or missing, they feel empty and rejected as a man. Women, on the other hand, tend to experience sex as a means by which they mutually reinforce the love that has already been expressed in other ways. It is the dessert that enhances a delicious meal, but that dessert is not necessary in order to feel sated. Thus while women may desire sex when they are feeling particularly close to their mate, men may desire it most when they are feeling more distant and want to be closer—perhaps after a fight.

It is especially important to pay attention to these differences when a couple is infertile. If the woman feels unable to participate in sex, sometimes talking about her reluctance helps, particularly if she is able to communicate her love and commitment to her partner. Initiating sex on another occasion, when she feels a little desire, can also send a loving message to her mate. A man, in turn, often feels better knowing that his partner’s disinterest in lovemaking does not mean that she is rejecting him.

The bad news is that an infertile couple will probably never regain the sex life they once had, unless they decide to remain childfree. Even then, it will probably be a long while before sex is no longer associated with infertility. When couples, fertile and infertile, go on to have a child by birth or adoption, the sexual freedom and spontaneity they once had fades into the past. Couples parenting after infertility can certainly derive great pleasure from their sexual relationship, but it may always be a reminder of their infertility.

The good news is that while infertility may deprive a couple of an enjoyable sexual relationship, it can also provide an opportunity for them to become closer. A

study published in 1987, based on interviews with 22 infertile couples, found that the majority of them experienced unsatisfactory sex lives, yet they experienced increased closeness in their marriages. The authors conclude that “infertility deprives couples of one resource for intimacy, i.e., enjoyable sex, but supplies them with another, the enhanced communication that comes from facing a problem together.”

In conclusion, I am remembering that the Chinese have two definitions for the word “crisis”: danger and opportunity. Although infertility is not dangerous in the sense of being life-threatening, the emotional pain that accompanies it can be threatening to one’s marital and sexual relationship. Yet the opportunity for increased intimacy and growth is profound. If we avail ourselves of this opportunity we will have discovered the silver lining behind the dark cloud of infertility.

KEEPING YOUR RELATIONSHIP/MARRIAGE STRONG DURING INFERTILITY

How to Nurture Your Relationship

Having a roommate can be difficult; having a life partner is much harder. Two people with many differences must negotiate a shared lifestyle which encompasses the best of each of them, but in which their individual differences can flourish. Rare is the couple who simply falls in love and lives happily ever after. With love and commitment as a foundation, good relationships and marriages are maintained through hard work, struggle, understanding, and compromise.

When crises occur, even strong relationships are shaken. Life is disrupted, albeit temporarily. Most crises affect one partner more than the other, such as job loss, an accident, serious illness or death of a family member. In the best of circumstances the crisis is short-lived, the less affected person becomes a major source of support for his/her partner, and the couple, coping together, survive the storm, heal and get on with their lives.

Infertility, a major life crisis in the life of a couple, is different in many ways from other critical situations. For many it is a prolonged ordeal usurping months and probably years from their lives. The resolution is uncertain, and the end may not be in sight for a very long time. Infertility touches feelings that are at the core of the self - feelings about one’s masculinity/femininity, sexuality, and self-worth. Finally, the inability to bear a biological child often feels like a loss of oneself; a sense of defectiveness and emptiness is always lurking.

These omnipresent feelings and issues are the emotional reality for infertile men and women, forming the backdrop for their relationship. Keeping one’s relationship

strong under these circumstances is especially challenging. It involves hard work, but the gains, which include a deeper commitment and connection to one's mate, are well worth it.

First, it is important to understand the ways in which men and women, in large part due to socialization, deal differently with their emotions and with stress in their lives. Although men's and women's roles have changed enormously in the last 20 years and will continue to do so, there are certain generalizations that can still be made. Men grow up learning to be "strong" and "tough," caretakers of women, which often means not expressing sadness or feelings of vulnerability. They learn to be independent, autonomous, not to need anyone else. Women, on the other hand, learn at a young age how to relate to other people and to form deep attachments. They learn that it is okay to express vulnerability and to reach out to and depend on others.

When a couple faces the crisis of infertility, these gender-related differences become more pronounced and can create a wedge between them. The process usually occurs in the following way. Men begin to feel helpless and frustrated about not being able to make their female partner feel better. The usual ways of helping—presents, indulgence, reassurance, etc., don't work. It becomes intolerable for them to see their partner cry, to witness their pain and not be able to assuage it. Furthermore, they are burdened by their own sadness, which is often unacknowledged and which makes them less emotionally available. As a result, they tend to withdraw rather than express feelings of inadequacy or defeat. Sometimes, though perhaps unconsciously, they may feel angry with their wives for being "weak." In fact, they are worried, afraid their partner will collapse emotionally, and that their infertility will do them in.

Women, on the other hand, feel increasingly disappointed in their male partners' lack of comfort or concern. They feel angry for not getting the support and attention they crave. They believe that their partners just don't understand them, and they feel rejected. Even worse, they may feel their partners are not particularly interested in having a child, that perhaps they will call it quits. Gradually both partners become emotionally estranged from one another, each suffering from feelings of loneliness and isolation, in addition to the pain of infertility.

In general, women feel the loss associated with infertility sooner than their partners do. But while the female experiences the emptiness and loss of not having a baby, the male experiences the loss of not having a female partner! Though she has not left him physically, he feels emotionally abandoned by his mate, who appears to be

consumed with desire for a child and not for him. Each feels sad and lonely, even though these feelings have different roots.

During the course of their infertility, most couples are called upon to make decisions relative to their treatment or to a resolution. Some decisions are straightforward and easy to make, but others that involve the use of fertility drugs, surgery, assisted reproductive technologies (ART) or alternatives to biological parenthood are more complicated and more anxiety provoking. Decisions must also be made about what and whom to tell. When couples disagree, and invariably they do about some issues, the tension that is already present in their relationship can be exacerbated.

Yet, despite these difficult circumstances, there are things that can be done to help marriages flourish. Here is some advice and guidance.

- **The key ingredient is nurturing.** It is essential to nurture your relationship. Consider it even more important than the child you wish to have. Children usually remain at home about 18 years; most marriages that endure last far longer. And relationships, like children, flourish when there is an abundance of love, caretaking, attention and consideration.
- **It is important to stay connected to each other.** Make sure you spend time discussing matters other than infertility. Do set up regular times, however, to talk about infertility. Share your emotional responses (which may be constantly changing), and when it is necessary to make decisions relative to treatment, use that time to discuss those options. Minimally, arrange weekly meetings in which you "check in" with your partner. Each of you can take a turn talking about your feelings, concerns and preferences about treatment. In making decisions, be sure to listen to each other in a non-judgmental way without trying to change the other's mind. Try to set aside your own feelings for the moment in order to understand your partner's position. When each of you feels fully understood, then you can negotiate more easily and make decisions with which you both feel comfortable.

If a particular month is especially stressful, perhaps due to an IVF cycle, a poor semen analysis, etc., then "check in" with each other more often - daily if necessary! It is also important when your period comes, to acknowledge together the sadness and disappointment you feel. If possible, plan a special treat for yourselves at that time.
- **Be open about your feelings on an ongoing basis,** in addition to regular meetings in which you set aside time to talk. If you are having a bad day, it may help to announce before dinner that you're feel-

ing particularly discouraged about your infertility. You don't have to talk any further about it at that point, but making the statement helps clear the air and lets your partner know why you may be more withdrawn that evening.

If you don't share your feelings, your partner will be forced to make assumptions that may or may not be true. For example, don't assume that your male partner, who saw you cry two days ago when you got your period, knows that you're still upset about it. Conversely, it is important not to assume that because your female partner kissed you goodbye this morning, went to work, came home, and made dinner she is no longer feeling depressed!

- **State your wishes to your partner.** Even the most sensitive and perceptive people are not mind readers. Sometimes people make the erroneous assumption that if their partner really loves them, they will know what they are feeling and act accordingly. Rather than hoping that your partner will figure out what you really want or reluctantly agreeing to a treatment or alternative that you are not ready to accept, state your viewpoint clearly and propose an alternative solution. For example, perhaps you have agreed to begin donor inseminations but are having second thoughts because you have only tried insemination with your partner's sperm three times. You might say, "I don't feel we tried hard enough to have a biological child, and I'm not ready to accept donor insemination just yet. After three more months of inseminations, then I'll be ready to move on to that alternative."

If feelings or wishes are not expressed, couples can harbor resentments and may end up fighting about trivial matters, while the underlying issues (infertility) do not get addressed. For example, a fight about the dishes that begins in the following way, "You said you would do the dishes tonight, and I'm furious that you just got up from the table and turned on the TV," may more accurately be translated, "You promised to go to the doctor with me today, and I feel very hurt that you didn't come." When feelings and preferences are expressed honestly, then couples can negotiate, make necessary compromises, but, most importantly, they can take each other's needs into consideration.

Sometimes it helps to use a numerical rating system as a way of making your needs quite clear. Use a 10 point scale, 10 referring to "very strong," 5 "average," and 1 "minimal." You can then say, "Coming to the doctor with me is a 6, joining a couple's support group is an 8, etc." Or you can let your mate know the extent of your feelings by saying, "Right now, I'm a 9 on the depression scale, so please try to be as understanding as possible today."

Using this rating system allows couples to communicate more accurately, setting the stage for realistic negotiations. In summary, the nature of the infertility crisis, coupled with the usual roles that men and women assume, often leads to estrangement and disconnection in a marriage. However, when couples nurture their relationship and stay emotionally connected to each other by communicating regularly about their feelings and preferences, their marriage will be strengthened.

A Healthy Disagreement is Therapeutic

A common misconception among couples is that in order to stay connected and to have a strong relationship, they must not fight. Adherence to this belief can have disastrous results and can achieve the opposite of what is intended.

It is difficult to imagine a close relationship in which there are no disagreements. Relationships remain vital when each individual maintains his or her separate identity within the context of the relationship. Although there must be a large enough overlap of values, beliefs and interests to form a foundation for the partnership, each person must contribute additional input, or the relationship inevitably stagnates. When individuals are different, it is logical that they have disagreements from time to time. A healthy fight is usually therapeutic. It can clear the air and resolve the tension that has been building. For many couples, however, fighting is a scary prospect. They never learned constructive ways to express their negative feelings.

If this is true for you, one reason could be that your parents had taboos against expressing anger when you were children. You may have learned at a young age that it is not safe to get angry. You may have never witnessed an argument between your parents or anyone that was resolved in a productive or meaningful way. As children, you may have experienced the "silent treatment" if you dared get mad.

Or perhaps you or your partner came from a family in which anger equaled violence. In that case you learned that expressing negative feelings means being out of control. You may have been physically or emotionally abused or witnessed the abuse of a parent or siblings. If you grew up in such a situation, it is essential to let your spouse know. You need reassurance from him/her that getting angry will not result in either rejection or abuse.

It is especially important to fight fairly so that each person feels respected, undiminished and understood. The following guidelines should help.

- **Don't let negative feelings build up for so long**

that they come out in an explosion. Deal with each incident separately. Listing several complaints at once will undoubtedly make your spouse feel threatened and respond defensively.

- **Set aside a time to fight.** Don't fight when you are in the middle of something else, or when your partner is putting on his/her coat and is late for an important meeting. Your goal is to get your partner's undivided attention so that your concerns will be heard.
- **Make "I" statements rather than accusations about the other person.** Tell your partner what effect his/her behavior has on you and how it makes you feel. For example, instead of saying, "You never listen to me when I bring up the topic of adoption," say "When I bring up the topic of adoption and you turn your head away from me, I get worried that you'll never agree to it. It makes me afraid to talk about our infertility."
- **Be specific about bothersome behaviors—no name calling or global indictments.** Instead of a verbal attack like, "Only a lousy husband like you wouldn't go to doctor's appointments with me," say, "I've been getting more and more hurt and angry each time you don't come with me to the doctor's appointments."
- **Probably the best way to minimize the number of fights you have is to reinforce your partner's positive, loving behaviors.** Everyone gives and receives love differently. Each of you probably has a repertoire of behaviors that you developed to please your partner. You also have a repertoire of actions and interactions that come more naturally—you may not even think about them—that may signal to your partner how important he/she is to you. Let your partner know when you truly appreciate something that was said or done. Share everything that he/she does that makes you feel special and loved. Let your partner know what you do that is an expression of your love. Don't be surprised if the lists are different. Seemingly small acts that come naturally to you may be most important to your partner; what you work hard at remembering to do, may, in fact, be unimportant to him/her. Use your new knowledge to do more of what makes your mate feel loved.
- **Make sure you find ways to be intimate with each other.** Intimacy can refer to either physical or emotional closeness, or both, as in lovemaking. Many couples acknowledge that one of their deepest regrets regarding infertility is its negative effect on their sex lives. Making love, often the most pleasurable and intimate aspect of their relationship, can become a chore to be avoided if possible. Although sex for pleasure (as opposed to sex for procreation) may have to be put on the back burner for awhile,

infertility need not stop you from expressing feelings of closeness and love to each other. Warm hugs and kisses, a deep massage, snuggling in bed are all ways to express closeness. In addition, make sure you tell each other verbally how important he/she is to you.

Your Sense of Self

Infertility not only takes a toll on a couple's sex life, but it also affects their sense of themselves as sexual people. Infertile men and women each suffer from feelings of inadequacy, defectiveness and asexuality. If the infertility problem seems to reside primarily in one partner, then that person is likely to feel particularly damaged as a man or woman.

Men tend to equate virility with fertility. Infertile men often feel impotent and unmasculine. Women tend to associate fertility with the ability to nurture. Infertile women often feel unfeminine and unlovable. Talk to each other about these feelings; it will lessen the shame and reduce the pain. Reassure your partner that you still find him/her sexy. When your infertility is resolved, you can work on improving your sex life.

For now, remember that the quality of your sex life during infertility has nothing to do with your masculinity, femininity or intrinsic sexuality.

If you are determined to become parents, either biologically or through adoption, then take advantage of the extra time and money that you have now. Even though "the grass is always greener in the other person's yard," and you would gladly trade your trip to Europe and leisurely showers for a couple of screaming kids in dirty diapers, remember that parenthood is not always bliss. All parents feel like trading their kids in periodically for a lot less than a trip to Europe. Enjoy what you have. Go out for dinner. Take trips. Buy the leather jacket you've desired. Treat yourself to a massage. Learn to play bridge. Take the gourmet cooking course you've thought about. Do special things for your partner and for yourself that you won't have time to do after you become parents.

Talk together about your future—plan ahead and dream. Your infertility has been an unwelcome interruption in your life, and you have undoubtedly put some things off.

Try not to put your life on hold, however. Think about the other goals you have besides having a child. If you decide to go back to graduate school and a baby comes along, you will manage.

Find Support

Consider joining a RESOLVE support group. (Contact your local RESOLVE for more information; visit

www.resolve.org.) In a support group, men can talk with other men and women can express their feelings and have them validated by others. New ways of coping with infertility in your marriage and with friends in the workplace and holidays, etc., are all discussed. Infertility is a lonely experience for both the man and woman; being in a group with others experiencing infertility also can help strengthen communication and reduce isolation.

Finally, for the sake of your relationship, it is important to find some positive meaning in your infertility. Even though it is infinitely easier to come up with a list of ways in which you have been wounded by infertility, as individuals and as a couple you have surely learned some valuable lessons. Perhaps you have learned about control and have a better understanding of when you have it and when you don't. Undoubtedly you have discovered untapped strengths in yourself. You are surviving a serious life crisis and you have been battered, but not destroyed.

If you decide to become parents, one way or another, you will have learned some things about family ties that many fertile couples never learn. You have inevitably thought long and hard about what it means to be parents and why you want children. You understand the differences between biology and parenting. You probably have an enriched understanding of yourself and of your potential strengths and weaknesses as a parent.

Couples who have survived the crisis of infertility usually find that their marriage has deepened. They understand each other better and have a renewed appreciation of their relationship. They become closer because they have solved a difficult and painful problem together. These benefits last a lifetime.

Suggested Readings

Barbach, L. (1982) *For each other: Shared sexual intimacy*. Garden City, NY: Anchor Press/Doubleday.

Cooper, S. & Glazer, E. (1989) *Without child: Experiencing and resolving infertility*. Lexington, MA: Lexington Books.

Magnacca, K. (2004) *Love and infertility*. Washington DC, Lifeline Press.

The information contained in this fact sheet is offered as part of RESOLVE's educational efforts and is in no way intended to substitute for individual medical advice. Discuss your medical situation with a qualified medical professional.

Copyright RESOLVE

All Rights Reserved

Originally published: September 1988

Last update: June 2007

The mission of RESOLVE is to provide timely, compassionate support and information to people who are experiencing infertility and to increase awareness of infertility issues through public education and advocacy.

Visit www.resolve.org today to find information and resources on all aspects of infertility and family building as well as:

- Your local RESOLVE
- Support groups
- Educational events
- RESOLVE publications
- Member-to-Member Contact System (where available)
- Telephone HelpLines
- Online communities
- Advocacy
- Insurance coverage for infertility treatment
- Questions to ask your doctor
- Volunteer opportunities and more!

RESOLVE is a non-profit 510c(3) organization. Our mission is supported by individual donations.

company: office docs: fact sheets