

## Nurturing Your Relationship During Fertility Treatment

For couples who are have difficulties conceiving, and who are embarking on fertility treatment, it is easy to lose focus of the reason you are in this situation in the first place – your relationship with the person you love.

Most close relationships will go through phases of highs and lows in terms of attraction and enthusiasm, and it is natural that there will be periods where you or your partner may feel that the relationship is not as close as it used to be or that you are not getting the support that they previously experienced.

The experience of difficulties to conceive can have a profound effect on a couple's relationship, and this is unique to each individual couple. Most are unprepared for the emotional upheaval of facing and accepting their situation, and the subsequent treatment. It can affect couples in ways they had never imagined, such as social pressure, feelings of isolation, financial pressure, and the need for decisions around your professional career, such as 'should I accept a more stressful job or promotion?' It can cause couples to really 'stick together' and grow together as they learn more about life and themselves through their journey.

There can be emotional stress of making other important decisions, particularly around length and type of treatment and what to do if the treatment fails. Couples may feel like their lives are on hold, that they are consumed by the experience and treatment, and their need to conceive.

Couples may also find themselves at different stages along the path of dealing with their difficulties conceiving and may therefore have different attitudes to their treatment at that point in time. For example, sometimes one partner wants to pursue all options and the other may want to stop treatment earlier.

Some couples find their relationship is strengthened through their mutual focus on their situation, and that the experience brings them closer; they feel they can work together as a team in their focus on treatment, resulting in feelings of confidence that their relationship can withstand any future crisis it might encounter. Many others find that the constant stress and disappointment can be overwhelming, and they become isolated from each other and the world.

How men and women cope with infertility can be very different. As women undergo the majority of the invasive fertility treatment procedures, they often bear the most strain - physically and emotionally. Men on the other hand may feel alone, inadequate or like an outsider to the experience.

### **A woman's experience**

Individual women will have different experiences of infertility according to their physical, emotional and mental makeup as well as life experiences. Some women may feel angry and frustrated at not being able to have children and others might feel guilty or to blame if they have previously had terminations or their delay in starting a family due to waiting for their soul mate, or pursuing their career, or if their body isn't doing what it 'should' be doing. Some women may also find it very difficult to be around children and resent other pregnant women.

Medical treatment for infertility can increase a women's sense of 'a life put on hold' as they wait for the next phase of treatment. Their feelings may go through a range of emotions and it is often described as an emotional rollercoaster of hope on the up part and despair on the down part when their period arrives.

Women are often programmed and expected as part of societal demands to reproduce, so the failure to do so can for some women increase feelings of inadequacy and despair, which can also lead to a sense of being less sexually attractive or valuable as a female. Their role as a female has been thwarted and they can feel useless. As one woman put it "of what use am I if I cannot reproduce and be a mother?"

### **A man's experience**

Men can feel that they are left out of the loop as the focus of treatment, as their partner is undergoing the majority of the treatment process (O'Donnell, 2007). If their problem conceiving is due to a male fertility factor, some men can feel like they are less than a man. Some men equate fertility with virility and a low sperm count can make them feel impotent and even lead to physical impotency. The initial implicit social contract of the relationship, and the assumption of the role that each would play in the reproductive function, is broken and this can lead to shame and blame between partners.

### **A couple's sexuality**

Sex can become more functional or routine than it was previously, with the primary goal being conception. This can lead to a lack of spontaneous sex for enjoyment. The whole experience of sex can be affected as the couple struggle with the meaning and experience of sex. At some level emotionally, sex can be linked with failed conceptions. Grief at the failure to conceive can lead to anger at the self or partner and / or rejection or avoidance of the experience of sex.

Most couples find IVF treatment quite intrusive and the fact they are having difficulties conceiving can itself intrude in the intimacy, romance and eroticism in a relationship. Part of the treatment involves many personal questions about the most intimate aspects of their relationship being raised. The timing of intercourse to coincide with ovulation is exacting and makes sex as a command performance, which can put strain on a man's sense of himself; his manliness. Couples often say that their language around sex changes from intimate and fun to purposeful, timing and biological functioning.

Men can sometimes feel like 'sperm factories'. Women can sometimes feel like 'baby making machines' and that there has to be a purpose to the lovemaking. Because of these and other kinds of demands, frequently both partners will find that their libido and sexual relationship has been affected. They might feel less intimate with each other and it is possible that there is a difference in their drive to have sex.

### **Communication**

Men and women rarely communicate feelings and thoughts around fertility in the same way. Women are more often able and willing to discuss and even sometimes ruminate about the various difficulties around treatment. Men frequently will keep feelings internalised and give the message to their partner that they can't or won't discuss the issues. Therefore, men might be perceived by their partner as emotionally distant and less likely to express their emotions outwardly despite their deep concern and commitment to their partner.

Women frequently will have an outlet and need to talk about their experience with their partner or family and friends. However, sometimes a man's male friends show little understanding. If a couple is infertile due to male factor fertility problems, they might feel they need to keep this secret from their family and friends. Often females will come to counselling at this time without their partners as they need to express feelings and get support as they are not free to turn to their friends and family. It is not unusual for a female to be quite protective of her partner at this time and feel that she needs to deal with her emotions of anger and frustration on her own so as not to further burden him with feelings of shame and inadequacy.

### **Positive Strategies**

A central principle for tackling and coping with infertility is to make your relationship the number one priority. Couples need to remember the reasons why they got together in the beginning. Any relationship needs time and nurturance.

One example is the importance of both partners being informed about the process of the fertility treatment. It is important that partners remain supportive and wherever possible attend important medical appointments and treatments together. Couples can keep each other informed and discuss which events and functions they feel able to attend and which they prefer to abstain from. This will differ from couple to couple and for individuals for example, baby showers, birthdays and mothers day can be very stressful for some couples.

Communication is the key to any successful relationship, especially when the couple is experiencing a life stressor such as infertility. Most couples find discussions about their fertility emotionally and physically draining and it is therefore helpful to remain respectful of each other's coping styles.

### **Some strategies For Discussions**

#### ***Limitations on discussions***

Setting some limits on discussions about things related to attempts to conceive or fertility treatment can allow for some containment of the potentially powerful emotions that may surround the issues. Some strategies for limiting discussions include:

- Trying to limit conversations about the topic to 20-30 minutes. This may mean just tackling a bit of the topic, or concentrating on how one or both partner is being affected – rather than going round and round the same content.
- Agreement on fertility free talking time and equally time set aside for talking about it.
- Have some breaks during the week when this topic is not discussed, these can be thought of as 'mental or emotional holidays' from the topic.
- You could limit conversations on the topic to one area of the house or one place or to particular times of the day.
- Set the scene for an effective discussion. It can be important that it takes place at a time when you both have enough emotional resources and that there are not other stressors competing for your attention such as trying to get to work, watching TV or taking telephone calls.
- During conversations, it is helpful to **not blame** or label but to use I messages to the partner. The process goes like this, when you do A in situation B I feel C. For example, when I have to attend medical appointments by myself, I feel scared and alone. At this time it is important to **avoid** saying "**you always**" and "**you never**"; to keep your statement focused on the immediate event.

If limits on discussions are used, it is important that they are set respectfully with each other, attempting where possible to meet both partner's needs. If further discussion is required, it can be helpful to set and stick to a time to resume the discussion. Also, if one or both partners are finding it difficult to tolerate the limits on the conversation, other coping strategies (such as exercise, distraction with activities or discussions with other family or friends) may be helpful.

### **Stay connected sexually**

Sexually it is important to keep connected to the love in your life and the closeness with your partner. Sometimes anxiety, frustration or sense of failure about conceiving from sex can affect the pattern, quantity or emotional response to sex. This is no one's fault, but it can potentially affect one or both partners in many ways.

It is possible that one or both partners could feel:

- Unloved by less, routine or goal directed sex
- Disappointed or desperate about losing the opportunity to conceive in any one month – when many couples feel under a lot of pressure to conceive quickly
- Rejected if there is less sex or if sex feels more directed towards conception
- Under pressure to perform and succeed
- Hurt by their partners frustration, disappointment or anger
- Affected by the medical investigations and treatment

### **Be aware of each other's emotional responses**

Being aware of your individual and couple emotional responses around intimacy can help to develop closeness and emotional safety. Where possible:

- Try to eliminate anger, blame and disappointment from both verbal or non-verbal invitations to sexual intimacy. (ie if one person is feeling anxious about having sex, try to relax and feel in a welcoming state before making invitations to your partner. Sometimes anxiety can pressure the other partner or it can turn to frustration and anger in the voice.)
- Each partner can focus on taking responsibility for their own emotional reactions to intimacy and for their behaviours in facilitating or impeding intimacy. (i.e. how much time is being left for sex, what signals are you giving your partner, do you want sexual intimacy – if not, what is happening for you?)
- Make both verbal and non-verbal 'repair attempts' these attempts are to reconnect with your partner and try and make up or undo some of the conflict and negativity which could involve accepting and taking responsibility for your own actions and feelings. E.g. if you know or suspect that your partner has been hurt by something you have said or done related to sex you could try to make up with each other, help each other feel better and restore closeness. If you feel able, try to accept rather than reject your partner's attempts at repairing hurt feelings or recovering the situation from a negative mood.
- Making agreements around sex and intimacy (eg we'll have sex everyday on certain days – and initiation and responsibility around this) – calendar could be useful.
- If there are underlying issues – making time to get to those and to resolve those. Counselling can help.

### **Bring back the love**

Some other ways to enhance your intimate life can be by physically nurturing each other and doing pleasurable activities, such as massages, taking baths together, watching erotic movies. Try and schedule some romantic evenings away from the time of ovulation. Change the time, settings and length of time that you normally make love. Increase the amount of physical affection outside of the bedroom. Take time out as a couple to have fun. Think about your life right now and in 5 years time if you look back how you would like to remember this time and how you dealt with things. The relationship must take priority right now and think of ways to value and nurture your couple bond as this will be even more important in the future with or without children.

It is important that you both have time to enjoy each other and **the life you have now**. It may also be helpful to consider some of the potential benefits of this time that you have with your partner, without the demands of children. Think and engage in the activities that make you enjoy each other's company.

It can also be helpful to set some achievable goals that are not related to having children, which can provide a strong sense of accomplishment and control. Also, to find the areas of life that you can both "move forward with", for couples who are experiencing frustration with the feeling of having your 'life on hold' while you try for a baby. It is always possible to put the brakes on or change direction, when a pregnancy does occur.

Take time out for yourself as an individual in whatever gives you meaning and pleasure and find a hobby and interest that you can engage in together. Turn for support to family and friends. Counselling is a valuable means by which you can develop coping mechanisms and decision-making skills. Sometimes one needs a third party to provide a safe space where partners can express feelings, thoughts and concerns. It is an environment where couples can feel supported in their emotional and stressful journey through infertility.

If you would like to talk to a professional independent counsellor, call your local clinic to make an appointment. Or visit [www.ivf.com.au](http://www.ivf.com.au) and click on the **Treatment with IVFAustralia** tab, for further information.

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WHQW Queensland