

# Coping with the Stress of Infertility

Fact Sheet 15

## **INFERTILITY AND STRESS**

by Alice D. Domar, PhD

One of the many challenges of infertility is hearing the assumptions family and friends make about the relationship between stress and infertility. Wouldn't it be nice if what you heard on a daily basis was "I am sorry that you have to go through infertility treatment. What can I do to support you?" or "I know it must be painful for you that your best friend is pregnant. Should I go buy her a shower gift for you?" Instead, you more often hear comments such as, "You are obsessed with this baby thing. If you would just stop thinking about it all the time, it would happen." or "If you weren't so fat/thin, if you would only exercise/stop exercising, if you would only do things differently from what you are doing, you would get pregnant". And of course, the all-time favorite, "If you just adopt, you'll get pregnant."

There does seem to be a universal assumption that infertility is caused by stress. There is also a universal tendency to underestimate the stress that is caused by infertility. The goal of this article is to educate you about the stress and infertility connection both for your own knowledge as well as to give you information for your "well-meaning" family and friends.

### **How Stressful is Infertility?**

In a word: very. Research has shown that women with infertility have the same levels of anxiety and depression as do women with cancer, heart disease and HIV+ status. While this may surprise some, it actually makes sense. Procreation is the strongest instinct in the animal kingdom. You are facing genetic and social pressure to have a baby. You are likely surrounded by friends, family, neighbors, co-workers and a society who conceive easily. Infertility can be very lonely.

Infertility can have an impact on literally every area of your life. It can, and usually does, affect the relationship

between you and your partner. I have never seen partners respond to infertility in the same way. In most circumstances, the female expresses more distress regarding their infertility, wants to talk about it more often and is ready to move on more quickly (see a doctor, consider high-tech treatment, move onto adoption, etc.) than her male partner. In addition, women tend to become jealous when another person conceives and may want to avoid pregnant women and babies more than her male partner does. This is completely normal but it may put pressure on a couple. He may want to go to a party regardless of how many pregnant women will be there, and she might rather stay at home. Infertility may also have an adverse effect on one's sex life—the woman may begin to associate sex with failure, and might only be interested mid-cycle, while the male partner may think that the only reason she is willing to make love is to extract sperm from his body.

Infertility can have an impact on one's relationships with family and friends. In all likelihood, siblings and friends are getting pregnant. Many of my patients don't want to go home for holidays because the sight of pregnant siblings is so difficult. They may have difficulty receiving support from their parents who may not understand enough about infertility, may not agree about treatment choices or may be distracted by their own life issues. If your friends are successfully building their families, you may begin to avoid them, thus losing social support during your life crisis.

Infertility can also impact one's job. You may be hesitant or unable to travel for work due to your treatments, you may be late for work due to early morning appointments, and you may need more flexibility for last-minute treatments such as intrauterine inseminations (IUI's), etc. In addition, many of my patients have found that while they can avoid pregnant friends, relatives, and neighbors, they are unable to avoid pregnant co-workers, which can make the work environment intolerable. Infertility can

also cause a great deal of financial stress. This can translate to the need to work, causing all of the stresses just mentioned to be more magnified.

Finally, infertility can lead to a religious or spiritual crisis. Many patients tell me that this is the first time that God hasn't answered their prayers. They wonder if they are being punished for previous behaviors or if God thinks they will not be a good parent. In addition, certain religions forbid or discourage some forms of infertility treatment.

Thus, when you add up all the previously-mentioned factors, it does make sense that infertility can cause a huge amount of stress. To top it off, it is one of the few diseases where the patient is blamed for her condition, e.g. "If you would just relax, you would get pregnant." Can you imagine the response if you said something similar to a cancer patient? You would be considered cold, unfeeling and certainly uneducated. But what *is* the truth about the stress/infertility connection?

### **Does Stress Cause Infertility?**

The answer is, we don't know. It certainly isn't a consistent relationship. For example, rape and concentration camp victims conceive. This defeats the theory that stress causes infertility and supports the likelihood that some women are more reproductively sensitive to stress than others. In general, it is highly unlikely that stress independently causes infertility.

There has been some research on whether or not anxiety or depression contributes to infertility. This research has shown that women with a history of depression are twice as likely to subsequently experience infertility as women who do not have such a history. Another study showed that depressed women have abnormal production of luteinizing hormone, which is necessary for reproduction. A European study found that anxious women took longer to conceive and were more likely to miscarry than women with lower levels of anxiety.

The best and most thorough research to date has been on the relationship between female distress and in vitro fertilization (IVF) success rates. There have been 14 published studies that have looked at distress levels in women prior, or at the beginning of, an IVF cycle. These studies have been conducted worldwide. Ten of the studies showed that distress levels are indeed associated with decreased pregnancy rates. The more anxiety or depression the women expressed before undergoing IVF, the less likely they were to get pregnant. In several of the studies, the results were dramatic; for example, in one study, the most depressed women experienced half the pregnancy rates as compared to the least depressed

women. Two of the 14 studies had small sample sizes and the results showed trends, i.e. there was a tendency for the distressed women to have lower pregnancy rates but the results fell just short of statistical significance. Two of the studies found no relationship between distress and pregnancy rates. On a whole however, the majority of the research does support the theory that distress is associated with diminished IVF success rates. It is logical then, for IVF success, and the increased possibilities in all infertility situations, to practice stress reduction techniques.

### **How do You Decrease Stress During Infertility?**

There are currently three psychological methods offered in the U.S. for individuals and couples experiencing infertility: individual/couples therapy, support groups, and mind/body groups. To begin, you need to think about your own individual needs and preferences. You can contact your local RESOLVE chapter for information on therapists, support groups and mind/body groups in your area. (For more information visit [www.resolve.org](http://www.resolve.org).)

In addition to or in lieu of, therapy, support groups and mind/body groups can offer strength and help to reduce stress using a more social approach. Research showed a 55% take home baby rate for participants in mind/body groups, 54% for support groups, and 20% for the controls. It was a randomized study, so one-third of the women were randomly assigned to mind/body, one-third to a support group, and one-third received no psychological intervention (the control group). All of the women continued to receive care from their infertility doctor. The psychological data showed the greatest improvement for the mind/body, followed by support and then the control groups. Recent research on the type of support groups offered by RESOLVE indicates that participants experienced increased pregnancy rates when compared to women who did not attend a support group.

Mind/body techniques include both physical and psychological skills. Physical skills include relaxation techniques, "mini" relaxation techniques and information on lifestyle habits which can impact fertility. Psychological techniques include cognitive restructuring, social support, coping with negative emotions such as anger and guilt and self-nurturance. At the Domar Center for Complementary Healthcare ([www.domarcenter.com](http://www.domarcenter.com)), for example, we teach mini relaxations, which involve slow and deep breathing that individuals and couples can use during blood tests, ultrasounds, IUI's, phone calls to the doctor, etc. We also teach cognitive restructuring, which involves identifying and reframing recurrent negative thought patterns, so that a comment such as "I will

never have a baby” may end up as “I am doing everything I can to try to get pregnant.” Self-nurturing skills are also included in the curriculum. These range from “101 excuses to avoid baby showers” to ways to restructure your daily life to add as much joy as you can.

The main purpose of mind/body techniques is to teach you tools and skills that you can use to help yourself feel better, to help you get your life back, and be like your “old self” again.

### Summary

Many individuals experiencing infertility report that it is the most stressful period of their lives. If you feel this way, you are not alone. However, there are several things to remember. First of all, you are literally not alone; there are millions of people in this country struggling with infertility. Second, it is completely normal to feel overwhelmed and isolated. Third, these feelings are not causing your infertility. But fourth, if you are feeling distressed much of the time, not only is this clearly decreasing your quality of life, but it may render infertility treatment less effective. There are many things which you can do to feel better, ranging from joining a support group to learning some stress management techniques. Remember—this is a temporary crisis. The most important thing to remember is that no matter how your infertility is resolved, you will be okay.

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## COPING WITH THE STRESS OF INFERTILITY

by Merle Bombardieri, LICSW

Although stress management techniques can significantly relieve your stress, they can't eliminate it entirely. Utilizing the following suggestions, will prepare you for clearer communication and better problem solving. Before you begin, keep the following in mind:

- **Set realistic goals.** Don't say to yourself, “I must become an immediate genius at stress management” or “I must get rid of all these aw-

ful feelings and feel like my old self today.” Your ability to get rid of stress will increase with practice, like any other ability you would work at developing, such as playing the piano or learning French. A realistic goal would be, “I hope to feel a little better after reading this. I'm going to spend 20 minutes a day on some stress management technique and see if I feel better.”

In the same vein, don't assume a technique is useless if it doesn't provide immediate relief. The more skilled you become at stress reduction techniques, the more relief you'll get from them.

But if you don't start now and give it your very best, you'll never have a chance to know the greater peace of mind and body available to you even during this rough time.

- **Develop an awareness of stressors and stress.** This may sound like obsessing or wallowing, but it isn't. It's troubleshooting. A business consultant can't advise his client until he's had a chance to find out the specifics of the problem. Similarly, the better you know what specific things push your stress buttons, and the better you know exactly how you behave when they get pushed, the better you'll know how to prevent or get rid of future stress. So learn to monitor signs of stress in your mind and your body. One way to note physical stress is to observe tension in your shoulders. A way to monitor mental tension is to realize, for example, that you have a negative inner voice that constantly tells you that you shouldn't be so upset about your infertility, that a really strong, mature person wouldn't be so upset about not getting to have a baby.

### Coping Techniques

**Learn about the normal responses to infertility.** The first step in reducing the stress of infertility is to stop feeling panicky about feeling rotten! Something terrible is happening to you, and you're *supposed* to feel rotten! Stressful experiences will contribute to these feelings: personal conflicting emotions you may have, pressures from your partner and family, societal pressures, sex, doctors and technicians, tests and procedures, drugs and unpleasant side effects and difficult decisions you may face. I am not talking about self-pity, but simply the normal mentally healthy-person's responses to the struggle to have a baby, and the resulting stresses.

**Talk to other people going through infertility.** You can do so via a RESOLVE chapter, infertility support group or local RESOLVE chapter or affiliate. (For more information visit [www.resolve.org](http://www.resolve.org).) Such contacts reas-

sure you that you're okay, because you see that other infertile couples are intelligent, attractive, appropriately masculine or feminine, yet unable to have a baby and just as miserable about it. These contacts may become new friends to socialize with while it's too hard to be around pregnancies and babies your families and friends are producing. It's wonderful that RESOLVE's history shows that friendships formed through RESOLVE activities or support groups endure years past the infertility crisis.

**Overcome isolation by building a bridge back to your family.** All but the least sensitive can be educated about infertility, and can be taught by you how to be helpful and supportive. Ask them to do some reading on infertility. Also, be sure to let them know how you want to be treated. Half the infertile couples I know are mad at their families for not asking how things are going: "Don't they know we're going through hell? Don't they care?" The other half are mad at their families for asking: "Busybodies! Don't they know if we had any good news or developments, we'd tell them?" Most infertile women are saddened by invitations to baby showers and gleeful pregnancy announcements. But some are infuriated by not getting the invitation or by hearing that the gleeful announcement was carefully made when they weren't around. So you really have to let people know what you would like from them.

Remember when communicating with family and friends that you can tell them you're having trouble having a baby without giving them any medical details. When asked for details you can say, "Sorry, but we don't care to discuss details. Our relationship with you is important to us. That's why we wanted to tell you about our infertility, so you wouldn't be insulted by or misinterpret any unusual behavior. But we prefer not to talk about the details." By making an effort to communicate better with family, you can alleviate some of your stress.

**Give yourself permission to cry and be angry.** Don't try to shut off your feelings. If you need to cry about the unfairness of another pregnancy announcement, go ahead. If you need to pound a pillow or pummel a punching bag, do it. When you try to "snap out of it," you waste all your energy. Consider planning a certain time of day when you spend 30-40 minutes focusing on your feelings about infertility. When you let the feelings come, you will feel relief and have a little energy left over for coping.

**Give your partner permission to feel and cope differently than you.** Don't waste energy trying to get your partner to feel as devastated as you do.

**Improve your communication about infertility.** Is there any way that you and your partner can prevent infertility from taking over your lives? You might try what I call "The Twenty Minute Rule," (see page 8 of this fact sheet) which forces you to limit the amount of time you talk about infertility in a given evening.

**Tell your partner how you want to be helped.** We expect the impossible from our partners: "If he really loved me, he'd comfort me without my having to ask." "If she understood me, she wouldn't keep dwelling on infertility when it's all I can do to forget it." But partners are mere humans, incapable of mind-reading. If you need to pass up family gatherings that feature nieces and nephews under two, then say so. If you want to be hugged or massaged or left alone for a few minutes, or just listened to without any response, you'll be more likely to get what you want if you ask. If you're not in the habit, it's hard to ask for help. What if the other person doesn't give you what you asked for? Maybe he or she will laugh, or get mad, or somehow hurt you. Asking for help means taking a risk, being vulnerable. It means sometimes *not* getting what you want, but it also increases the likelihood of getting what you want some of the time.

**Keep a journal.** A journal can be a comfortable friend who's never too angry or upset or too busy to listen. And it's available at 3:00AM when you wouldn't dream of calling up a friend. As you record your thoughts, you may uncover insights you didn't know you had. Writing is a great crystallizer.

**Try to change your anxiety into excitement and energy.** Maybe you can get excited about a new medical treatment your doctor suggested or about meeting new friends in a support group. Perhaps you can channel some of your nervous energy into an invigorating and tension-releasing walk. Other possible uses of pent-up energy: filling out an adoption or IVF application, or taking on a hobby or household task you have neglected. Identify new interests, unrelated to infertility, to which you can devote energy.

**Allow yourself to grieve.** Many stress management experts point to the value of grieving. Unresolved grieving can be a major source of anxiety. Perhaps some of what you've interpreted as the inescapable pain of infertility is really the relievable pain of unfinished grief work. Even though you hope to have a successful pregnancy, whether you know it or not, your unconscious mind has already begun the task of grieving for the biological child you may never get to have together. In order for you to feel better again, you will have to go through a period of

mourning. “Mourning?” you ask. “How can I mourn someone I never saw? Someone who could be growing inside me (or my partner) this very moment. Or maybe next month?” Yes, it is hard to mourn someone so intangible. Nevertheless, it has been the experience of RESOLVE members and of infertility counselors that this difficult process is a necessary prerequisite to life’s becoming normal again.

**Get more information.** One of the worst facets of stress is uncertainty about the future. Infertility, by its very nature, can involve many months, perhaps years, of uncertainty about bringing a pregnancy to term. You can’t get a crystal ball, but you can reduce some of your uncertainty by collecting information. Finding out about your medical conditions and family building options available to you can make you a more informed, assertive consumer. Paths to knowledge include:

- Read current books and articles on infertility, treatment and other family building options.
- Read RESOLVE fact sheets and newsletters to keep current on medical options and the emotional aspects of the infertility experience.
- Visit the RESOLVE website at [www.resolve.org](http://www.resolve.org).
- Find out about adoption and childfree living so you will have some idea of how you would cope with these options. Then you will no longer feel so completely overwhelmed by the possibility that treatment might not work.

Keep in mind that information can add to your stress if you don’t keep a check on your emotional agenda. Here are three possible problems with information collecting:

- **Overdoing it.** Are you giving up your social life and lunch hours in order to pour over every journal article and medical textbook that covers your problem? Perhaps you’ve already learned what you truly need. Are you telling yourself, “If I only work hard enough at getting pregnant, it’s bound to happen. All those women who don’t get pregnant haven’t tried hard enough. I’ll be different because of my A+ effort!” The unfortunate truth is that babies don’t always come in proportion to how hard couples try for them. Some infertile couples who get no medical information at all will get pregnant, and there is still the possibility that you won’t. So don’t expect too much from medical information. It can relieve uncertainty but it can’t guarantee a successful pregnancy.
- **Allowing yourself to get carried away.** As you read about endometriosis resulting in hys-

terectomy or couples turned down for an adoption home study, don’t panic. The worst case studies are just that, studies of one or two people who aren’t you. You may benefit from discussing your fears with your physician or a counselor.

- **Overstuffing yourself with medical knowledge while neglecting the psychological knowledge.** Reading literature on emotional aspects of infertility may stir up some feelings, but it will also help you feel more peaceful and teach you some good coping techniques.

**Use old coping mechanisms.** One of the best sources of coping strategies is your own past. Try to think of other crises you’ve been through: starting college, losing a parent or being unemployed. How did you cope then? Can you recall ways you calmed your panic and lifted your spirits? Maybe some of those techniques will help now. Here are some common ones:

- Reaching out to family and friends.
- Collecting information.
- Forcing yourself to concentrate on one thing at a time and to get through one day at a time.
- Trying to remove any unnecessary duties or pressures.
- Lowering your expectations of how much work you’d be able to accomplish in the next few weeks.
- Seeing a therapist, or joining a support or therapy group.
- Looking for ways to turn the negative into something positive, e.g., responding to being fired by working on the career change you’d been thinking about but hadn’t acted on yet.
- Meditating or praying.
- Relaxing tense muscles through exercise, deep muscle relaxation, yoga.
- Plan to use at least two of these coping methods every day. And don’t stop the first day you wake up feeling normal, relaxed, and confident. Responses to infertility, as to any crisis, tend to be up-and-down. What seems like an equilibrium can be totally upset by the onset of a menstrual period or the arrival of a baby announcement. Experts advise the use of stress management techniques on an ongoing basis to prevent stress from getting out of hand.

**Start talking back to yourself.** Try paying more attention to the negative thoughts that go through your head. You’ve probably been trying to tune them out, with

poor results. Try really listening to the specific words, countering them with accurate, more positive messages. Here are some examples:

**Negative Thought:** *“I’ll never get pregnant.”*

**Talking Back:** *“I can’t really know yet what the outcome will be. But at least we’re going to a specialist and doing our best.”*

**Negative Thought:** *“I could never adopt.”*

**Talking Back:** *“Adoption has no appeal right now. I want a biological child. But I can’t be sure I’ll always feel so negative about it. It is a way that some of our RESOLVE friends have become happy parents.”*

**Negative Thought:** *“Our sex life is ruined forever.”*

**Talking Back:** *“We know from reading and from attending our support group that it’s normal for sex during infertility to become a miserable chore. We can still enjoy some of our non-fertile times and also hugs and massages. We have every reason to expect our sexual relationship to be restored when the crisis is over.”*

The goal is not to fool yourself with false reassurance. It’s to counter your distorted statement with a more accurate one that focuses on hopefulness and problem-solving.

**Pay attention to the unnecessary “Should’s” you’re dumping on yourself. Talk back to them, too.** Here are some examples:

*“I should never fail at anything.”*

*“My body should always function perfectly.”*

*“I should keep a stiff upper lip and not burden my husband so much.”*

*“I should have tried to get pregnant five years ago.”*

*“I should be able to cheer up my wife. I’ve really let her down.”*

Can you think of some humane, compassionate replies to the statements above, the sort of replies you might hear from a kind and person who loves you just as you are, imperfections and all? What sort of compassionate responses might you make to a friend who made “should” statements?

**Develop your spirituality.** Many people have found community support and peace of mind through religious involvements. Some attend church or synagogue on a regular basis. Others prefer to pray or meditate on their own. You don’t have to have an old-fashioned belief in God to benefit from spiritual experiences such as feeling connected to the rest of the universe, oceanic feelings, feelings of peacefulness and renewal.

**Take care of your health.** How long has it been since you’ve had a physical examination? Precisely because you spend so much time, energy, and money in gynecologist’s or urologist’s offices, it’s easy to neglect your general health. Don’t assume your stress and malaise are 100% due to infertility if other health problems haven’t been ruled out.

Diet is an important aspect of stress management. It’s best to cut down on or eliminate sugar, salt, saturated fats, white flour, chemical additives, alcohol and caffeine.

Caffeine is a particularly strong offender, and you may be amazed how much more peaceful you’ll feel when you give up, or at least cut down, on colas and coffee. And don’t forget that a “soothing” cup of tea or cocoa also has caffeine!

### Other Important Health Tips

- Get plenty of sleep—many people need eight hours.
- Allow time in your life for rest and recreation.
- Get plenty of exercise. Not only does it relieve physical tension, but if it’s aerobic exercise like running or swimming you will actually metabolize norepinephrine and serotonin, the substances your body produces when you’re under stress. You will truly get rid of stress.
- Consider taking a yoga, exercise, or dance class at your local YMCA, health club or adult education center.

**Learn to breathe deeply.** When you’re under stress, your breathing tends to be too fast and shallow. Practice sitting comfortably with your eyes closed and consciously breathing long, slow, deep breaths. You can either breathe in and out through your nose or in through your nose and out through your mouth. Can you hear your breath? Try to feel the pleasure of filling yourself slowly and calmly then releasing the air. Fill not only your chest but also your diaphragm. This is a wonderful method for calming yourself when you feel panicky. Try doing this for five minutes.

You may want to try the following breathing technique. Breathe in to the count of one, out to the count of two, in to the count of three, out at four, and so on up to 10. Then start with one again. If you find yourself at 11 or above, that shows that you’re obsessing or your mind is wandering and you’re having a hard time concentrating. Simply return to one and try to stay more focused this time.

These breathing techniques and other relaxation techniques can be done with your spouse. They might be a good transition point between an infertility conversation (following the Twenty-Minute Rule) and an enjoyable evening. Or you might want to try a relaxation technique *before* you start talking about infertility. It might make the conversation more relaxed and more focused.

**Practice progressive relaxation.** Progressive relaxation, also known as “Deep Muscle Relaxation,” consists of relaxing muscle groups one at a time until you’ve progressed through your whole body, eliminating or reducing muscular tension.

**Instant relaxation.** Here’s a relaxation quickie you can do anywhere, even when you don’t have a lot of time to spare: Close your eyes or focus them comfortably on a point such as a flower on the wallpaper or a vase on your desk. Breathe slowly and deeply. Tell yourself to relax, and monitor your body for signs of tension. If you notice a tense area such as your hands, tense it up even tighter, then let go, telling yourself to relax. Make sure your shoulders are dropped, not rigid and raised. Open your mouth slightly to make sure your jaw isn’t tight. Sit this way for five minutes. Then open your eyes and just sit for a minute or two before going back to your normal activities.

**Learn to meditate.** Meditation is easy to do and very helpful, not only in relaxing you and emptying your mind of worries, but also in bringing forth solutions to problems. It subdues your verbal, analytical left brain and gives your playful, intuitive right brain a chance to solve problems that have had you stumped. Contrary to belief, you do *not* have to make your mind go blank in order to meditate. To learn how to meditate, see the suggested readings.

**Try techniques for coping with sexual stress.** Sexual stress is an unavoidable outcome of infertility. If you were to ask a sex therapist how a happily married couple with a good sex life could deliberately ruin their sexual relationship, the answer would be something like, “Tell them to ignore their internal signals, such as whether or not they’re feeling loving or angry toward each other, whether or not they’re sick or tired. Tell them to pay attention only to external signals telling them when to have sex and when not to.” This is, of course, just what happens when a couple undergoes infertility treatment. Of course, a woman’s ovulation time is an internal phenomenon. But evidence of ovulation is examined continually by the couple via the basal body temperature chart. This “externalizing” of sex because of infertility is frustrating and difficult for the couple, and makes sex

routine, neither fun nor exciting. It’s hard for either partner to feel sexy when they’re depressed about infertility, giving and receiving injections, or angry at each other’s reactions to the crisis. To top it all off, sex becomes nothing but one more opportunity to fail at producing a baby. It becomes baby-making, not love-making.

Dr. Alma Berson, a psychologist, offers these suggestions: “Talk about what it feels like to be focused on baby making rather than lovemaking. Sometimes just talking about this can relieve some of the tension. Another approach,” she says, “is to take a vacation from trying, to actually use contraceptives for a month or two so that sex can be focused on pleasure rather than reproduction.”

Perhaps your response is “Never! It would be just our luck that the cycle we took as a vacation would be our one-and-only chance for a successful pregnancy.” If you feel this way, that you couldn’t possibly take a vacation, says Dr. Berson, “then it’s useful to take another look at your priorities. A month or two without baby making can restore lovemaking and get the relationship back on track and prepare you to endure the frustration of baby making in the months to come.”

Carol Frost Vercollone, another psychotherapist, advises couples to distinguish between “work” sex at fertile times and “play” sex at non-fertile times. She says, “It can be a relief to let go of expectations for passionate, creative sex at ovulation, accepting that sex, at this time, can feel more like required work. During non-fertile times, try to let go of the requirements of “work” sex; intercourse doesn’t have to be your goal; you don’t have to end up in the “ideal” position to deposit sperm near the cervix; you can avoid worrying if sex this time will lead to pregnancy. You may find you both want to make a special effort to create the setting for “fun sex”—a resort motel room, sexy lingerie, your choice of erotic reading, a candle-lit meal or a playful bubble bath for two—whatever feels right for you.”

Another side effect of infertility-related sex problems is feeling incapable of giving your partner any pleasure. You can turn the tide somewhat by providing each other some pleasure in non-sexual ways:

- Making him/her a special meal or drink,
- Buying a present,
- Putting on favorite music,
- Surprising him/her with tickets to a concert, play or athletic event, and
- Hugs and hand-holding or backrubs.

Some couples enjoy sexual/sensual contact with each other that doesn't lead to baby-making, therefore, is "safe" and unthreatening. These things are done with the explicit rule, "There will be no intercourse." Some examples:

- Taking a shower together,
- Giving your partner a bath,
- Massaging each other, and
- Oral or manual stimulation of genitals which can lead to orgasm, if desired.

What if you've tried a number of the suggestions in this publication, and nothing seems to help? First, expect that using these suggestions will not work all the time. There will be times when you can feel drained and distraught despite your efforts to cope. Expect these times and try to accept them as best you can. If nothing seems to help, a good step would be to see a counselor. Most couples going through infertility find it helpful to have a few sessions with a counselor knowledgeable about infertility. It just might help you to get "unstuck" if you feel lost or in a blue period. If you are eager to learn more about coping techniques, sign up for a stress management course.

If there's a silver lining in the cloud of infertility, it's that coping techniques that you learn can be used for the rest of your life, in a number of situations. They even make good preparation for parenthood. We hope this publication will help make this time in your life a little more bearable, and increase those moments when you can feel peaceful and positive.

### **The 20 Minute Rule—First Aid for Couples in Distress**

#### **The Problem**

Many infertile couples find themselves in this rut: she's miserable about not having a baby and keeps on talking about it, in hopes that he'll finally understand why she's so upset. She also tries to find the magic words which will make him more supportive, because even though he tries hard, he somehow never seems supportive enough.

He's miserable because he can't stand listening to her night after night, powerless to take away her pain. After a while, he only half listens in order to dull his frustration. She escalates in intensity to try to rouse him out of his protective fog. After she turns the volume up, he tunes her out even more.

#### **The "Cure"**

I call it the "Twenty-Minute Rule." Its goal is to stop infertility from eating up your entire life as a couple. It

forces you to limit the amount of time you talk about infertility in a given evening. It goes like this: agree on a time limit, which may be as short as 10 minutes or as long as 30. You may have to experiment to find the length that's best for you. Many find that 20 is best. Set a timer or alarm clock, and stop as soon as possible after the timer goes off. This makes stopping your mutual responsibility rather than something the "bad guy" male imposes on the "poor thing" female.

#### **The Results**

When this technique is applied, she talks less about infertility. She crystallizes her message because it has to be quick or she'll miss her chance. He listens intently because he knows he doesn't have to listen all night. She feels better because she's no longer driving him crazy and because, finally, she feels listened to. He feels better because he doesn't have to listen so long and because he can tell that now she really feels listened to. And best of all, they have the rest of the evening to talk about or do something else. Less is more in this instance.

A remarkable fringe benefit for many couples: when she talks less about infertility, he talks more. It turns out that women are often grieving for two, expressing their partner's feelings as well as their own. When he starts speaking up, she can step down from the podium. Finally, the couple can talk face-to-face.

Of course, you wouldn't use this on a day you got a discouraging diagnosis or other disappointing medical news or the day you found out that your sister, sister-in-law and best friend are all pregnant. In a crisis, of course, you will need to talk more. But for the day-in/day-out infertility grind, this rule can bring some relief.

### **Suggested Reading**

#### **Stress Management**

Borysenko, J. (1988) *Mending the body, mending the mind*. Reading, MA: Bantam.

Burns, D. (1999) *Feeling good: The new mood therapy*. New York: Avon.

Goldstein, J. & Kornfield J. (2001) *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambhala.

#### **The Stress of Infertility**

Barbieri, R. Domar A., Loughlin, K. (2000) *6 steps to increased fertility*. New York: Free Press.

Domar, D. & Kelly, A.L. (2004) *Conquering infertility: Dr. Alice Domar's mind/body guide to enhancing fertility and coping with infertility*. New York: Penguin.



## **Couple Intimacy and Sexuality**

Barbach, L. (2001) *For each other: Sharing sexual intimacy*. New York: Signet.

Comfort, A. (2002) *The joy of sex: Fully updated and completely revised for the 21<sup>st</sup> century*. New York: Crown.

Downing, G. (1998) *The massage book*. New York: Random House.

Love, P. & Robinson, J. (1998) *Hot monogamy: How to achieve a more intimate relationship with your partner*. London: Piatkus.

## **Religious Perspectives on Stress and Growth**

Kushner, H.S. (2004) *When bad things happen to good people*. New York: Anchor.

Schacter-Shalomi, Z. (2003) *First steps to a new jewish spirit: Reb Zalman's guide to recapturing the intimacy and ecstasy in your relationship with god*. Vermont: Jewish Lights Publishing.

Stephenson, L. R. (1992) *Give us a child: coping with the personal crisis of infertility*. San Francisco: Michigan: Zondervan.

## **Grieving**

Sterns, A.K. (1988) *Living through personal crisis*. New York: Ballantine.

Tatelbaum, J. (1993) *The courage to grieve*. London: William Heinemann.

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