

Failed Infertility Treatments May Devastate a Woman's Sexual Self-image

During eight years of treatment for infertility, Julia was the perfect patient. She never cried. She never did anything to acknowledge the toll of several surgeries, three unsuccessful attempts at in vitro fertilization and about 20 intrauterine insemination procedures.

But over time Julia lost all interest in sex. Cunnilingus, which she had once enjoyed now made her sick to her stomach. She participated in sex like an automaton, until finally her husband brought her in to see AASECT member Aline P. Zoldbrod, Ph.D., for therapy.

Using hypnosis and guided imagery, Zoldbrod helped Julia to begin to express the pain she had repressed as she tried to conceive a child. "At times when they put the sperm in it hurt deep inside," Julia told Zoldbrod. while under hypnosis. "I would just lie there, my vagina open with the speculum, and wait for the pain. It was like the pain when the dentist is drilling."

Julia said that part of her knew that she was forcing her vagina open, forcing herself to stay still and to relax. Another part of her was screaming to get up, but she ignored that part. "I was split off from my vagina and subjugating it. I would wait for long periods of time alone with my vagina forced open. People, always someone different, would come in, would withdraw the tube and then the speculum. I would get up, dazed, and go pay the bill or whatever. At that point, I didn't want anything to do with my vagina and my vagina didn't want anything to do with me. We were in two different worlds."

Like Julia, women who have undergone extensive but unsuccessful treatments for infertility may wind up with feelings of disgust and unworthiness similar to those often felt by survivors of rape or child sexual abuse, Zoldbrod says.

These feelings seem more common among "strong" women, those who endure painful medical procedures without complaining. "If you're a strong woman there's a tendency to ignore how you're feeling," Zoldbrod says. Repressed feelings may end up devastating a woman's self-image and her subsequent sexual relationships.

After months or years of painful, unsuccessful infertility treatments, some women "distance" from their bodies, Zoldbrod says. Others feel disgust. Addressing their bodies in Gestalt therapy, they'll say things like: "You're disgusting. You're useless. You're defective. You're revolting."

"Useless is the one that really kills me, because a body that's useless for producing children can still produce sexual

pleasure," says Zoldbrod. "Feeling physically useless these women may 'split off' from their bodies.

One cause for this split is the way that infertility treatments are sometimes performed, according to Zoldbrod. Often in the course of treatment the focus is so much on creating a baby that the woman's pain may be deemphasized. "When you have a medical treatment for cancer, everyone asks you 'How do you feel? Are you nauseous?' And they often offer ways to deal with side effects from the treatment." But when you're having these treatments so you can have a baby, people are saying. "Oh, we hope it will work. Keep your fingers crossed."

To circumvent the negative feelings that may result from unsuccessful infertility treatments, it's important that doctors and medical personnel be careful to inform a woman whenever a procedure may be painful, according to Zoldbrod. Particularly in cases of "strong" women, the woman may not permit herself to experience pain unless the doctor first acknowledges the difficulty of the procedure.

"People are having children they never could have had a few years ago," Zoldbrod says. "No one wants these high-tech procedures to stop. But there can be a downside. The technology has outstripped the ethical and psychosocial sequelae of these interventions."

With therapy, Julia was able to reestablish a healthy, enjoyable sex life with her husband. In time they adopted a child. But the key to Julia's healing, according to Zoldbrod, was that she was able to overcome her stoicism and grieve for her physical and emotional pain.

"Once *she* owned *how* upset she had been and how much it had been like a rape for her, she was able to get back ownership of her vagina," Zoldbrod says. "She regained ownership of her sexuality."

Aline Zoldbrod serves on the national board of directors of RESOLVE, an organization that helps women undergoing treatment for infertility. Zoldbrod's book on the psychological aspects of infertility treatment will be released this year. Her pamphlet, "Getting Around the Boulder In the Road: Using Imagery to Cope with Fertility Problems," can be purchased for \$9 per copy by writing Aline P. Zoldbrod, Ph.D., 12 Rumford Road, Lexington, MA 02420.

For information, resources and referrals regarding infertility, contact RESOLVE at www.resolve.org.

