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How Will Infertility Affect Your Marriage?

This is Stay Happily Married #98, "How Will Infertility Affect Your Marriage?"

Welcome to Stay Happily Married, your source for weekly updates on the latest tips and advice to build a happy and healthy marriage.

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Lee Rosen: I'm Lee Rosen. I'm your host today. Welcome to the show. Infertility is tough on a marriage. Between all the discussions and then the treatments and the efforts to have children, it can be really, really hard. And I'm very fortunate today to have as my guest Dr. Christina Rush.

Christina's a clinical psychologist practicing with Wynns Family Psychology in Cary, North Carolina, where she helps couples work through some of the toughest issues you can face in a marriage, everything from domestic violence and sexual trauma to eating disorders and depression. But today we're focusing on infertility. And Christina is not only an expert by education and credentials, but she also has some personal firsthand experience with the infertility issue.

Christina, I am so glad you could join us. Welcome to the show.

Christina Rush: Thank you so much for having me.

Lee Rosen: Now, I said in the introduction that you have had some personal experience with this topic. Give us a feel for what you dealt with. What have you been through with that?

Christina Rush: Well, I was diagnosed with an infertility problem and have been through I think every single type of treatment you can imagine. And

our journey is still continuing, so I feel like I'm still right there on this kind of infertility roller coaster.

Lee Rosen: Well, it certainly does put you in a better position, I suppose, to be able to relate to the folks that you're helping that are dealing with all of the fallout. I'm wondering, how common are serious infertility problems? Is that something that comes up fairly frequently?

Christina Rush: Yeah. About 1 in 10 couples will face infertility issues, so it's actually very common that couples go through this. And it's actually more prevalent now because a lot of people are pursuing their careers and their jobs and they think, "I'll just get pregnant later." And once they get older, our biological clocks haven't adjusted to our evolution as a society to wait later, so that poses some interesting problems.

And there's also growing suspicion that there's a number of environmental factors that are also starting to impact our infertility with such things as chemical cleaners or plastic containers, medicines that our parents took when they were pregnant. So there's a number of reasons now why I think infertility is becoming a more prevalent issue. And it's definitely an issue in a lot of marriages.

Lee Rosen: Right. Well, and I suspect that for at least some couples, when they want to have a child and nothing's happening and nothing's happening that their response is to go and see their doctor and jump into all the options and do the research and start with the different approaches that are available. But I'm wondering how they end up talking to you about it. Are they willing to sort of address the emotional issues or is there -- do they wait for some -- for a problem to develop? Or how does that play out?

Christina Rush: Yeah. So do you wait until you hit rock bottom during this process? And it's interesting that most infertility clinics offer, as part of their staff, a staff psychologist. And you can read about it during your initial consult; they'll normally mention something about, "And if you have any mental health needs, you can also go talk to this person."

And I think a lot of infertility patients feel like that's insult to injury. Okay, so I have this problem and now you're saying I have mental health needs as well? And I don't think that that's the way they should look at it at all.

I think they should look at it as this is a large journey. It's about getting pregnant but you have to stay married and stay happily

married, hopefully, in order to make this a worthwhile journey for you. So I think that is just kind of the misconception of why you would go talk to someone.

And also I think it's hard to find support sometimes from family and friends. There's just -- your sister might say to you, "Oh, the moment I tried, I got pregnant. So don't worry about it. It'll happen when it happens." So they don't understand kind of what you're going through and you're saying, no, it's just not possible for me.

Lee Rosen: Yeah. It sounds like those of us that know people that are going through it probably need some help too, just knowing the right things to say and to do.

You know, one thing that I've heard happen when -- I'll hear this topic discussed around the office. Different people are going through it and dealing with the issues. I kind of wonder -- what you'll hear sometimes is, oh, it wasn't me; it's my spouse has got a this issue or that issue. And I'm wondering how that plays out in the marriage and how that -- the person who really does have some sort of physical issue, how they feel about being the one that's having the problem.

Christina Rush: Yeah, it's true. There's usually one person who gets labeled as "the patient" and that can be a very alarming problem. There is good news because I think in that -- it's usually 50/50, like the chance that it's a male or the chance that it's a female. So I think -- I don't know. I think there's a lot of misconceptions that it's always the female but it turns out that it is one or the other.

And it's not usually good, I don't think, in any way to say, "Oh, my spouse is the one with the problem. I'm perfect," because that makes the person who has the problem experience feelings of guilt and sadness, regret, "Could I have done something to prevent this? Should I have known about this earlier? What if I had told him about this before we got married? Then he wouldn't have had to get married to me and then he could go off and have his own children."

And then I think as you're going through it being the identified patient, you have this grin and bear it mentality. Kind of like, okay, well, the suffering I'm going through right now is because it's my fault, so I don't want to let anyone in on that because it's not their burden to bear; it's mine.

Lee Rosen: Right. Do people ever wonder if this is all worth it? I mean, gosh, the fallout just sounds -- it sounds rough.

Christina Rush: Yeah. I think people wonder if it's all worth it and I know people that at the end of their -- decide at different points to give up. And I think that's another really important point to talk about amongst a couple. When's your "all right, I'm done" kind of point? Like, do you put a year cap on it? Do you put a number of try cap on it? Do you put just, "all right, I'll know when I know"? I think that that is something that you're going to have to discuss because there's no guarantees on this path that there's going to be a happy ending.

Lee Rosen: Right. Yeah. It really does raise -- I mean, not having been through it, I just never really thought about the complexity of all these different issues that people are facing. When you're kind of watching it from a distance you just sort of think, well, they're getting the treatments and they're giving it their best shot but, gosh, it is so complicated.

Okay. So we talked some about the person who has the physical issues, who is being treated as the patient. What about the issues with the other spouse, the one who is not the patient? What impact does all this have on that person?

Christina Rush: I think it has a lot of an impact on them. And I hope that person can feel that they are part of the treatment. And we can talk a little bit about -- I think we're going to later on -- about how they can get more involved with the treatment process. But they're definitely not involved in the sensations that you feel in your body or taking the injections. And so that can be kind of hard for them to see their spouse going through all that.

But I think it's really important for the other spouse to not start feeling helpless, like they're just this kind of passive observer who just -- often it's the male who doesn't have to go through the more extensive treatments, that just deposits his sperm one day and that's his big part of the treatment.

So it's really important for him to feel that he's as active as possible; otherwise he can become very disengaged and almost be like, "Well, I could participate or I could not, but it really makes no difference. I mean, it's between my spouse and the doctor, really."

Lee Rosen: Right. Yeah. Fascinating stuff. What do you see when couples are -- when they are starting to melt down? I mean, they're working on infertility treatments, they're going through the process and the relationship is starting to have trouble. What kind of manifestations of that do you see in the couples?

Christina Rush: Well, I think you see a couple different things. One, you may see a lot of distance growing between them, that they feel like -- maybe for one partner or the other partner the priority has become pregnancy above all else, so that the other person's needs aren't being addressed. So they just start growing apart. They may start -- one person may be totally focused on pregnancy and the other person's saying, "All right, well I'm going to get really involved in my job now or in my hobby and play golf all the time because that's something that I can do as you're off doing your thing."

You also see a lot of misdirected anger. Anger I can often view as a secondary emotion to sadness and frustration and instead it's a lot easier for us to express anger than say how sad we are because of this whole process. And you're sad because of things that are out of your control about fate, about what's been going on, but instead you can kind of snap at your partner for not understanding. Why they didn't put something away after work but you're really upset because the fertility treatment didn't work. But it's a lot easier to just yell at them for the simple thing right in front of you.

And I think the other thing that you start doing is you start hiding your feelings because they're just so painful that maybe you just don't want to talk about them anymore. So you just hide them and you stop communicating about how it feels.

Lee Rosen: Yeah. It does sound like you could really spiral into a total communication breakdown where there just isn't a whole lot of interaction going on.

Christina Rush: Yeah. And you see it a lot. You see it a lot.

Lee Rosen: You know, I wonder what -- we live in a culture where there's just so much never-ending talk about the kids and having kids and who did what and what the kids are up to. I mean, that's just a non-stop thing. That has got to be tough on a couple that's going through -- struggling with this topic, that they've got to really -- I mean, it's hard to avoid.

Christina Rush: It's really hard to avoid. And it leads to all sorts of awful feelings. For example, if a family member becomes pregnant while you're in the middle of this struggle, how can you both be really happy for them and really sad for yourself? And how do you then not feel like you're a terrible person for not being able to fully enjoy a family member's pregnancy?

Or you go into all these waiting rooms and you see all these other couples and you say, "All right, well, they're 20 years older than me.

How can that work and yet I'm not working?" And then you can see newspaper ads or watch TV shows about women in very dire situations who don't want to have babies and who may be doing drugs and it just happened. And you're like, "But how can it happen there and not here?"

So you are constantly bombarded with it and the quandary of then feeling terrible for judging the other people for having what you can't have is like a double-whammy. It's suffering on top of the pain of infertility.

Lee Rosen: Right. Yeah. What I hear from you, just kind of listening to it all from a layperson's perspective, is that I guess the folks that are going through this, they want to be happily married and then they want to add to that marriage children, but they're jeopardizing the marriage by working on the children. And I'm sure sometimes it work great. But it sounds like other times they're really risking a lot when they're trying to deal with the infertility issue. There's more to it than meets the eye.

Christina Rush: Right. And it's hard to say, "All right, we're going to tackle this infertility issue but we're going to still prioritize our marriage." And what does that look like?

Lee Rosen: Right. And at the same time the communication is shutting down because of all the stress and input you're getting. It's like, wow, you've got a tough job with --

Christina Rush: Yeah.

Lee Rosen: This sounds really challenging. What do you see people doing -- when they're trying to work on this on their own and they're not getting the help from someone like you and they're not getting that insight and guidance, how are they trying to work on the emotional stuff and to keep their marriage going without help from you? Do they have different approaches they sort of commonly use?

Christina Rush: Yeah. I think that there's a couple strategies that people who are going through it use. I think they try to have other things going on in their life so that they can go to a common party or they can plan a vacation or try to plan a vacation around their fertility treatments.

Or one of the things is I think they have a lot -- acupuncture is a big adjunct treatment often to infertility treatments. There's scientific literature that it can be helpful and that can kind of be -- my opinion is it's a big stress reliever, reduces a lot of stress. You have an hour that you can kind of just Zen out or just relax and try to get

things out of your mind. And I see a lot of couples trying that. And I think that's like a safer way to deal with a lot of mental health issues too, to say, "Okay, I'm going to an acupuncturist. I'm not going to go see a therapist, but I'm going to go see an acupuncturist." And that's kind of one of the ways that I see people dealing with it.

And other ways -- I mean, you have to confront it. I know when you go sign the paperwork to go through an IVF procedure, you start reading through it and it's this huge, long legal contract. And then part of it says if you got divorced or separated, who owns the embryos. And that just is like -- right away you're kind of forced to think about that, often on the spot, and it's kind of shocking. You're sitting there trying to be happily married, add to your family and you're being confronted with this dark issue of, well, if this doesn't work who's going to get these?

Lee Rosen: Right. Yeah. It's kind of in your face. Yeah. And when someone comes to see you -- so they're trying these different things you're talking about, but what do you add to the mix? How do you make it better?

Christina Rush: Well, I think what I add to the mix -- and what I'd hope any therapist would add to the mix -- is like the openness to really express the emotional toll that this is taking on the couple, to bring out some of these issues that sometimes they're so scary you don't want to talk about it.

Like we mentioned earlier, like when's your stopping point? So that's a really good thing for couples to discuss because people may have a very different idea of, "Well, I want to do this until it happens, whatever resources it takes, whatever debt we have to go into." And another person may say, "I don't really want to go into debt. Having children's important to me but it's not going to be the most important thing to me."

Talking about options after infertility. Do you want to pursue adoption? Do you want to just kind of come to peace with being a happily married couple and be childless but really live your life to the fullest?

So I think that's kind of what I can do. It's like often people find themselves on this journey or this roller coaster of infertility without ever talking about what kind of insurance you want to buy or what kind of -- how long you want to go. What's it going to be like? And you just don't do that with other things in your life. Before you buy a car you talk about how long you're going to have the car, who's going to drive the car, things like that.

So I think it's just really important that the therapist can bring to light some of these issues that maybe you don't want to talk about, you consider so painful. But it's really important that they're brought out so that there's clear communication.

Lee Rosen: Right. Yeah. This whole topic, I mean, it just does bring up so many complicated issues that nobody every expected I think to be dealing with. I have one friend that they have the -- I mean, I don't understand all the science here, but they have -- are they frozen embryos or whatever it is that you freeze and they're being stored. And I think the couple -- it's worked. They've had children but they still have these embryos.

And I think there's some difficulty deciding, well, do we use the rest of them or not? I mean, how do we -- which are issues that for a lot of couples, you never ever knew anybody had to worry about. The science brings up complications I never would have imagined.

Christina Rush: Right. Yeah. Do you use them? Do you donate them? How do you feel about another couple raising your genetic child? Do you just discard them? If you're not in a place to have more children, do you just go forward with it?

I mean, then there's religious issues that can also weigh into it. Does life begin? Is that a life? I mean, and for other people that's even a huge issue to go forward with infertility treatments when it conflicts greatly with their religious beliefs. And how do you rectify that?

Lee Rosen: Wow. Yeah. You are on the leading edge of complicated life issues. It's like my life is filled with things like the teenager's driving us crazy, which all seems pretty simple when you put it into this context. So let me ask you --

Christina Rush: And other people are just waiting to get there.

Lee Rosen: That's right.

Christina Rush: Looking forward to that.

Lee Rosen: Yeah. Wait. Just wait. It's like, I guess it's easier than figuring these issues out, but if you haven't -- well, maybe it'll seem easy to them. Yeah. It's like, for me it's a nightmare, but if you've been through figuring all this other stuff out, that may be a vacation.

Christina Rush: Yeah. Yeah. Maybe that gives you some appreciation for it when you get there.

Lee Rosen: Yeah. My life's been too easy. Apparently that's my problem.

Christina Rush: Probably not.

Lee Rosen: Let me ask you this now. There are these little lessons that I've learned in my life that took me, like, 30 years to figure out, but things like if somebody gives me a gift, all I need to do is say "thank you." It's like I used to have these crazy "what do you say" things.

So as an expert on all these emotional issues and having lived through this yourself, when you do know somebody who's struggling with this, you have a friend or a family member, what is the right thing to say? What is the right perspective to have? What is the message you want to delivery to someone?

Christina Rush: Yeah. That's a great question. And I think it takes a lot of reading from that person what they need in that moment. Do they need just the person to listen? Do they need the person to validate their feelings? Do they need hope? I really think it -- there's not like one great thing. I think definitely I would stay away from invalidating their feelings, which probably is true in any situation, or just saying, "It's easy; it will happen." Those are kind of things to stay away from.

I mean, you can help them try to see that it's just a really hard road and that you're really sorry for them, that this is a challenge.

Lee Rosen: Good advice. What about if you're that spouse that is not the one having the -- you're not the patient; you're that other spouse? What is the right thing to say and do and where should your head be for dealing with your spouse?

Christina Rush: Well, I think it's really important that the spouse gets just as educated. I think many of the women who end up going through a lot of the infertility treatments -- because, again, it's up to them usually to take all the injections, even if it is -- the male has the infertility issue, it's still the -- a lot's on the female shoulders. But they kind of get their mini-M.D.s doing all sorts of research, buying books, joining online chats, finding out what other people are doing, what types of medications people are on.

And I know nothing's more frustrating than -- there's a few processes in an IVF cycle. There's the retrieval, which happens first, and then there's the transfer; once the egg is fertilized and it creates

the embryo, then it gets put back in. And I know there's nothing more frustrating to couples is when the other spouse can't get the name of those two things right. It's a very simple thing that a spouse can end up learning. So when they keep saying, "Oh, so when's your transfer?" and it's your retrieval, that can be very irritating to the other person to say, "You know, you should know a little bit about what we're going through."

So one of the things I think is the most important is for both of the spouses to get educated, to do the research together. I think it's important for both spouses to go to appointments together as much as they can, to talk to the doctor, to be supportive.

What I personally found helpful was that if we go to an appointment, usually you get a phone call at the end of the day or towards the afternoon with your results for everything. I mean, you get so many phone calls it's actually ridiculous. But my husband would take all of those phone calls so that he was involved in getting all the news, having to then learn about that news, learn the questions to kind of ask the doctor afterwards, and then he could relay the information to me. And it took some pressure off of me that I didn't have to wait on pins and needles for a phone call and that he was actually going to be a key part of that process.

And I think through all those things you can actually come together as a couple, which is kind of a wonderful part of it. And it can actually enhance the relationship.

Lee Rosen: Right. You're working together. You're solving problems together. You're communicating about it. You end up with a stronger marriage, not a marriage that's been weakened by this process. It sounds to me like that just makes a tremendous amount of sense.

Well, thank you so much, Christina. I appreciate you filling us in on how all of this works and what the options are for helping people with it. I appreciate it.

Christina Rush: No problem. I appreciate being able to talk about it and hopefully helping some people.

Lee Rosen: Well, let me tell you -- those of you listening -- a little bit about Christina's practice. And I will tell you, if I were going through this, I think I would start with the counselor rather than going to -- you get this advice, apparently, where they have the counselors on the staff. But I don't think I would start with the doctor; I think I would go to Christina first, get advice on the process, before I even decided what to do and how to do it. It just seems to me that if you were

proactive about dealing with all these emotional issues, you would manage it all a lot better. And my experience has been, well, doctors are great; psychologists are dealing with things on a much broader, more holistic standpoint. So that's my take on it, anyway, from listening to all this.

But you can find out more about Christina's practice and the services that they offer at Wynns Family Psychology at the website, WynnsFamilyPsychology.com. I will stick a link to that in the show notes so that you can find it easily. Also, the office phone number is (919) 805-0182. They're in Cary, North Carolina.

Thank you so much for listening today. I hope that you have learned as much as I have. This has been, I think, just awfully educational and interesting. If you have feedback about this show or any of our shows, I'd love to hear it. You can call our comment line at (919) 256-3083. You can also e-mail us at comments@stayhappilymarried.com. Let us know how we're doing and what we ought to do going forward.

I'm Lee Rosen. Until next time, stay happily married.

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