WHEN EMPTY ARMS BECOME A HEAVY BURDEN

Encouragement for Couples Facing Infertility

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INTRODUCTION

Sandi

"I think I just need to relax," I told the doctor, who looked at me with kind eyes. I'd just had my annual gynecological examination. "We're putting in long hours with our youth group, I work full-time, and my husband just finished seminary. We've probably been too busy to hit it right."

"How long have you been trying?" he asked quietly.

"About eighteen months."

He rolled his chair closer. "No, I think maybe it's time to stop 'just relaxing.' There are a few simple things we can try. The pace is up to you."

I had bought into the myth that helped me remain in a state of denial: "If you have trouble conceiving, you just need to relax and you'll get pregnant." It would be several years before I would learn the definition of infertility as the inability to conceive after one year of unprotected intercourse—even if the couple is paying no attention to the monthly cycle. Infertility also includes the inability to carry a child to term. Ninety-five percent of those who fit one of these descriptions have diagnosable medical problems that no amount of relaxing will help. But the good news is that, with treatment, over half of those diagnosed as infertile will go on to celebrate a live birth.

I never thought I would join the one in six Americans of childbearing age who have fertility problems. I had sworn I would never take my temperature every day, nor would I become "obsessed with getting pregnant"

as some of my friends had done. I had never considered myself a baby person. So I left the doctor's office and didn't return for another eighteen months.

Finally, we decided to seek further help. Dr. William Cutrer came highly recommended. Not only was he a competent physician, he was also pursuing a master's degree in biblical studies. He had a reputation for being a kind and loving man of God. I wish I could say we hit it off from the beginning, but our doctor–patient relationship got off to a rocky start. This was mostly due to the fact that many of my friends saw him, and I rebelled against what I felt was their doctor-worship. I also felt angry with the process of infertility treatment, and Dr. Cutrer seemed like a safe place to direct my negative feelings. My husband, Gary, had been loving throughout the entire process, so I didn't want to focus my rage on him, and I knew better than to be mad at God because, as I told myself, *He can do lightning*. So "Dr. Bill," although I liked him, often served as the dart board catching the arrows of bad feelings that I hurled in his direction.

Days of Testing

Dr. Bill began by testing Gary, who appeared to have no problem. Most people assume that infertility is the woman's problem, but only between 30 and 40 percent of infertility problems reside exclusively in the woman, 30 to 40 percent in the man, and approximately 30 to 40 percent are shared between husband and wife.

The doctor also suspected I had a structural problem that he felt could have been caused by in utero exposure to DES—diethylstilbestrol, a medication sold for about thirty years beginning in the 1940s, which physicians often prescribed to reduce chances of miscarriage. The FDA banned its use after discovering it sometimes caused some structural abnormalities, even cancer, in the children (known as "DES daughters and sons") of women who took it.

So I had a laparoscopy. This outpatient surgical procedure confirmed no major structural problems and only minimal endometriosis. I spent another year charting my morning temperature, watching my ovaries on the ultrasound screen, taking medication for a mild hormonal imbalance, redefining "spontaneous," and paying multiple medical bills.

Over this period, too, Gary and I experienced a host of emotions. We began to feel hurt and annoyed at people who said the wrong thing. We felt helpless in our ability to make long-term plans—I couldn't even buy a pair of jeans without wondering if they would fit in three months. I felt like I was less of a woman. I enjoyed my editing/public relations position with a financial services corporation, but I wanted to stay home. My career goals became uncertain. Our pride was injured, our privacy invaded, and our love life a chore at times. We asked God, "Why us?" and "Why does this hurt so much?"

For the first time I found I could think of little else besides succeeding in this battle. During those early difficult days, I asked Dr. Bill if he had a support group for his patients. He told me he didn't, but that one of his patients served as a volunteer with a national consumer group for infertility patients. He asked Jennifer to call me. She and I met at a restaurant one day after work, and I found myself laughing more than I had in months. Finally, I'd found someone who understood why I felt somewhat insane.

One year after my laparoscopy, I conceived and we were ecstatic. But then I miscarried.

After a break of several months for emotional healing, I reentered treatment. We suspected that a progesterone deficiency had caused my pregnancy loss, so during two weeks of every cycle I added daily injections in my hip. They gave new meaning to the song, "Twist and Shout." And I started taking Clomid, a mild fertility drug.

In the year that followed, Dr. Bill referred me to an endocrinologist.

I endured another laser laparoscopy and then got promoted to an injectable fertility drug. This added two more daily shots to my routine. My first cycle on injectables resulted in an empty bank account and a second pregnancy. But I lost that baby, too. And then another. And then another. Eventually we documented eight biochemical pregnancies, or early pregnancy losses.

Decisions, Decisions

In the meantime our church asked us to lead a support group for infertile couples. I also attended informal support groups where I met many couples experiencing the same pain. Twice, my involvement in support

groups led me to chair a secular symposium for hundreds of fertility patients and professionals, which was cosponsored by a pharmaceutical company. The session titled "Infertility and Spirituality: Why Me, God?" was taught by Dr. Bill and was the most well-attended of the twenty-four workshops.

Our endocrinologist recommended chromosomal and antibody analyses, which revealed no problems. He also recommended that Gary use a daily cooling device that we affectionately referred to as "Ice Therapy." We began investigating the assisted reproductive technologies (ARTs) like in vitro fertilization. About the time we began investigating the moral and financial considerations involved, my sister adopted a little girl. We, too, looked hard at adoption but decided that option was not for us—at least not yet.

Lots of our friends suggested, "Adopt and you'll get pregnant." But research told us that was another myth. Of those who adopt, only 5 percent, in fact, conceive. This is the same percentage as those who conceive after deciding not to adopt. Besides, we didn't want to use an adopted child as a means of fooling ourselves into getting a biological child. If we chose to adopt, we wanted to open our hearts fully to that child with no other expectations.

Seven years had passed since we started "trying." In the meantime, researchers developed a new test for specific antibody problems. We sent in our blood samples, assuming the results would come back negative, but we were wrong. We discovered that I am "allergic" to embryos. We felt elated to have a definite diagnosis, even though at the time such a condition was mostly untreatable. There was, however, one therapy we could try. It involved injections of the blood thinner, heparin, and taking daily doses of baby aspirin.

We felt tired and were financially spent, so we took a year off and explored childfree living. At the end of a wonderful year of living a somewhat normal life, we attended a friend's wedding. When we arrived home, Gary said, "I feel depressed."

"Why? Didn't you have a great time?"

"Yes. But did you notice how many of our friends attended with their semi-grown children? For you, it hurts to see babies, but for me the pain has come from knowing I'll never go camping with my eighteen-year-old."

"So are you saying you want to adopt?"

"I'm saying let's try the heparin, and if that doesn't work, let's pursue adoption."

Obstetrics in a Different Dimension

We took our time, but after three months, I made plans to return to our endocrinologist. Finally, I began to feel motivated to get back into treatment.

Then Dr. Bill invited us to go on a ministry trip he was leading to Russia and Belarus. Would we go or would we return to treatment?

If we chose to go back to treatment, this was "the night." I asked Gary if he wanted to go to Russia or try to have a baby. He said, "Considering that we don't know, I think we need to wait another month." That sounds pretty reasonable now, but at the time it sounded awful. Waiting one month can seem like an eternity to a fertility patient focused on treatment. Gary kissed me goodnight, rolled over, and promptly fell asleep. It wasn't that easy for me.

I'd been reading through the book of Isaiah, so I picked up my Bible and opened it to Isaiah 56. What I read took my breath away:

> The eunuch should not say,
> "Because I cannot have children, the Lord will not accept me."
> This is what the Lord says:
> "The eunuchs should obey the law about the Sabbath
> and do what I want
> and keep my agreement.
> If they do, I will make their names remembered
> within my Temple and its walls.
> It will be better for them than children.
> I will give them a name that will last forever
> that will never be forgotten."
>
> Isaiah 56:3–6 NCV

A chill . . . I had read this in other translations that said, "Because I am a dry reed . . . ," and I had never figured out that this passage was speaking

to those who could not have children. I'm obviously not a eunuch, but God had used the timeless truth in this passage to speak to me. Other things were more important right now. The next day as I clicked through TV channels, I stopped abruptly on *Star Trek* when I heard this exchange between two characters:

> "Why do earthlings consider procreation so important?"
>
> "Because they feel it is their only link to immortality. If they reproduce, part of them lives forever."

That chill again. As a Christian, I have the assurance that I will live forever, babies or no babies. Immortality. I can reproduce in a different realm of reality, I told myself.

God provided the funds and the time off in miraculous ways, and before long we found ourselves in Russia and Belarus. The following journal entries show the significant events that took place.

> October 13: At lunch, Gary and I sat with Lucy and Sergei, a married couple assigned to interpret for us. As we discussed Christianity with them, Sergei said, "It is good that you have brought this information because I may want to become a Christian." I looked for Lucy's reaction, but she didn't respond.

> October 14: I was assigned to go door-to-door with Dr. Bill today, and Lucy interpreted for us. After we had seen several people place their faith in Christ, Bill asked Lucy if she had any questions.
>
> "Yes. Why are you trying to change our culture?"
>
> "Every culture has its strengths and weaknesses. We are not here because we think our culture is better; we are here only to share good news." He explained that the gospel was in Russia more than a thousand years before it came to America, and we were only bringing back to the people what the Communist government took away.
>
> At the end of the day, Lucy linked her arm in mine. As we walked together, I stopped and asked what was keeping her from becoming a Christian. She said thoughtfully, "Sandi, I think

> nothing." So standing there on the Minsk sidewalk, Lucy bowed her head and opened her heart to Him. I told her that even after I left, we would see each other again because we would be together forever in heaven.

There it was. That word. *Forever.* "It will be better for them than children. I will give them a name that will last forever, and it will never be forgotten."

Reality Check

Within a week of returning home from that trip, Dr. Bill's cardiologist diagnosed him as having a serious heart malfunction—he would need to undergo open-heart surgery. During this time, Dr. Bill experienced what it's like to be on the other side of the physician's desk. Since then, he has stopped delivering babies, but he continues to treat fertility patients and devotes many hours to ministry.

Our heparin therapy failed, so Gary and I began to pursue agency as well as private adoption. Twice in the past year, we've linked up with birth mothers who changed their minds at the last minute.

It's not over for us, but that's OK. We still agonize. We still find suffering a mystery. This week I learned that a woman who was thinking of giving us her baby had an abortion because she got our answering machine instead of a live person when she called. There's too much pain, too many questions. But we also know God is in control, and we can trust Him.

Gary and I have just returned from our third trip to the former Soviet Union with Dr. Bill, where we witnessed more than six hundred professions of faith in one week. Lucy surprised me by meeting me in Kiev this time. She feels thankful that the Lord prevented us from having children when we first wanted them because if He hadn't, she never would have known us. Sergei and her mother have also come to know Christ.

Today I number Dr. Bill among my closest friends. It is with pleasure that together we share our vision for helping couples. I always hated hearing exhortations to have faith coming from people who had forgotten how it felt to hurt, and I wanted advice from the trenches. I think that's what a lot of infertile couples want, and that's why we've written this book—to

strengthen couples' spiritual lives and marriages through the agonizing pain of infertility. Even though life is hard, we know God is good, and we have experienced firsthand that He weeps with and comforts those who hurt.

Dr. Bill

An ordinary day at the office. A quick glance at today's schedule reveals the usual assortment of annual exams, mid-cycle fertility tests, minor gynecological problems, obstetrical visits, and new-patient interviews. My office staff notes the nature of the visit beside each patient's name so I can mentally prepare for the day's events. But the word *infertility* never appears. I see real people for real problems and try to avoid labeling individuals as disease processes.

I scan this "day sheet" looking for familiar names of patients and families I've known for years. It's a special joy to renew acquaintances and catch up on their lives. When a new patient schedules an appointment for the expressed purpose of discussing infertility, my staff allots additional time. They recognize the depth and detail of discussion ordinarily required to begin a logical evaluation of this complex problem. As a matter of personal preference, I've asked them never to schedule these appointments consecutively because of the time and emotional energy expended by all involved. Yes, these visits can be stressful from my side of the desk, too, because expectations run high, and feelings are intense.

Often a fertility problem surfaces as a casual remark—a response when, at the end of the routine physical examination, I ask if the patient has any questions. Experience has taught me to approach even the suggestion of concern in this volatile area with the utmost of patience and sensitivity. We may have to sacrifice the office schedule or, ideally, schedule another appointment when we can include the spouse. Many patients, however, want me to reassure them and give an instant diagnosis, which, unfortunately, is impossible. Most who initially come to talk about infertility tend to be overly optimistic, denying the potential seriousness of their problem. Occasionally a patient will arrive demanding, "This is my problem; this is what I need; this is what we will do." Fortunately, this is rare. Once adversarial feelings develop or basic trust erodes, the close cooperation necessary for a healthy doctor–patient relationship becomes difficult.

God has permitted us, as clinicians, to understand many of the difficulties involved in His miracle of conception. Thus, I work optimistically, trying to offer rational therapies. I thoroughly enjoy it, if course, when testing and therapy result in successful pregnancies, but I've learned much from those who have endured the struggle. I've watched many couples grow in intimacy with each other and in grace with God, even when a successful pregnancy never happens. I try to be honest about my capabilities and to make referrals for high-tech interventions in a timely fashion, when appropriate.

Infertility is the most challenging and interesting part of medicine for me now. It is also the most emotionally taxing. The highs are incredible when the efforts produce a desperately desired new life from God. The lows are devastating but provide opportunities to minister God's grace to hurting people, and so often these same hurting people minister God's grace back to me. Such is the case with my coauthor and dear friend. Sandi and Gary have walked with me. We have shared joys and sorrows in the work of Christ. Our relationship has stood the test of time and disappointments. I'm grateful to God for enduring friendships that grew from a routine patient evaluation.

I've experienced a broad spectrum of doctor–patient interactions. Initial encounters with patients have ranged from one husband asking me if his wife is "knocked up yet" to those who are so modest they act as if another immaculate conception is imminent. Many patients have confessed to adding marks on their temperature recordings that indicate multiple romantic interludes to convince me their sex lives are active and "normal." It still amazes me—the lengths to which patients will go to create the illusion of the idyllic marriage. Herein lies the challenge: What is normal? Being told when to do it, how to do it, and coming for a "performance analysis" creates a distraction at best.

To what extremes can couples reasonably and biblically go to conceive and carry a child? What ethical questions must we ask, and how can we consistently respond when the technology races ahead of our minuscule understanding of God in creation and conception? And in the midst of the scientific, medically exhaustive evaluation of a couple's most intimate area, how can health-care providers compassionately respond to the incredible pressures each couple faces from family, friends, and even strangers?

How can we begin to comprehend the pain and suffering of those in therapy? I simply cannot fully understand, although I know the hurt is profound. My wife, Jane, and I struggled, as she is a "DES daughter." Thus, we fought a personal battle against prematurity and death in the days when medication to stop labor proved ineffective. Though it would be inappropriate to compare struggles to see who suffers the most, I do know personally and professionally the doubts, the dreams, and the despair of those desiring children but uncertain of conceiving. Our marriage, as well as our faith, is a testimony to the grace of God in trials and triumphs.

My heart in this writing is to encourage those in this struggle—primarily to honor the patients I dearly love and wish I had the ability to give a perfect outcome. Many of their stories are included here, although their names have been changed. But our aim is also to support the medical team, the pastor and counselors, and even the friends and families of those who are involved with infertility evaluations. We hope to heighten their sensitivity to the variety of issues, the difficult decisions, and the devastating setbacks that so often overwhelm these couples.