

Managing relationships through fertility challenges



Fertility New Zealand is a registered charity supporting people with fertility issues

www.fertilitynz.org.nz
support@fertilitynz.org.nz • ph 0800 333 306
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The demands of an infertility journey - particularly during treatment cycles - can often be all-consuming and put a strain on relationships. So, while achieving a pregnancy and having a baby will be your focus at this time, it is vital to acknowledge the feelings and needs of your partner / key support person. Likewise, when you are under stress it is very comforting and affirming when your partner or those close to you understand how you're feeling and coping. It's normal that we all cope differently, and one way is not right or wrong. Just having this awareness however is key..

For many people, fertility challenges involve a loss of control. It may mean organising your body and life around a series of investigations and treatment cycles. This means exposing a very personal and private part of one's life to a group of people in a fertility clinic; it may mean being instructed when to have sex and when not to; and it may mean having to celebrate news of others' pregnancies. The future becomes uncertain; it can become difficult to plan careers when there is always the hope of a pregnancy in the near future. Travel plans may also have to fit in around treatment; and indeed the need for a break or holiday may have to be balanced against the need to pay for treatment or investigations.

For couples

The different perspectives and experiences of partners around fertility can add to the grief of infertility and cause a wedge in the relationship. To survive the journey it is essential for both partners to learn to respect each other's experience as valid and to avoid putting each other down for being either 'obsessed' or 'uncaring'.

Having an awareness of how each partner copes and deals with things is important as, more often than not, partners cope differently. It's also helpful to talk in advance of treatment about what each person finds helpful for support during challenging times.

People who do not have 'permission' to cry may spend a lot of energy containing their sadness, which may eventually cause anxiety and feelings of depression. Alternatively the tears may be finally triggered and the floodgates opened in social or work situations that leave you feeling exposed and vulnerable.

When it comes to infertility treatment, it is the woman who bears the physical load. They may feel resentment that regardless of where the infertility



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lies, it is they that must undergo the physical invasion. Unfortunately, in most treatment situations a man is unable to share this aspect of infertility, sometimes leaving him feeling sidelined, helpless and even guilty.

Some tips for coping:

- Agree on a level of communication about fertility which suits you as a couple - often one person wants to discuss the journey more than the other.
- Strike the right balance for you - somewhere between only discussing fertility, and ignoring it completely. For example, there may be an agreed time set aside without distractions such as phones and TV, for these discussions.
- During all treatments and procedures, the support role is crucial and people can support their partner by attending appointments with them. They can also take a proactive role in learning about such things as diagnoses, treatment and fertility health, asking questions, and being together when getting results. Giving physical and emotional comfort can help couples feel they are working as a team. ▶

- ◀ Encourage each other to take time out for self-care activities such as a walk, massage, reading a book, sports and hobbies.
- Enjoy intimacy and sex in your relationship to help stay connected. (For heterosexual couples, enjoying intimacy that is not focussed on conceiving, i.e. not just during the fertile time of the month).
- Both partners are responsible for optimising their fertility by living a healthy, balanced lifestyle while trying to conceive.

Support people

If you are embarking on single parenthood, ideally you will have one or two support people who are closely involved in your journey. Let them know what you need – i.e. what feels supportive, and what doesn't.

You may like to acknowledge their support and what it means to you. This may be at certain times such as Christmas or beginning a treatment cycle.

Even if you are embarking on this journey with a partner, it may be helpful to have someone outside your relationship whom you can trust to share your emotions with and supplement the support from your partner.

Recurring gender themes

This information is not to provide sweeping generalisations about men and women as groups, but to highlight some recurring differences around men's and women's emotional experiences of infertility. It's also important to note that we see these roles played out by a range of people, regardless of gender or sexual orientation.

A perspective traditionally held by men

Sometimes, the man may have feelings that he is not expressing. It is not traditionally a man's style to openly talk about and express sadness. He is more likely to deal with his painful feelings privately or he may express his grief as anger or frustration at the situation he finds himself in. He may see himself as having to 'support' his partner and to do this he thinks it is important to 'stay strong' or 'be a rock'. "We can't both collapse" is something that both men and women say.

Quite often men will say that they feel positive and very hopeful that they will achieve a pregnancy in the future – they put their faith in the medical profession being able to 'fix' the problem. Whilst they carry such hope, "why grieve or worry about something that may never happen?" Typically, when faced with a problem, men will want to move into action mode to try and fix things. The difficulty they face with infertility is that it is outside of anyone's control. This inability to fix the problem and therefore take away their partner's distress leaves many men feeling powerless and useless.

Despite their partner's attempts to engage in conversations they may try to avoid talking about infertility because no matter how much they talk it does not (in their minds) solve things. Having said things once they feel there is nothing more to be said.

Both men and women may feel stigma around infertility; however, men often find it more difficult to acknowledge infertility because they connect it to sexuality. Their task is to separate fertility out from their definition of sexuality.

A perspective traditionally held by women

Some people feel better after talking about their feelings – simply expressing feelings is a release from the thoughts going around in their heads. Being able to cry their tears and be held and listened to is the comfort they seek. For many people (often men) this is a mystery: they wonder how talking can help when essentially the problem (from their perspective) remains unfixed. When women cry, their partners may do all they can to stop the crying. They may use humour to try and cheer them up. They may tell them not to cry, e.g. "I'm sure we'll have a baby. You'll see, it will all turn out in the end." They may get angry and withdraw.

Whatever their strategy, the partner's goal will often be to stop the tears as soon as possible. Women will at times appreciate their partner's attempts to cheer them up with humour and optimism. Sometimes however, they may feel continually frustrated in their attempts to talk and grieve because their partner is unwilling to just listen and acknowledge their pain.

Many people (commonly women) seem to know intuitively the benefits of being allowed to cry fully

until the tears stop naturally – and believe us, the tears do stop in the end. As the tears finally subside (for the time being) there is often a sense of calmness, peace and a letting go of tension that then allows a person to move onto other things. Talking (and crying), helps to process emotions and gain clarity about our thoughts and feelings.

Women often experience the stigma of being excluded from 'the motherhood club' making other people's pregnancies, births and breastfeeding a source of pain. It is most commonly the women who field the questions from others around when are they planning to have children, or a second child for example. These questions, often from strangers, compound the pain of infertility.

In conclusion, fertility challenges are extremely difficult for most and impact many aspects of life. Protecting the relationships with your partner and/or support person is critical to help you navigate the path that lies ahead with resilience and balance. ■

Please note that the information presented in this brochure is intended only as a brief summary. For specific advice on your particular medical situation you should always consult your professional health care provider.
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