COUPLES AND INFERTILITY: MOVING BEYOND LOSS

Presented by
The Infertility Project of the Ackerman Institute for the Family

by
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The Instructor’s Manual accompanies the DVD Couples and Infertility: Moving Beyond Loss (Instructor’s Version). Video available at www.psychotherapy.net.

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Instructor’s Manual

COUPLES AND INFERTILITY
Moving Beyond Loss

with The Infertility Project of the Ackerman Institute for the Family

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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during the video and post-viewing.

2. SEE WHAT’S ALREADY KNOWN
Before watching the video, engage the group in brainstorming common issues that come up for people dealing with infertility. Ask participants to develop a list of common stereotypes, myths and well-meant advice that these clients are likely to have heard prior to coming into therapy. Because this area is not often talked about, this kind of pre-viewing conversation can help prepare viewers to engage more deeply with new material.

3. GROUP DISCUSSION QUESTIONS
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions provide ideas about key points that can stimulate rich discussions and learning.

4. LET IT FLOW
Allow the sessions to play out some so viewers can appreciate the work over time instead of stopping the video too often. It is best to watch the video in its entirety since issues untouched in earlier parts often play out later. Encourage the viewers to voice their opinions; no therapy is perfect! What do viewers think works and does not work in the sessions? We learn as much from our mistakes as our successes and it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Suggestions for Further Readings and Websites prior to viewing. You can also time the video to coincide with other course or training materials on related topics.
6. ASSIGN A REACTION PAPER

See suggestions in Reaction Paper section.

7. ROLE-PLAY IDEAS

After watching the video, organize participants into groups of four. Assign each group to role-play a therapy session with a couple coping with infertility. Each role-play shall consist of one therapist, one couple and one observer. After the role-plays, have the groups come together to discuss their experiences. First have the clients share their experiences. Then have the therapists talk about their experiences in the session, and, finally, ask for the comments from the observers. Open up a general discussion on what was learned about couples therapy around the issue of infertility.

An alternative is to do this role-play in front of the group with just one therapist and one couple; the entire group can observe, acting as the team behind the one-way mirror. Before the end of the session, have the therapist get feedback from the observation team and bring it back into the session with the couple. Follow up with a discussion that explores what does and does not work in therapy with couples coping with infertility.

8. PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists or clients in videos may be nervous, putting their best foot forward, or trying to show mistakes and how to deal with them. Therapists may also move more quickly than is typical in everyday practice to demonstrate a technique. The personal style of a therapist is often as important as their techniques and theories. Thus, while we can certainly pick up ideas from master therapists, participants must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.
Group Discussion Questions

Professors, training directors and facilitators may use a few or all of these discussion questions keyed to certain elements of the video or those issues most relevant to the viewers.

IMPACT OF INFERTILITY

1. **Emotional Impact:** The emotional and psychological impact of infertility is largely unrecognized in the therapy world. Is it new for you to reflect on this subject in such a thorough way? Did anything surprise you? What reactions did you notice in yourself as you considered the details of how infertility affects individuals and couples?

2. **Intellectualization:** What are your thoughts on the therapist’s not commenting or intervening when Van intellectualizes about the history of Judaism, the Soviet Union, the Holocaust and his genetic lineage? Would you have called him on that, tried to help him express himself using the language of emotions or was it better to let him vent and go on as he did? How do you think the way the therapist interacts with Van around his intellectualization impacts the therapy?

3. **Secrecy:** What do you think about the notion of secrecy as related to couples and infertility? Does the connection made in the video seem valid to you? How would you talk with clients about the mechanisms of secrecy and how it isolates couples from the outside world? Are there ways you, as the therapist, might collude with the secrecy? How might you work with that countertransferential issue?

4. **Couple’s Therapy:** How would you characterize the development of the couple’s work so far? Are the therapists’ interventions effective? How do they help or hinder the clients’ healing and growth?
THERAPEUTIC INGREDIENTS

5. **Speaking the Unspeakable:** Building on your thoughts about secrecy between the couple and the outside world, what do you think about the therapeutic issue of secrecy between the partners? How did you react to the list of questions the therapist put forth to the couple as homework in speaking the unspeakable? What other questions might you have offered the couple? What would be difficult for you about helping the couple talk about their secrets with each other?

6. **Her Experience:** What came up for you around Rachel’s crying after her anxiety for the future was recognized and validated? Did anything shift for you; did you have a new experience or understanding?

7. **Metaphors:** How do you react to the work with this couple around metaphors? Is it Rachel’s job to interfere with Van’s lone wolf metaphor? Should the therapist have commented on Rachel’s dismissing of Van’s proposal to change the image to a German Shepard herding sheep? Does this feel to you like an intellectual game, or a valid therapeutic intervention? Explore the issue of how metaphors are used in therapy. Do you think this kind of intervention would be effective with clients who were not as intellectually-oriented as Van and Rachel?

CONCLUSION

8. **The Model:** What do you think about this model for working with clients experiencing infertility? Does it make sense to you? Is anything missing? What would you take out, change or add?

9. **Personal Reaction:** If you were dealing with issues of infertility, how would you feel about being a client of The Infertility Project? Do you feel an alliance could be made, and that the team would be effective with you? Why or why not?
Reaction Paper for Classrooms and Training

• **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

• **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards, or use the questions as a way to approach discussion. Respond to each question below.

• **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about psychotherapy? What stands out in how these therapists work?

2. **What I am resistant to:** What issues/principles/strategies did you find yourself having resistance to, or what approaches made you feel uncomfortable? Did any techniques or interactions push your buttons? What interventions would you be least likely to apply in your work? Explore these questions.

3. **What I found most helpful:** What was most beneficial to you as a therapist about the model presented? What tools or perspectives did you find helpful and might you use in your own work?

4. **How I would do it differently:** What might you have done differently than the therapists in the video? Be specific in what different approaches, strategies and techniques you might have applied.

5. **Other Questions/Reactions:** What questions or reactions did you have as you viewed the therapy in the video? Other comments, thoughts or feelings?
Suggestions for Further Readings, Websites and Videos

BOOKS


WEB RESOURCES

www.ackerman.org The Ackerman Institute for the Family

www.apa.org/monitor/sep06/infertility.html Series of articles entitled “Frustration of Infertility” in the APA Monitor

www.asrm.org/Patients/topics/infertility.html Resources from the American Society for Reproductive Medicine

www.resolve.org RESOLVE, The National Infertility Association
RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

*Couples Therapy: An Introduction*  
– Ellyn Bader, PhD & Dan Wile, PhD

*Gender Differences In Depression: A Marital Therapy Approach*  
– The Depression Project of the Ackerman Institute for the Family

*Over the Hump: Family and Couple Treatment*  
– Insoo Kim Berg, MSSW

*The Angry Couple*  
– Susan Heitler, PhD

*Together in the Middle of the Bed: Brief Treatment with a Couple*  
– Insoo Kim Berg, MSSW & Steven de Shazer, MSSW
INTRODUCTION

Rachel: We both really wanted to have a family, um, and we do. I feel that we do have a family: the two of us make a family. But you know, that was such a part of our falling in love. At least for me was that I loved Van for who he was, but I also thought he would make a great dad.

Van: We’re not in our miserable little apartment in Brooklyn. We’re in a nice house with—a house we bought so we could have children!

Constance Scharf Commentary: Rachel and Van married with a certainty that they would have children of their own. But like a significant number of other couples, when they tried to conceive, instead of the expected pregnancy, they found themselves in the midst of a major life crisis: infertility.

Rachel: I feel a profound sense of loss that we’re not actually, physically going to be able to make love and make a baby and that we’re not going to have this creature that our blood commingled in. Our DNA commingled in. I, you know, I feel like somehow life cheated me out of something that I really, really wanted.

Van: On one level, I associate the Holocaust with childlessness. People survived and came out of the camps but they weren’t the same. So in a sense, I’ve gone into a camp and I’m coming out of it now, but I’m not the same. My sense of what I can get out of life and what I can expect for myself is different.
Scharf Commentary: In this video, we will provide a framework for understanding the emotional and psychological impact of infertility. We will present a clinical illustration of our family systems approach to its treatment.

As we proceed, you will meet each member of our clinical research group. The therapist working directly with the family was Margot Weinshel. The rest of the infertility team was behind the one-way mirror, observing the therapy. Rachel and Van, whom you have already met, will help to illustrate our clinical work.

When first seen by our team, each was 34 years old. After a year of marriage, they started trying to get pregnant. While they did not anticipate any difficulty, after a few months, Rachel began to suspect something was wrong. Several months of testing finally revealed that Van had virtually no sperm and would not be able to produce a child.

When they came to see us the following year, they were reeling from this information. They were unsure whether to adopt or to try donor insemination. They had been unable to talk with each other about what to do and were in extreme distress.

The emotional impact of infertility can be profound. The inability to have a child forces individuals and couples to confront their most basic assumptions about family, parenting, children, and gender roles.

It is no wonder then that when asked to rate their most stressful life experiences, research participants in one study indicated that the stress of infertility was almost as profound as the death of a child or the death of a spouse.

Our clinical experience with many couples indicates that this crisis can reawaken unresolved problems from the past. The impact of infertility can put severe strain on even the healthiest of relationships.

Ronny Diamond Commentary: Infertility is defined as the inability to achieve a pregnancy after a year of sexual relations without the use of contraception or where there have been three or miscarriages.

Couples may identify themselves as infertile before a year has elapsed when the woman is over 35 years of age or when a physical problem exists.
The rate of infertility in women increases with age. A woman is most fertile at age 22 and by age 43, there is a 70 percent chance of infertility. While the percentage of infertile couples is not increasing in the population, the absolute numbers have increased as the baby boom generation ages and couples delay the age when they begin trying to conceive.

Currently, infertility affects 12 to 20 percent of all couples in the United States. Society places a high value on parenthood. In fact, parenthood is so highly valued that couples without children by their own choice or as the result of infertility feel alienated, stigmatized, marginalized, and deviant. At the same time, a couple’s distress over infertility is often minimized or ignored by their family and friends.

Historically, women’s psychological conflicts were seen as the cause of infertility. Recently, medical technology has successfully identified the biological basis of 90 percent of cases of infertility. Of the total number of couples with infertility, 40 percent of the time, men carry the biological factor. 40 percent of the time, women carry the biological factor. 10 percent of the time, the problem is interactive, and 10 percent of the time, the cause is unknown.

Once couples enter the medical system, they are confronted with a wide range of expensive medical techniques and options requiring decisions which can have lasting consequences. These often feel confusing and overwhelming, and an already stressful situation is thereby intensified.

- Intra Cytoplasmic Sperm Injections (ICSI)
- Gamete Intrafallopian Transfer (GIFT)
- Zygote Intrafallopian Transfer (ZIFT)
- In Vitro Fertilization (IVF)
- Hormone Treatment
- Donor Insemination
- Varicocelectomy

Until recently, the diagnostic and treatment procedures available for women far outnumbered those available for men. With the introduction of micro-manipulation of sperm, treatment options for male factor infertility are expanding rapidly. However, with few exceptions, the treatments for women are more invasive and time consuming.
IMPACT OF INFERTILITY

Diamond Commentary: More and more, the psychotherapeutic community has shifted its focus from the psychological ideology of infertility to understanding the significant psychological stressors that infertility brings to the relationship and the individual.

We have identified a number of major areas of psychological and emotional impact arising from infertility.

1. LOSS AND MOURNING

Diamond Commentary: Infertility involves a series of losses. Among them are the loss of conceiving a child with one’s partner and the loss of the opportunity to have their biological child carry the family line into future generations. This loss can have a profound impact on their sense of identity as a couple and as individuals.

Here, Van mourns his inability to continue his own family line.

Van: Well, I’ve always been very historically minded. I’ve read a lot about Judaism, a lot about the Soviet Union. And, you know, just the sense of going into another world of everything that you thought and assumed about your life, not really being that way. Um, it’s like this—it’s like the sense of going from one world into another.

Um, and you could also—you know, just free associating here—you know, a lot of what happened in concentration camps is that women would stop menstruating. It would—So there was a definite interruption of the reproductive cycle there, at least from the women’s point of view. And so, this—there’s a sense of being—one part of you being annihilated. That everything that, on one level of your life that you assumed was going to happen, is stopping.

And I mean, yes, everything else in my life goes on. But, you know, on this very basic level, it’s not going on, not going on the way I want it. And, yes, we can have children; yes, we can have a family. But that part of me that wanted to continue all the history I know about is ending in that one narrow but deep area.
Again, the camps symbolized the end of a generation, like the next generations and generations ended there. And so, with me, the generations I thought of are ending.

2. HOPE AND DESPAIR

Diamond Commentary: Couples describe a roller coaster of hope and despair with little time or opportunity to grieve. The sense that time is running out—the biological clock is ticking—often pressures couples to launch into more and more treatments without taking adequate time for reflection. Each failed treatment represents another loss for which our culture offers no mourning rituals.

3. IMPACT ON COUPLE RELATIONSHIP

David Kezur Commentary: A majority of couples report:

- Marital Dissatisfaction
- Sexual Dysfunction
- Communication Problems
- Disagreements Over Medical Treatment
- An Inability to Empathize with Each Other’s Pain

Devoting so much energy to becoming pregnant means that both members of the couple are putting aside other activities and interests. The narrowing of focus to this one increasingly anxious life issue lowers the couple’s resilience and flexibility. Sexual activity becomes a chore. Humor and spontaneity often evaporate.

Under these circumstances, couples may ask themselves, “If we cannot have a baby, should we even be married?”

The individual diagnosed with infertility may worry that the other will leave to have a biological child with a new mate. The fertile spouse may indeed fantasize leaving, in part to have a child and in part to flee the anguish infertility creates within the relationship.

4. PROTECTION AND SECRECY

Kezur Commentary: The mounting distress over infertility may lead partners to avoid direct and open conversations in order to protect one another from the pain.
When the man is infertile, the woman may collude with her husband to keep the infertility a secret. Secrecy can increase the couple’s sense of isolation and resentment. This can compromise the couple’s ability to manage the infertility as well as other aspects of their relationship.

5. ISOLATION

Kezur Commentary: Couples with infertility experience their fertile friends and family as insensitive to their plight. They are often greeted with unsolicited advice and unfounded myths, such as, “Just relax.” Or, “Adopt and you’ll get pregnant.”

Couples perceive such well-intentioned advice as intrusive, embarrassing, and blaming. They gradually share less and less with others. They distance from family and friends and often avoid child-centered occasions.

Those who know about the infertility may become uncertain about what to say, and those who are left out of the information loop may be unaware of the couple’s distress.

Here, Van comments on how alone he and Rachel felt when they first came to therapy.

Van: You know, when we first came in here, we were in a—just a very bad place for both us because there was no—there was no channel. There was no outside way—no outside opinion where we could share our pain and our problems. It was just the two of us trying to climb out of a ditch together, but nobody would throw us a rope.

6. OUT OF “SYNC”

Kezur Commentary: In moving through the process of infertility, partners may become out of sync with each other. One may be ready to proceed with medical intervention, while the other is not ready to move ahead.

Their increasing frustration and anxiety and the pressure of advancing time tend to exacerbate their differences and diminish their ability to support each other and think through the decisions they face.
7. THE DONOR TRIANGLE

Kezur Commentary: The Donor Triangle: Here, Van expressed his mixed feelings about donor insemination.

Van: You know, Rachel made a point a couple weeks ago about, she’s really afraid if we had a baby that way that I would hate it or that I’d have a lot of problems with it, and I will grant that’s something I think about because the images of infertility that come to my mind are just devastating. You know, it’s like—It’s like literally the end of the line.

Kezur Commentary: Couples must grapple with the decision to use donated gametes and with the consequences of using known or anonymous donors. They must also struggle with the implications of secrecy versus disclosure for their child, family, friends, and associates.

While couples were once advised to keep donated gametes a secret, there’s a growing movement to make this information more open.

Here, Rachel struggles with her anxiety about donor insemination. Notice how her feelings of violation intensify as she thinks about the unknown donor.

Rachel: You know, I know that when two people make love and create, you know, a child, conceive a child that there are a lot of unknowns. You don’t know what the child’s going to look like, and you don’t know, you may have some sort of horrible birth defect and blah blah blah blah.

But at least, you both know—unless it’s rape or something—but in this kind of situation, at least you both know each other and you sort of, you know, you know what you’re getting. I mean, I almost feel like—it’s almost monstrous to think of some complete utter stranger’s—You know, it feels like it wouldn’t—

Margot Weinshel: Join with you.

Rachel: Yeah, like it wouldn’t even be mine.

THERAPEUTIC INGREDIENTS

Mimi Meyers Commentary: What helped Rachel and Van talk about their experiences, their losses, their innermost thoughts and feelings?
How did the therapist help Rachel and Van through their ordeal with infertility?

Here are the therapeutic ingredients that contributed to the creation of an environment that was both safe and structured:

1. **Telling the Story**
2. **Refocusing and Externalizing the Problem**
3. **Speaking the Unspeakable**
4. **Exploring Meaning and Belief Systems**
5. **Using Metaphors**
6. **Designing Mourning Rituals**

1. **TELLING THE STORY**

**Meyers Commentary:** While our work with a particular couple may focus more on some of these areas than on others, we always begin by exploring the couple’s experience with infertility and ask them to, “Tell us your story.”

From this story, we track the couple’s interactional and communication patterns. We explore the couple’s relationships with their families, their friends and associates, and the medical system. We ask about their beliefs and their family legacies about children, parenthood, and infertility.

In their first session, Rachel and Van begin to tell their story.

**Weinshel:** What I’d like to know to start is where you are in the process of your—of this problem. You know, how long...What you’ve been through.

**Rachel:** We had started trying to get pregnant in November—not this past—

**Van:** ‘90.

**Rachel:** Yeah. And...

**Weinshel:** You’ve been married how long?

**Rachel:** We were married in September of ‘89. But we’re both in our 30s. Anyway, I felt that there was a problem along—by January. I felt that there was a problem; I just sort of knew there was a problem. But
it wasn’t until June that I was able to find a doctor willing to take me seriously.

**Weinshel:** What would happen when you would ask?

**Rachel:** “Oh, you’re nervous. Relax. These things take time.” You know, there was just a lot of talk about, you know, I was trying too hard.

**Van:** We had also, during this time period, left New York for Connecticut.

**Weinshel:** So, what? The thought was that you were under stress anyways?

**Van:** Well—

**Weinshel:** Is that kind of the inference?

**Rachel:** Who knows, you know. I—

**Weinshel:** But you felt not listened to?

**Rachel:** Totally. I felt that—In fact, one doctor, once we got up to Connecticut, I went to see a woman obstetrician who basically said—I mean, didn’t ask me any personal questions at all, assumed that I did not work, assumed that I was a bored housewife that was neurotic, bored housewife. And said, you know, “If you had something else to occupy your time, you wouldn’t be so neurotic about this. You haven’t been trying long enough.”

2. **REFOCUSING AND EXTERNALIZING THE PROBLEM**

**Meyers Commentary:** As we work with the couple, we shift their focus from “we are infertile” to “we are struggling with infertility.” By making the problem external to the couple, the shame and blame that are often associated with the infertility are reduced.

3. **SPEAKING THE UNSPEAKABLE**

**Meyers Commentary:** The conflicts generated by infertility can lead to increased polarization or protective silence. These patterns can result in important thoughts and feelings going underground. Therefore we routinely offer separate meetings to each partner in addition to the couple sessions.
In these individual meetings, we encourage the discussion of topics each partner had previously kept secret. Once the topic has been opened up, we ask a series of focused questions and we encourage couples to continue talking to each other.

Such questions were put to Van and Rachel to help them speak the unspeakable. In their case, donor insemination.

Weinshel: Do you want me to give you some more questions to ask or do you want to come up with those yourself?

Van: I don’t mind having the questions.

Weinshel: What is your worry if you tell Van all of the feelings you have about his—your egg and his sperm not being able to make a baby? And so for you to really to think about what you worry about if you were to tell him all your feelings. And to talk to each other about that.

So, that’s one question. If you get—If that question—If you feel you’ve discussed that enough so you can move onto the next question. Then it will be, what do you imagine it will be like when you tell people—first, after you’ve made the decision to do it and then what’s—what do you imagine will happen once you get pregnant? So—

Rachel: We’re going to tell people it was a miracle.

Weinshel: But that’s another—that’s another—

Rachel: That is true.

Weinshel: That’s another thing is, you know, do you tell people? Do you not tell people? Do you tell certain people. But that’s another question, which is, you know, who you tell. Who is it kept secret from? What are the implications of keeping it secret? What are the implications of making it open? What do you think your family’s response will be? How are you going to react to your family? That question.

Then, the question of what you each imagine—and then this is enough for—this is the last. There’s no need to get to all of them. Just in the entire process sometime, all of this will get talked about, but this certainly does not need to be in the next two weeks.
What do you each imagine the other one will feel if you have a baby in this way? Can you talk about that?

4. EXPLORING MEANING AND BELIEF SYSTEMS

Weinshel Commentary: Couples are asked to describe the impact of infertility: How it affects their perceptions of themselves, their partners, their relationship, the past, and the future. We try to highlight each partner’s unique ideas related to sexuality, gender roles, children and parenthood.

Explicit questions about assumptions are asked, such as:

- What does infertility mean to you?
- How has infertility shaped the way you see life, yourself, your partner?
- How is it connected to your view of yourself as a woman or a man?

Another layer of questioning is focused on how gender-specific family and societal messages influence couples’ thinking and feeling.

- Who else in your family would see it this way?
- How have your ideas about infertility, men, women, fathering, and mothering been influenced by ideas in our culture?

In the session immediately following the last segment, Rachel and Van describe how their reactions to the team’s questions led each of them to talk about the painful meanings associated with infertility, their reactions to donor insemination, and lastly, why it had been so difficult for them to talk together.

Rachel: You had asked why I was hesitant to tell him those things, and I think I didn’t want him to feel that I was criticizing him because I felt that he felt badly enough and that he would take my sadness as some sort of criticism. But he said that it just echoed his own—

Van: Well, yeah. Because—

Weinshel: What were they, though? Can you say something about what it was you’re talking about?

Rachel: Oh, yeah. You know, I feel a profound sense of loss that we’re not actually, physically going to be able to make love and make a baby.

Weinshel: And what happened when Rachel talked to you about that?
Van: Well, initially—and this was sort of on the train going back—Rachel said that, that she had lost a part of me that she would never have again. And we had to keep talking about it, because when I heard that, I interpreted it as—an actual part of me that I could control, that I had taken something away from her, that I had—Like a part of, like, the conscious personality, me, was not there, which I found very disturbing to me.

Weinshel: That was your experience of it?

Van: That was my initial thought. You say “a part of me”—well, I don’t think of me as, you know, just the reproductive facility. And I’d hear me and I’d think of like me, all of me. So I found that very disturbing when it was phrased that way, but then we talked about it more, and it was a matter of defining it a little better, and in fact, I exactly agree with it. Because, I mean, it’s a part of me that is gone. Like a part of my self-image of creator and father that’s not there, in terms of the physical aspect of it. So…

Rachel: What I did is I kept going back to it because I knew that he didn’t understand what I’d said. And I just decided, “Well, you’ve sort of given us permission to explore that.” So, I just went back, I think, three or four times and tried to explain it in a different way. And you know, I’m not sure exactly that Van can still really understand what it is that I feel that I’ve lost but I also think that it doesn’t really matter that much anymore.

Weinshel: What changed that it doesn’t matter that much anymore?

Rachel: I think he understands that I feel a sense of loss and I think that my being able to tell him that somehow—I don’t know, just made it, not less painful but less—maybe less painful. I don’t know. I was able to sort of let go of it a little bit.

Weinshel: Let go of your sense of loss?

Rachel: And let go of my sense of loss that I couldn’t tell him about my sense of loss, which was also very painful—that I felt that somehow I couldn’t share this with him.

Weinshel: And did you feel that was making you further apart than you otherwise would have been?
Rachel: Yes.

Van: Also, I think there was a sense—I mean, I’m not just a bystander here. I have a sense of grief, too, and this is all coming down on my head, too, in a way that maybe you don’t understand.

Rachel: That’s probably—I’m sure that’s true.

Van: Um—

Weinshel: Have you talked to Rachel about that?

Van: Well, we’ve talked about it just in the sense of like her—

Rachel: [Shakes her head “no”]

Van: I have—I’ve said that I don’t—that, yes, it’s a great burden for me, but I haven’t gone into detail about it.

Weinshel: When you say it’s a burden, is that—I mean, how does that differ from a sense of loss?

Van: Well, what certainly comes to my mind is identity, self identity. How do—How do men define themselves? I mean, through the ability to have children, through work, through… Those are two big ones, so—

You know, the shared loss is of us not being able to have a child together the natural way. But for me, it was like a whole other—you know, an issue of identity and “Who am I?” Like, what does the world look like now?

And I was just thinking about that a few days ago, like, you know, my world view is fundamentally shaken by this. Like what, you know, it makes me ask, like, “Who am I? Where am I? How did I get here? What do I do with myself with this realization that one of the defining factors in my life ain’t there, that’s it’s not going to work?”

I mean, yes, it will work. You know, hopefully we’ll have a child, and then, I’ll still be able to be the father and do all that, but on sort of the, you know, the apocalyptic level, you know, it’s a real slap in the face to me. And it’s an issue for you, but it doesn’t affect your femininity. Your sense of—

Rachel: Yes, it does.

Van: Does it?
Rachel: Yes, it does. And you know, I felt that I was really okay with this but I’m not because I realize that I really was not being heard.

Yes, it does. You know, I—you know, you find this—I know you find this hard to understand, but it does affect my femininity. I can’t help feeling like maybe there’s something wrong with me, too. I know that biologically it’s you, but I have a terrible sense of failing and failure, too.

And you know, yes, I am sensitive to how your world view has changed, and I’m in pain with you for that and I—I think I am extremely—I mean, I can never know exactly how you feel. I’m not you and I’m not inside your body, but I think I’m extremely sensitive to the kind of loss that you’re experiencing. And I don’t know why it was important for me, but it was important for me for you to understand somehow that I’ve experienced a really profound loss, too.

Van: Well, it’s a loss for both of us.

Rachel: It’s a loss for both of us, and it’s a loss for you, and it’s a loss for me. I guess what I really wanted you to understand was that I, too, these past months, have been in pain for you and for myself. And I guess the last time we were here, I was very upset because I felt that I hadn’t been able—that you had shared your pain with me as you should have and as I’m glad you did but that I had only been able to share with you my sadness for you and that you were not—I felt that you were not able—I don’t even know why this matters to go into, but I felt that you were not able to understand that I had my own sadness and loss and for some reason, it was very important to me to have you validate that.

To have somebody validate that. That it wasn’t only Van that was the one that had had loss. You know, I mean, society has told me in so many words—society being parents, friends, whatever—that Van’s loss is really the tragedy, that I shouldn’t—I mean, people have even told me, “Don’t cry in front of him because it will make him feel guilty.”

It’s just that everybody—it’s probably not true but my perception is that everybody acts like I should be really happy that I have this option. Well, I’m not. I don’t want it. I mean, that’s probably what
we’ll do, and then I’ll be happy. We’ll have a baby; I’ll be happy. But you know, I don’t want to just have a baby; I want to have Van’s baby. And it’s going to hurt to have a baby and it’s going to be messy and it’s going to change my life and it’s going, you know, the burden is going to be on me.

**Weinshel:** You mean in child rearing.

**Rachel:** In child rearing, I’m sure it is. It just is in society no matter how well intentioned the father is. And you know, why should everyone assume that I should be so goddamn happy to go out and get inseminated by some complete, anonymous, faceless person’s sperm and go all through that. I mean, I know that I’d be going through it for us. I know—Intellectually, I understand—

**Weinshel:** You have two different reactions.

**Rachel:** Yeah.

**Weinshel:** It probably feels like, why should you go through all this for some, for some—

**Rachel:** Schmuck, yeah. Who’s putting himself through college by jacking off into a cup.

**Weinshel Commentary:** *I took a break to consult with the observing team, and then brought their reflections back to the couple.*

**Weinshel:** The other thing that we talked about, too, is that the women in the group were saying that they felt that they—they really understood that you would feel, you know, what you would feel, that you would have those kind of feelings about not having a child with Van and about having this anonymous sperm in you.

And that one of the things is that you feel it with such intensity, that there—and that you were able to take the risk to really tell Van about it.

Because up until now, it’s been your loss, really, you know, your inability to produce a child has been the thing that’s been talked about and you’ve had to be sympathetic to Van. And that you were able to take the risk before therapy—or before talking about it with a therapist—to tell Van just how you feel about that experience and to take that risk.
And that in some ways, it gives you an opportunity also to comfort Rachel. Because it’s been much—it’s been—it’s been comforting you for the last—“Rachel’s so lucky.” And there hasn’t been a way that your loss or that your sadness has been paid attention to. Or that you’ve been given the opportunity to help Rachel with it.

Weinshel Commentary: As the session continues, we see several essential elements simultaneously. The couple is helped to hear one another, to confront previously undisclosed aspects of their experience, to understand that each is grieving significant losses, and to recognize that they need one another’s support.

Here, I clarify the fact that their experiences like many couples struggling with infertility, are out of sync with each other.

Weinshel: In terms of where you are along the time line, is that for you, it’s a given and you’re now mourning it.

For you, the moment of extreme sadness is going to be at conception, which is the future. And so that, so that you’re at different places in the timeline about what’s the biggest, you know, what is the—what’s the loss and what are the feelings.

Rachel: Thank you for saying that.

Van: I look back with anxiety and she looks forward.

Rachel: I’m sorry. I’m sorry.

Weinshel: I’m sorry, too.

Van: It’s okay, Rachel. It’s okay. I’m here.

Rachel: I didn’t think anyone else would ever understand that. I’m not sure that anyone else ever will, outside of this room.

5. USING METAPHORS

Weinshel Commentary: Metaphors used by couples to describe their experiences with infertility often reveal their most negative opinions about themselves. Since infertility elicits feelings of abnormality, deficit, and defect, images of catastrophe, annihilation, alienation, and failure evoke feelings of anxiety, fear, shame, helplessness, and hopelessness.
Here, in an individual session, Rachel describes Van’s metaphor for himself.

Rachel: He uses this imagery of a lone wolf; he’s a lone wolf out there on his own on the tundra. And he has to survive on his own.

Weinshel Commentary: Metaphors can also offer a way out of the negative descriptions in language of dysfunction and deficiency that are prevalent in the culture at large. We try to encourage couples to transform constraining metaphors into ones that enhance their views of themselves.

Here, Rachel is encouraged to work with Van to modify his lonely, isolated metaphor.

Weinshel: Is the idea of trying to change the metaphor of Van being a lone wolf out on the tundra, like, what you two could do to change that image, if you could think about different images that would be more inclusive, that would not be him alone. So that he starts imagining himself in a different kind of way.

Rachel: That’s a great idea.

Weinshel Commentary: Here, Rachel and Van describe how they are working to change the metaphor.

Rachel: But I do know that it was very valuable for me to, especially, too, the things we talked about: the imaging of a different animal was very good. We haven’t been able to quite come up with one.

Van: Well, I sort of came up with a suggestion.

Rachel: Maybe like a duck family with little baby ducks following behind.

Van: Well, actually the image—

Weinshel: Closer to the lone wolf?

Van: Well, that’s an image that I came up with as—

Rachel: Oh, that’s right.

Van: Yeah, I mean, staying within the same species, like a German Shepard like herding the sheep, like keeping them together and having a—it’s kind of—more like a semantic shift from being the wolf up on the rock to the dog taking care of the little lambs.
6. DESIGNING MOURNING RITUALS

Weinshel Commentary: Our culture offers no bereavement rituals for couples struggling with infertility. Over time, we learned how important it is to help couples anticipate possible failures and to take time to mourn their losses. We encourage couples to create symbolic rituals to facilitate grieving.

CONCLUSION

Scharf Commentary: Van and Rachel were able to have a baby using donor insemination.

There are a variety of outcomes following infertility: couples may become pregnant spontaneously. They may have a child through the use of assisted reproductive technology with their own genetic material or donated gametes. They may adopt a child or choose child-free living, but no matter what the eventual outcome may be, the legacy of infertility is frequently profound.

Couples often remain vulnerable to feelings of defect, shame, guilt, and blame even after having biological children. These feelings can have significant effect on the couple’s relationship and on their relationship with their children. Unless clinicians routinely and systematically inquire about the couple’s reproductive history, the information may not be volunteered.

One couple said the infertility hit them like a tidal wave. “After therapy, there were still many smaller waves, but now we know how to handle them. We hang onto each other. We go with them and let them carry us a little, and then we pick ourselves up and get back to where we were.”

Couples who have worked in therapy to cope with infertility report that their bonds are stronger. They have greater faith in the relationship. They’re able to listen empathically and be clear in their communications.

Family therapists, with our awareness of systems, are in a unique position to offer couples ways of coping with and resolving the problems raised by infertility.
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