

INFERTILITY: FINDING GOD'S PEACE IN THE JOURNEY

Chapter One: Why Peace is Elusive

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My earliest career aspiration was a simple one: When I grew up, I wanted to be a mother.

This goal probably had something to do with the fact that, for the first five years of my life, my primary female role model was my own mom, a stay-at-home wife and mother whose chief occupation in life was caring for me, my five older siblings, and my father. From my perspective as a little girl, being a mother was an extremely important job. No one else could cook supper, shop for groceries, buy those all-important Christmas and birthday presents, bundle me up to play in the snow, kiss scraped knees, or make chocolate-chip cookies any better.

When I was five, I accompanied my dad to the hospital to bring home my mom and my new baby sister. I remember sitting in the backseat of my dad's 1969 Rambler, stretching to get a glimpse of the little bundle in my mom's arms. I didn't know about all the responsibility and heartache that goes with parenthood—I just knew I wanted to be a mom.

As I grew older, my ambitions gradually changed. After I started school, I wanted to be a teacher; then, a contemporary Christian singer; and finally, a businesswoman who wore classy suits, lived in a trendy apartment, and carried a briefcase to work every day. Along the way—once I figured out what giving birth actually entailed—I set my maternal aspirations on a shelf where they were out of sight, yet still reachable. I planned to have several children when I got married, but there was no sense thinking about the terrifying mechanics of childbirth until that was absolutely necessary.

Fast-forward to May 1993. A few weeks after I graduated from college (with a degree in journalism—not business, music, or elementary education), I had major abdominal surgery to remove a grapefruit-sized cyst on one of my ovaries. I had always been healthy, and before this procedure, I had no reason to think I had any of the “female” problems that plagued other women my age. I just assumed this surgery would be a one-time thing—that the doctor would fix me and I'd be as good as new from then on.

I was wrong.

When the doctor opened me up, he discovered that the cyst was only part of the problem. On top of that, a severe case of stage IV endometriosis had frozen my bowels and reproductive organs into one stiff mass. The doctor did his best to eliminate the endometriosis, as well as the scar tissue and

adhesions that caused all my organs to stick together, but he was unable to remove it all. After the surgery was over, he told my mother and Randy (who was then my boyfriend) that the severity of my condition would probably make it very difficult for me ever to get pregnant. In my muddled post-operative state, I just remember him saying that when the time came for me to try to conceive, I would likely need to have laparoscopic surgery first.

I didn't realize it at the time, but that surgery was the beginning of our infertility journey.



Randy and I were married in March 1994. We devoted our first few years as husband and wife to strengthening our already close relationship and working to pay off school bills. The doctor's evaluation of my fertility prospects notwithstanding, we didn't want any surprise pregnancies to interfere with our aggressive plan to repay our loans, so we were especially careful with my birth-control pills. Our caution seems a bit silly now, but even then I really didn't believe I'd have trouble getting pregnant. My mom had given birth to seven children, as had my maternal grandmother. Why would I be any different?

About three-and-a-half years after we got married, we decided we were ready to have a baby. Our school loans were paid off. We were building a new home. We were secure and happy in our marriage. The time was right. I began envisioning the perfect combination of our genes: a happy little girl with my wavy brown hair and Randy's clear blue eyes, or a cute little boy with Randy's penchant for woodworking and my love of books.

As we waited a few months for the birth-control pills to work themselves out of my system, I remember feeling very hopeful about our prospects. I hadn't forgotten what the doctor had said, but maybe—just maybe—he was wrong. *Wouldn't it be neat if I got pregnant right away?* I thought. *Wouldn't that be a real testament to God's power? He would definitely receive all the glory for performing such a miracle.* (Looking back, I realize rather sheepishly that those musings were only the first in a long line of such thoughts—as if I knew better than God what He should do to receive glory in my life.)

It didn't take long for that rosy color to fade off my glasses. As a year passed and my periods became more and more painful, I began to realize that the endometriosis I had pushed to the back of my mind for the last few years was making its ugly presence known once again. When my doctor heard that my pain felt very much like knives cutting my lower abdomen, he scheduled a diagnostic laparoscopy.

The surgery was short. The endometriosis was so bad that all the doctor could do was remove a bit here and there and refer me to a specialist. “Don’t even bother trying to get pregnant until you get that fixed,” he told us. “It’s not going to happen.”

That was the beginning of a long series of doctor visits, uncomfortable procedures, including two more major surgeries. The first of those two surgeries supposedly removed all the endometriosis and greatly improved my chances of getting pregnant. Unfortunately, it failed to eliminate my most serious problem—the endometriosis that had invaded my colon. If left untreated, it could have caused a serious blockage in my bowel, which would have been far worse for my health than anything that might have been wrong with my reproductive system. So, eight months later—even before my body had a chance to fully recover from the previous surgery—I was back in the hospital.

I went home six days later, leaving nearly eight inches of my colon and most of my dreams of ever becoming a mother the usual way. In eight months’ time, the endometriosis had all grown back. Once again, scar tissue and adhesions held my fallopian tubes and ovaries in place, preventing the mobility necessary for conception to occur. We could try to get pregnant on our own or by doing some minor fertility procedures, the doctor said, but given the aggressive nature of my disease, our only real chance at conceiving would be through in vitro fertilization (IVF).

That prognosis might make our next step seem rather obvious. It wasn’t.

FACING THE ISSUES

Until now, I’ve described the basic physical facts of our infertility problem: I have this condition, this is what’s been done to fix it, and these were the results. As a logical, practical person who has always been more of a thinker than a feeler, I would prefer to stop right there.

With infertility, that’s impossible. A medical issue regarding infertility—whether it has to do with ovulation irregularities, blocked tubes, endometriosis, multiple miscarriages, low sperm counts, incorrect hormone levels, or anything else—is never just a medical issue. It comes with a whole host of emotional and spiritual ramifications. Some of these can be resolved fairly quickly, but others bring a fresh onslaught of distress that may never go away completely.

It’s difficult for someone who has never experienced infertility to understand exactly how a woman who is having trouble conceiving feels about her body. We all have things that are wrong with us. Some of us are blind as a bat without corrected vision, some can’t hear very well, some have high cholesterol or hypoglycemia, some have diabetes, some are

overweight, some have asthma, and so on. For some reason, however, dealing with infertility is infinitely more difficult—more personally painful—than getting fitted for glasses, counting calories, or taking cholesterol-lowering medication. For whatever reason, poor vision, high cholesterol, and a host of other conditions—some which are directly caused by poor lifestyle choices—simply do not have the social stigma of infertility.

It's only in hindsight that I realize how Randy and I were affected by this stigma. Medically, a person is said to be infertile when conception fails to occur after a year of unprotected, well-timed intercourse. For us, that year passed before we even started any serious medical intervention. Technically, then, we were classified as infertile prior to my first laparoscopic surgery. In our minds, however, my problem wasn't infertility. Rather, it was endometriosis—an explainable medical problem that was easily corrected. *Other* people were infertile, not us.

Maybe it was denial. Maybe it was fear. Or maybe it was simply an unwillingness to think that we were among the one in 10 Americans of childbearing age who have fertility problems. It was bad enough to be viewed as “that girl with endometriosis.” The thought of being pitied for our inability to have children was intolerable.

Gradually, though, we began to realize that my endometriosis wasn't as correctable as we originally hoped. Whether we liked it or not, *infertility*, still a bad word to both of us, was forcing its way into our vocabulary.

FACING THE FEELINGS

During this time, there was one thought that kept occurring to me. No matter what the doctors did, there were parts of me that just didn't work like they were supposed to work. In a culture that depends on the efficiency and productivity of well-oiled machinery, we have a word for things like that—we call them *broken*. And that is exactly how I felt.

One night, I found something in Scripture that crystallized these feelings. I was lying on the floor reading my Bible when all of a sudden a verse from Psalm 31 flashed at me like a spotlight on a dark stage. “I have been ignored as if I were dead, as if I were a broken pot” (v. 12, NLT). I stopped, amazed at what I had just read.

“As if I were a broken pot.”

I couldn't believe it! There, right in the middle of the Bible, was the perfect description of how I had felt so many times. My eyes quickly scanned the previous verses to see whether any of them applied as well. Though originally written by David, they too could have flowed just as easily from the pen of an infertile woman at the height of her despair!

“Have mercy on me, Lord, for I am in distress. My sight is blurred because of my tears. My body and soul are withering away. I am dying from grief; my years are shortened by sadness. Misery has drained away my strength; I am wasting from within. I am scorned by all my enemies and even despised by my neighbors—even my friends are afraid to come near me. When they see me on the street, they turn the other way. I have been ignored as if I were dead, as if I were a broken pot.”

—*Psalm 31:9-12, NLT*

Those four verses capture the very essence of what goes on in your heart and mind when you’re battling infertility. Each month that passes without a missed period saps a little bit more of your strength and makes a little bit more of your soul “wither away.” Tears are always close by. You feel like an outcast, a misfit, a charter member of a club that you never would have joined on your own.

Peace in the midst of that? It doesn’t take a doctorate in psychology to see why it’s often elusive.

LOSS OF CONTROL

Before I go any further, I should point out that it’s entirely possible to be at peace and still experience feelings of sadness, disappointment, frustration, and loneliness. The peace that I talk about in this book is not the absence of these difficult emotions. Rather, it is the felt presence of something—of Someone—bigger than those feelings.

That said, for me, a lack of peace is characterized by worry, a knot in the pit of my stomach, or an unsettled feeling that just won’t go away. For you, it might be tightness at the base of your neck, recurring headaches, sleeplessness, or some other physiological symptom. Whatever the case, when peace is gone, you know it.

The exact cause of the lack of peace might be a little harder to pin down. Any number of factors can play a role, and the effects of these factors vary from person to person, depending on life experiences, spiritual background, and personality. They also vary throughout the duration of the infertility process. What might be a huge issue early in the journey might be entirely forgotten later, and vice versa.

For example, uneasiness about money was one of my earliest peace robbers. Our health insurance doesn’t cover infertility related expenses, and my greatest fear was that the insurance company would figure out I was trying to get pregnant and refuse to pay for the treatment I was getting for endometriosis. Medically, they were two separate issues. The endometriosis was a serious problem—even without my desire to

conceive, it had to be corrected. But that didn't make me feel any better. I still worried about it. A lot.

One look at an infertility specialist's rate sheet is enough to produce a knot in the pit of most people's stomachs, especially if money is already tight. It isn't pleasant to think that the future of your family could depend on your ability to pay for a costly procedure that might not even work. Money is at the root of much marital tension to begin with—add the stresses of infertility to the mix, and the result is anything but peaceful.

As I think through all the things that can steal our joy during infertility, I keep coming back to one central theme: loss of control. This affects everyone to some extent, but it is especially true for overachievers and perfectionists (myself included) who have always been able to work, think, or talk themselves through any problem they've ever encountered. Unfortunately, infertility isn't like a complicated math problem or a difficult essay question. No amount of studying can make conception occur. No amount of persuasive talk can produce a positive pregnancy test. No amount of sweat or elbow grease can reverse a miscarriage. And for people who are used to being in control, such a predicament can be quite disconcerting, if not downright scary.

This loss of control is often accompanied by an equally trying source of mental anguish—uncertainty about the future. This one hit close to home for me. After all, I'm the one who always reads the end of a novel first. This habit drives Randy crazy—he thinks it ruins the story. But I just like to know how things are going to end. With infertility, though, we can't turn to the last page in the book. The journey—no matter how long or how short—is littered with unknowns: “Will I *ever* be able to have kids?” “Are we going to run out of money before we run out of treatment options?” “How long should we try to conceive before we give up?” “What should we be doing now to prepare us for whatever's going to come next?” Infertility would be so much easier to deal with if we could just see how it was going to turn out. Or so it seems.

MORE MEDICAL ISSUES

A lack of a clear diagnosis only makes the loss of control that infertility patients experience more painful. For many people, “Why can't I get pregnant?” is the question of the month—month after month. Sadly, the answer is often a mystery, even to doctors with years of specialized training. It's easy to get discouraged when test after test fails to reveal any abnormalities. How do you correct a problem when you don't even know what the problem is?

Then there's the monthly emotional roller coaster. Who would have thought that trying to have a baby could turn a normally stable, rational,

well-adjusted woman into a basket case? On the other hand, what else would you expect? In the early stages of treatment, you're careful to do everything right, from using store-bought ovulation predictor kits to lying on your back for an hour after intercourse. Nothing happens. Months later, a vaginal ultrasound reveals several good eggs and the doctor says your husband's sperm count is perfect for the artificial insemination he's about to do. Still nothing. The higher you allow your hopes to rise, the worse you feel when your period comes—again. “Hope deferred makes a heart sick,” Proverbs 13:12 says. Too much more of this, and you fear your heart condition will become terminal.

The mental and physical discomfort that accompanied visits to an infertility specialist can often be another cause of anxiety. It was for me and Randy. In fact, when I asked him to name the times during our infertility journey when he felt the least amount of peace, his answer was immediate: whenever we went to the clinic of the reproductive endocrinologist who performed my last two surgeries.

This particular clinic is affiliated with a university hospital. As such, it is very short on the comfort-providing touches you might find at a privately funded facility. Actually, there's nothing comforting about the place at all—from the stark linoleum floor and hard chairs in the waiting room to the cold blue walls in the examining rooms and the matter-of-fact bedside manner of the specialist.

It's not that he was incompetent or unpleasant. He was neither. But to say I dreaded going there is an understatement—I hated it. I hated the vaginal ultrasounds. I hated being treated like a number instead of a person. I hated the way procedures such as in vitro fertilization, the doctor's specialty, were promoted without any mention of any ethical concerns a patient might have about them. I even hated the hotel where we always stayed when we went to that particular clinic.

Yet another cause of uneasiness for couples facing infertility is the wide range of treatments that exists these days. Fifty years ago, couples who couldn't conceive naturally had two options: adopt or remain childless. Today, thanks to amazing advances in assisted reproductive technology, a whole menu of options is available, from potent drugs such as Clomid and Pergonal to high-tech procedures such as IVF, GIFT, ZIFT, and others. But although these therapies and procedures provide hope in previously hopeless situations, they also can confront infertile couples with ethical dilemmas that they would never have had to deal with before.

Frozen embryos, multiple births, and “selective reduction” suddenly are much more than subjects in a reproductive endocrinology textbook—they are very real issues with very serious moral and ethical implications. What type of reproductive assistance is appropriate for a Christian to receive?

How far is too far? What if your doctor, the one to whom you are turning for help in this deeply painful trial, recommends something, but you're not sure if it's right for you? What if he says it's your only chance, but you still can't decide? No wonder you have trouble sleeping at night.

You might think that once you get away from the doctor's office, your turmoil would lessen a bit. That might be true if there were no other people in the world. But that's simply not the case. Everywhere you turn, you run into women who look like they're about three days away from going into labor. It's bad enough with strangers, but when the pregnant women are your friends or relatives, it's even worse. You can't help but look at them and wonder why *they* are getting what you so desperately want. And then there are all those other people who seem to think it's their life mission to give you advice or "encouragement" about your situation. No matter how many times you tell yourself that they have no idea what you're going through, their comments still sting.

Worse yet, these comments can make you question your most deeply held beliefs and convictions. Which brings up my final—and most significant—reason why peace is often hard to come by during infertility. Your questions about why you can't get pregnant might be directed to your doctor at first, but inevitably they turn upward. And when those questions—those agonizing prayers—just seem to bounce off the ceiling, everything you've been taught about God all your life is suddenly in jeopardy. Is it true? Is it real? Will it sustain you when your dreams begin to crumble around you?

That depends on what you've been taught—and on what you believe.