Infertility and Adoption

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Little girls often engage in the common childhood pastime of pretending to be pregnant, but it would be a rare individual indeed who would ever dress-rehearse infertility as a future problem. Unless individuals have pre-existing medical problems, they assume they will easily conceive a child. Not only do they expect that starting a family will be easy, but some also utilize birth control methods to make certain that a baby's arrival will be conveniently planned and timed. Thus, it comes as a shock -- and often a major life crisis -- for the one out of every six couples diagnosed with infertility.

Infertility is usually defined as the inability to conceive after at least one year of regular sexual relations without the use of contraception, or, alternatively, as the inability to carry pregnancies to a live birth. Most couples quickly seek medical advice, usually from an infertility specialist. While there was a time when adoption was virtually the only option for an infertile couple, today there are a myriad of choices, some of them low-tech, and others involving extraordinary medical interventions. Each individual differs in his or her willingness to undergo medical treatment and evaluation; there are many decisions to be made concerning medications, surgeries, and alternative reproductive procedures, and these decisions will be influenced by financial, emotional, and religious factors.

Ironically, while a significant portion of the population experiences infertility, couples who are in the throes of the problem often feel a sense of isolation. They sometimes experience their problem as unique and begin to view the world as peopled with a multitude of pregnant women and adorable babies. The isolation increases as avoidant behavior becomes more common; individuals are frequently depressed and steer clear of as many situations as possible involving children. For this reason, it is often helpful to have some counseling or therapy concomitant with the specialized medical treatment. Support groups are especially effective in countering the isolation and the notion that "I'm the only one with this problem." Most individuals later report that the infertility crisis either pulled the marriage apart or significantly strengthened the relationship. Infertility is never experienced as neutral.

During the course of an infertility work-up, one or both partners may begin to explore the adoption option, gradually realizing that medical treatments may not be successful. At the same time, some couples wonder if the fact that they first attempted to have a biological child means that they somehow devalue adoption. Here one must distinguish the difference between viewing adoption as the "second choice" versus the "second best." In the natural order of things, most people first attempt to have a biological child; yet, while adoption was not their first choice, this does not mean that it is not equally as good as their first choice. Through discussion, reading, seminars, and the like, couples often grow to view adoption as an ideal way to connect children who need homes with adults who long to be parents.

Although couples may begin to explore adoption during infertility treatment, they seldom initiate an adoption home study until they reach a logical "break point" in the medical treatment. Proceeding simultaneously on two tracks is difficult. The financial and emotional investments are substantial in both the medical and the adoption routes. And some couples need time to grieve the loss of the potential or fantasized biological child; they need a pocket of space before changing

courses. The fact that they choose to adopt does not mean that they will never again resume the biological quest or seek a more definitive diagnosis. Some may elect to do so if, for example, state-of-the-art treatment changes, or if their emotional needs change. But starting a home study usually signifies that for the present, they intend to devote their energies to the adoption process. At this juncture, it is common to hear couples express the view that they "feel good for the first time in many months," with a renewed sense of purpose and joy.

One often-debated issue is whether couples must have resolved their infertility before making application to adopt; the implication in the word "resolved" is that the situation is settled, and the feelings are laid to rest. Since society does not require parental-suitability assessments for biological parenting, prospective adoptive parents sometimes feel that they have to prove themselves in a way that biological parents do not. While accepting this difference in the two routes to parenthood, some nonetheless become defensive and fearful of revealing important issues which could be addressed effectively in the home study. In front of the social worker, they do not want to parade what they fear might be viewed as weaknesses -- including lingering feelings of sadness around infertility. While it is a normal human desire to want to make a favorable impression, it is also true that future problems may arise if all expressions of grief go "underground." Thus it is important to locate an adoption agency which is hospitable to honest expression of feelings regarding infertility.

The idea that infertility is to be resolved and not re-visited is perhaps also inadvertently fostered by the frequent application of Elizabeth Kubler-Ross' five-stages-of-dying model to the infertility situation. This paradigm for grief has been applied in many contexts, but applications to infertility are sometimes counter-productive, with the implication that infertile people will move quickly and tidily through the five stages and be done with it. The truth is that for most people, grieving is not a linear process, but rather cycles back on itself. For an adopting couple, the most helpful agency professional will be the one who views feelings of loss and sadness as normal responses, not as pathological behavior.

But, some might challenge, should not adoption make all those feelings go away? Pat Johnston, in Adopting After Infertility, provides a thoughtful treatment of the multiple losses which are a consequence of permanent infertility, and she comes up with six losses:

1) control over many aspects of life;
2) individual genetic continuity linking past and future;
3) the joint conception of a child with one's life partner;
4) the physical satisfactions of pregnancy and birth;
5) the emotional gratifications of pregnancy and birth; and
6) the opportunity to parent. (page 20)

Her litany reminds us of the cliché: "Adoption doesn't cure infertility." Of the six losses named by Johnston, adoption provides the opportunity to avoid only the last loss, the opportunity to parent. It is not surprising, then, that we are sometimes ambushed by sad feelings, not surprising that they re-visit us long after we become parents, especially at subsequent loss-points in our life. Another useful way to examine infertility's legacy is to take a developmental approach, looking at the adopted child's developmental stages and the accompanying parental responses. Elinor Rosenberg's The Adoption Life Cycle and Ellen Glazer's The Long-Awaited Stork: Adopting After Infertility both remind us that echoes of the past may be felt as our children progress through various life issues.

There are a number of strategies for dealing with feelings of loss and sadness. The first is to acknowledge the feelings as normal; you are not being disloyal to your adopted children -- you are simply being human. When you understand and anticipate that you may be re-visited by such feelings, then you are not struck by surprise each time, and in some ways you feel more in control. Improved communication between husband and wife is also crucial. Because couples often complain that one or the other partner seems obsessed with infertility, clinician Merle Bombardieri has proposed the twenty-minute rule, wherein couples acknowledge that they have diverging needs around infertility, and they compromise by spending twenty minutes a day discussing it. (Johnston,32-33)

Another strategy is to go back to the books and literature which you once found comforting; at each stage, you will find new meaning there. Still another obvious strategy is to find a support system within the adoption community, so that the universality of your experience will become more apparent, rather than becoming part of a conspiracy of silence. It is also important to realize that there are benefits to remembering rather than burying the pain; the pain becomes smaller, more manageable over time. And, in fact, the losses of infertility sometimes provide an empathic connection to our adopted children, for we better understand their sense of loss.

For some people, rituals are important. Couples sometimes end infertility treatment by planting a tree or a rosebush to remember the hoped-for child, or they write a letter to the never-born child. Those who have suffered pregnancy loss, such as miscarriage or stillbirth, sometimes make their own rituals. For example, one Jewish family lights a yahrzeit candle at sundown on the anniversary of their miscarriage, allowing it to burn for 24 hours, giving them something tangible with which to remember the loss. Still another couple, when joyfully expectant, had purchased a famous crooner's album with a song about the birth of a baby. When the second trimester pregnancy was lost around Christmas, the couple devised a meaningful ritual, and for over a decade now, on the anniversary of their loss, the couple has played that song late at night after their two adopted children are in bed. The ritual ends with the placing of a crystal star high on their Christmas tree in remembrance of the child. The song and the star give a focus to the day, but for most of the year, life goes on as usual, rich and happy with the activities of raising three wonderful children. For some couples then, such rituals are therapeutic, while for others they assume considerably less importance.

Finally, here are some markers for adoptive parents which may stimulate your further exploration and which may indicate that your infertility has been sufficiently resolved or worked through:

- when you can acknowledge and embrace the differences between adoptive and biological parenting, particularly with recognition of the birth parents' place in the adoption "triad";
- when you are willing and open to sharing your child's adoption story with him or her in the future, in age-appropriate ways;
- and when your life is primarily characterized by optimism and energy, rather than by pervasive feelings of sadness.

Perhaps no quote better captures the essence of dealing with infertility in a healthy manner than that of a participant in Barbara Eck Menning's classic study, Infertility, where infertility is poignantly personified as follows:

"My infertility resides in my heart as an old friend. I do not hear from it for weeks at a time, and then, a moment, a thought, a baby announcement or some such thing, and I will feel the tug -- maybe even be sad or shed a few tears. And I think, `There's my old friend.' It will always be a part of me....

For further reading:
Ellen Sarasohn Glazer. The Long-Awaited Stork: A Guide to Parenting After Infertility. NY: Lexington Books, 1990.

Johnston, Patricia Irwin. Adopting After Infertility. Indianapolis: Perspectives Press, 1992.

Menning, Barbara Eck. Infertility: A Guide for the Childless Couple. NJ: Prentice-Hall, Inc, 1977.

Rosenberg, Elinor B. The Adoption Life Cycle: The Children and Their Families Through the Years. NY: Free Press, 1992.

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