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Infertility and Adoption Issues

Interviewer, Lakota Grace Baker, Ph.D., a long-time Arizona native, is a Licensed Professional Counselor practicing in Sedona, Arizona. She specializes in transitions for the mid-life adult: aging parents, boomerang children, divorce and/or remarriage, relocation, loneliness, career exploration, and new directions. She can be reached through her website at: www.FacettheSun.com.

Today we have an interview with Dr. Ilyssa Swartout, a licensed psychologist in Arizona with specialized knowledge about infertility and adoption issues.

Interviewer: Welcome Ilyssa! Thank you so much for visiting with us this afternoon.

Ilyssa Swartout: You are welcome. My pleasure.

Int: I'd like to start by asking where you got started. I know that your practice covers a lot of different areas, but specifically with couples who are working through infertility issues and perhaps adoption thereafter.

IS: I started my private practice 6 years ago. At that time, I knew that I wanted to have a specialty, find a niche. I found one in the field of infertility. It interested me, because that is my personal issue and it resonated with me deeply. The next step was to find the resources and consultation opportunities, in order to turn my vision into reality.

I began by accessing the journal from Division 42 (Independent Practitioners) of APA. They provide clinicians with a list of specialties including resources to obtain. To my delight, they listed a specialty in infertility! I obtained the resources and studied on my own for several months. Subsequently, I arranged for a consultation with the psychologist who wrote these materials, and I joined The American Society for Reproductive Medicine (ASRM), and began going to their yearly conferences. At these conferences, I took post doctoral courses designed especially for the mental health professional who works with individuals who have infertility issues. During the course of these conferences, I met other people who specialized in this field and my knowledge and network broadened. Now, it was time to contact reproductive endocrinologists in my area. They in turn started sending me infertile couples for therapy,

and also egg donors for psychological evaluation. I also do psycho educational sessions for couples who will be using an egg donor, to help them understand all the dynamics involved with this way of creating a family. I am also a member of RESOLVE, the national support organization for individuals who are struggling with infertility. Through RESOLVE, I get referrals for couples who are going through the rollercoaster of emotions that comes with the diagnosis of infertility.

Int: Can you say more about the egg donor evaluation?

IS: Egg donors are required to have a psychological evaluation to make sure that they are suitable candidates, as many factors go into this decision. The evaluation also includes, informing them about all the risks involved with their decision. A potential donor needs to be aware of the psychological and biological risks involved and the possibility that in about 18 years, a child conceived from her eggs might try to contact her. An egg donor, agreeing to this procedure, must be well informed about things that might arise now and in the future.

Int: So the infertility issue is really an elaborate and complex process with a lot of people involved.

IS: Exactly. I did not realize how much was involved until I started reading about it, attending conferences, and collaborating and consulting with those colleagues experienced in this area. Just because a mental health professional is diagnosed with infertility him- herself, does not mean he or she is an expert in this field. As with any specialty, a mental health professional must be knowledgeable in this area as well.

Int: If you are working with couples with infertility, what is the emotional process that they go through?

IS: First, it is important to understand, infertility can happen to people of any age, but women most likely would get this diagnosis in their mid to late 30s. Often, these are career women who have been able to control things in their lives and become successful. Infertility is something that they cannot control. This realization can be very devastating for these people who are used to making things happen in their life either easily or with a lot of hard work. There is nothing they can do when they get this diagnosis, other than go to doctors and go through procedures that may or may not be successful. It is important for these individuals to face the challenge of surrender and accept that he or she is not in control.

The hallmark symptoms of infertility center around powerful roller coaster emotions, ranging from excitement and anticipation followed by disappointment and depression.

Some common feelings an individual may experience are depression, anger, helplessness, anxiety, isolation, loss or grief, feeling out of control, and sorrow over not leaving a biological child in the world when he or she dies.

Many individuals are in denial— “This can't be happening to me.” People get depressed, people get angry. You could even say it's similar to the process an individual experiences when he or she grieves.

Int: It sounded very similar to the Kubler-Ross sequence.

IS: Yes. It IS a grieving process. An infertile individual has to realize the very real possibility that he or she may NOT have a biological child. This can be very devastating to the couple.

Int: That immortality issue, then.

IS: Yes. The realization that you might never see your father's eyes or your mother's smile in your child. If you cannot get pregnant, this may never happen.

Int: And some of those tests can be personally humbling?

IS: Many of the medical procedures are complicated. Often there is a lot of resentment because going through all of this is expensive, intrusive, and time consuming. The procedures can be painful and humiliating, with no guarantees that the procedures will successfully result in pregnancy. The resentment stems from the unfairness that these couples feel because they have to go through these difficult procedures both physically and emotionally, while fertile couples do not.

On the other hand, some people who come to me for infertility counseling DO get pregnant.

Int: Wow!

IS: I help couples recognize that they do have some control, give them knowledge, professional support, and a general game plan for Plan B.

I normalize and validate their feelings, teach them stress reduction and guided visualization techniques, help them explore self-care options and balance (infertility issues can be all consuming), explore alternative medicine like acupuncture, discuss the benefits of nutrition and yoga, discuss their options, and help them to prepare answers for relatives and friends who might ask insensitive questions like, “You know, if you relax it will happen.” I also give them hope. I help couples realize that if they want a family, they will have a family one day. Their dream just has not arrived yet.

Int: It can be anxiety producing because you are introducing strangers into what is a very private matter between partners?

IS: Exactly. Some couples have said it is like having the doctor in the bedroom with them.

Int: Ouch!

IS: I encourage couples who are trying to conceive on their own with or without medications, before they decide to partake in IVF or artificial insemination, to save their bed for their love-making and pick someplace else to try to conceive. This can help to keep their relationship strong during the infertility process and reduce the mechanical nature of sexual intercourse during infertility.

Int: *What a good idea. I like that.*

IS: It is important for couples to give themselves permission to have intimacy without feeling they have to conceive every time they have sexual intercourse.

Int: *How else do you help couples?*

I help couples to keep their relationship strong during infertility in several ways. First, I help couples to understand common issues that infertile couples face:

- 1) Men and women approach infertility differently.
- 2) Men tend to want to “fix” the problem. This also reduces anxiety about seeing their wives in distress. They may also get lost in work or other activities.
- 3) Women may experience “solution focused” approaches as not being heard or acknowledged.
- 4) Women get some relief from talking about their stress and fears.

I also help couples to help each other by starting discussions about the following:

- 1) Remember that you are both on the “same side” of the problem. The problem is infertility, not you.
- 2) Learn to really listen and not interrupt when your partner shares their experience of infertility.
- 3) Allow your partner to deal with disappointment or stress a way that may be different from your.
- 4) Support your partner’s strengths and self-esteem.
- 5) Create special time together with no faxes, beepers, etc. – and don’t talk about infertility or other hot problem areas. Take time to heal and re-bond.
- 6) Plan on how to cope with holidays. Perhaps removing yourself from the “family holiday” scene may be a great alternative. Consider a romantic fall or winter vacation.

Int: *You’ve mentioned IVF. Can you tell me what that is?*

IS: Yes, in-vitro fertilization. The woman harvests her eggs through hormone injections, the egg/eggs are retrieved surgically, then the eggs are fertilized with the man's sperm outside the body, and finally, the embryos are transferred to the uterus.

Int: So that's her egg, her male partner's sperm, and her uterus.

IS: That's right. Now sometimes they use a donor egg if the female is unable to harvest her own eggs and sometimes they use donor sperm. Depending on who has the diagnosis of infertility.

Just as many men have the diagnosis of infertility. It is not unusual for me to work with a couple, when it is male factor infertility.

Int: I am wondering if therapists working with such couples would also have to have special skills.

IS: Yes, they need special training as I discussed at the beginning of this interview. Special training to work with infertile couples, and especially if the mental health professional will be conducting egg donor assessments. There are many factors involved in evaluating a woman to be a suitable egg donor candidate. Also, when working with a couple, knowing the medical terms and procedures is important as well as the common issues they face, so the couple will have confidence in the therapist.

Int: Is there a burn-out factor for therapists as well, doing this heavy emotional work?

IS: Yes, that's why I do not want my whole practice to be focused on infertility.

The other day I saw a couple, who went to pick up their adopted baby and the birthmother changed her mind. They were grieving terribly.

My next client came in and had just gotten the results from her IVF procedure, finding out that she is pregnant with twins.

Int: Oh, my. It is up and down!

Int: We've talked briefly about infertility. Are there special issues as well with adoption?

IS: Every now and then I will see a couple when infertility endeavors have failed and now they have decided to adopt.

We discuss options and possibilities for them. I help them to verbalize their desires to each other. It is important that the couple become clear on what they want to do and how they want to do it: Do they want domestic adoption or do they want foreign adoption? Is the gender of the child important? Do they want an infant or older child? Siblings? Open or closed adoption?

I mostly want the couple to communicate their thoughts and feelings to each other so each partner is aware of the wishes of the other partner. If they disagree on an issue, I can help them negotiate.

Int: So there isn't a hidden agenda between the two of them?

IS: Yes. I want to be sure that all their thoughts and feelings are out in the open. I try to give them the skills to be able to communicate their wishes, fears, expectations to each other.

Int: If a reader had a friend or a family member that was going through this infertility exploration process, what is helpful? What might they say?

IS: First, be a good listener rather than giving solutions for their infertility problems. It is important for friends and family to understand several points:

- 1) Infertility can threaten a person's emotional well being, dreams for the future and affect virtually all of their relationships with others.
- 2) The degree of depression and anxiety that is often associated with infertility can equal that of a person coping with a life threatening illness, such as cancer or AIDS.
- 3) Often, couples keep their diagnosis of infertility to themselves. This can feel very lonely to them and compound their stress. Encouraging them to get help from a mental health professional with knowledge in this area would be helpful.
- 4) Be supportive and understand that the couple may not want to attend a friend or relative's baby shower, a Thanksgiving dinner, or Christmas festivities. The couple is not selfish. They are taking care of their emotional well-being because attending these functions, where there may be many children, would be painful for them, compounding their stress and possibly diminishing their chances of getting pregnant.
- 5) Understand that a couple may give themselves permission to vacation for Christmas rather than go to a family gathering. It is important that the family understands that they are trying to keep their relationship strong during this difficult time.
- 6) Infertility is the "Unseen" medical condition. If one has a broken leg, it can be seen by the world and perhaps one will receive compassionate comments. However, infertility is invisible. When a couple has been diagnosed with infertility, they might hear innocent comments and questions from family, friends and co-workers regarding when the couple is *finally* going to start a family. Questions and advise such as, "When are you going to start your family? If you wait much longer, you may not be able to get pregnant" "If you relax, it will happen." These types of comments can be hurtful and insensitive, even if meant to help.

Int: Is there a way to introduce this communication with the family? I think it would be hard.

IS: That is where the mental health professional can be of help.

I help the couple to be assertive and approach family members and tell them what they need at this time. Everybody has different kinds of family members. Some are more understanding than others. The therapist can help the couple not try to change some people realizing that what is important is the changes they are making in themselves. I also like to give the couple literature validating what they are experiencing to share with family members, with the goal of educating them about what the couple is experiencing.

Int: What should NOT be said so someone who has just decided to adopt?

IS: I think the most important thing for others to recognize is that this child is not the biological child of this couple. Therefore, do not try to look for similarities between the parents and child. This can be painful for the couple as they know that they are not biologically connected to this child. It can also be invalidating for the child as he or she gets older. Instead, look for the uniqueness of the child and praise the child for these unique abilities. It is also alienating for the couple and the child to hear, "Oh, this must be your adopted child." Instead, if one must mention adoption, it is better to say, "This is Susie, she is adopted."

Int: Is there a good time to turn to a therapist when a couple is working with infertility issues?

IS: I think when they realize that they are stressed and they need to reduce that stress. When the couple feels like they may not be getting along or they may not understand each other. When they are feeling those symptoms of depression, anger, helplessness, anxiety and being out of control, or feeling a lot of sorrow.

Int: What about resources for couples who are infertile? Are there support groups available?

IS: There is a national organization called RESOLVE. They have chapters in most states. They provide support groups and also sponsor meetings where couples can access information, resources, infertility doctors and mental health professionals who specialize in this area.

Int: I understand that you have also published some information on these same issues?

IS: Yes, on my website, www.yourgrowingedges.com I have information on how to keep your relationship strong during infertility and how to cope with the ups and downs of infertility.

Int: If a person thinks they may be having problems with infertility, where is a good place to start?

IS: If it's a woman, she should start with her Ob-Gyn. If it is a man, an urologist. Usually if there IS a problem, they will then send them to a Reproductive Endocrinologist who specializes in infertility. I think it

is helpful to join RESOLVE and the consumer sector of ASRM. They both provide resources, literature, and a professional referral list. Going to RESOLVE activities in your area can help you to meet other couples going through similar infertility issues.

Int: I appreciate the time that you have spent with us giving us this valuable information that people need to know.

Do you have any last words?

IS: Don't be afraid to seek the help of a professional. Couples who are facing infertility isolate themselves and therefore stress, anxiety and depression may be exacerbated.

It is important to verbalize your concerns to somebody who understands and is knowledgeable in this area. A therapist who specializes in this area knows how to help a couple face their fears and process difficult feelings.

Remember, if you want a family you are going to have a family someday. Whether it is through pregnancy, or through adoption, your dreams have not been taken away - they just have not arrived yet.

Int: That's beautiful!