

*Embracing the Cross of Infertility*¹

It seems like the world is standing on its head: on the one hand, some want free and legal access to abortion during the 9 months of pregnancy, while others are struggling with infertility. God, it seems, is giving children to those who don't want them, and not to those who would be loving parents – at least, so it often seems to those suffering from infertility. Why is that so, the infertile couple may ask itself. We are so seeped in the culture of death having made ourselves the masters over life and death that we think babies will come along when it suits our plans. This mentality can even affect those who are pro-life and recognize that each child is a special gift of God. So to the Cross of infertility that has existed since times immemorial is now added the temptation of a quasi-omnipotence, of having children no matter what it takes, even if it means manufacturing them and killing some in the process.

Though infertility has obviously always been an issue as we can see from the stories of Hannah or Elisabeth who eventually became the mothers of the prophets Samuel and St John the Baptist respectively, it never seems to have been so widespread. 80 million people suffer from infertility according to the 2001 WHO Report “Current Practices and Controversies in Assisted Reproduction”. In 1995, 6.1 million women in the US between the ages of 15 to 44 suffered from an impaired ability to have children, while 2.1 million or 7.1% of married couples were infertile according the National Center for Health Statistics.² A couple is medically defined as being infertile if it is not using contraception and yet has not been able to conceive over a period of 12 months or more.

¹ I would like to thank my husband, Joseph Meaney, who has been very supportive during the writing of this article. I also would like to thank my friend, the psychologist Dr. Christina Lynch, who kindly looked over this text and made some very valuable suggestions. Finally, my thanks go to Mary Cuddeback who corrected the article thoroughly from an editorial perspective.

² “Fertility, Family Planning, and Women’s Health: New Data from the 1995 National Survey of Family Growth,” *Vital and Health Statistics*, Centers for Disease Control and Prevention/National Center for Health Statistics, May 1997, 22 May 2007 < http://www.cdc.gov/nchs/data/series/sr_23/sr23_019.pdf> found on <http://www.cdc.gov/nchs/fastats/fertile.htm>.

According to the American Society for Reproductive Medicine (ASRM), this is due in 1/3 of all cases to male infertility, in another 1/3 of cases to female infertility, and for the remainder it is a combination of factors in the man and woman with 20% of the cases of infertility remaining unexplained. The reasons for infertility are varied: for the woman it can be the failure to ovulate, blocked fallopian tubes, hormonal imbalance, or endometriosis among other things; previous abortions may have scarred the uterus or damaged the cervix, making implantation or the carrying to term of the pregnancy difficult; for the man it can be a low sperm-count (oligospermia), or sperm which lacks motility or has a higher percentage of abnormal morphology, or even a complete lack of sperm (azoospermia). Birth control can be another factor, for it often affects hormones over long periods, even after it has been discontinued.³ What its effects are over generations remains to be seen. This as well as stressful modern life, bad nutrition and sleeping-habits, environmental and other factors can affect a couple's fertility. Infertility also has important psychological repercussions leading sometimes to depression, and in any case to great sorrow. Already Rachel cried to her husband Jacob in the book of Genesis: 'Give me children, or I shall die!' (Gen 30:1, CCC 2374).

This cry of anguish shows how infertility affects the woman in a particular way though it is obviously also painful for the husband and potential grandparents. She is the one to experience pregnancy, feeling the child grow in her womb, as John Paul II said so beautifully in *Mulieris dignitatem*, and thus she will also feel more deeply the lack thereof.⁴ Since her vocation is motherhood of some kind, she suffers particularly from its absence. Infertility is terrible for her even if she already has children, but is unable to have more.

³ For the side effects of the birth control pill, just look at the long list contained in the insert in any package of contraceptives.

⁴ "Motherhood is linked to the personal structure of the woman and to the personal dimension of the gift" (no. 18). John Paul II, *Mulieris dignitatem*, 15 August 1988, 22 May 2007
<http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_15081988_mulieris-dignitatem_en.html>.

For those who have not experienced infertility themselves it can be quite difficult to imagine the nature of this suffering. Though I had always felt very sorry for couples who could not conceive, I really did not have a clue what the experience was like before it happened to me.

So what does it mean to experience infertility? It is very painful to want to have a family, and yet be unable to do so. Children are the fruit of the spouses' love for each other; by giving them children, God allows them to participate in His act of creation by letting them be procreators. It means being part in a new way in the great mystery of life and hopefully bringing future citizens of heaven into this world. One wants to engage in the great adventure of raising children with one's spouse, seeing part of oneself and the other reflected in the child or perhaps having a child that is very different in character and traits from the rest of the family. But infertility denies one all of this. Except if one knows that the sterility is final,⁵ there is hope and disappointment every month; and this disappointment comes at a time when it is emotionally and hormonally the most difficult for the woman to deal with it. At some moments, her hopes rise, and it takes a pregnancy test before she realizes that she has hoped yet again in vain. Perhaps she has been able to conceive, yet has miscarried. Some women feel that their life is on-hold during this time: they are simply waiting for children and in the mean time not much else makes sense. No profession, no successful career can fill the emptiness caused by infertility.

Common to all of this is a feeling of helplessness, a sense of one's limitations: perhaps one thought that infertility would never be an issue, that it is the kind of thing that happens to others; that one's mother never had any problems so why should it happen to oneself.

Suffering from infertility myself since my marriage in 2000 and having talked to many women with the same problem, I have not only come to see what is common to the experience of infertility, but also what the typically wrong approaches of dealing with it

⁵ Sterility is a permanent condition preventing conception.

are. It is a terrible suffering, but it can be made it worse by adopting false solutions. Thus I will first address the attitudes and choices that the woman should avoid, however tempting they may be. Afterwards I will speak about how friends, family and acquaintances can help the infertile couple which means first and foremost to avoid making matters worse by saying the wrong thing at the wrong time. There are some simple and helpful principles which I will outline. Thirdly I will look at the current “cultural” temptations of finding an “easy-fix” by using in vitro fertilization or artificial insemination. These methods turn the baby into a product rather than being the fruit of its parents’ love. I will then end on a more positive note by looking at ways in which the woman can deal positively with her infertility and how it can ultimately become a spiritual journey of growth and healing.

The Temptations of the Woman

Let us start by looking at the temptations the woman has to face.

Avoiding the Cross: You want to do the right thing, carry your cross courageously, not wanting to burden others with your sorrow and therefore desiring to control your emotions. Though courage and self-abnegation are admirable virtues, you should not make the mistake of forbidding yourself to mourn. This is paradoxically just a way of avoiding the Cross though you may well hide that from yourself by thinking you are being heroic: even if dealt with admirably, infertility remains a suffering; you cannot escape the pain and if you try, you will never find true peace. You should allow yourself a time of real mourning, of facing this pain – chances are that the period of intense grief will then be shortened. You have to embrace the Cross in order to feel ultimately that its burden is light; if you shun it, it will crush you all the more. So ask yourself: have I allowed myself to experience fully the suffering of childlessness, or am I trying to escape from it by embracing a stoic attitude? Also, be prepared that there are different stages of mourning: when you hit menopause or have a hysterectomy, when the time comes that you should have become a grandmother, you will have to face your infertility again.

Self-pity: As with all protracted suffering, one is greatly tempted to feel sorry for oneself after a while. If one has experienced some other great suffering in one's life, it is very tempting to feel like a victim of destiny. It is not enough to pull oneself together. That is just a Band-Aid on this festering wound which has deeper spiritual roots: thanking God for the good things He has given us (which does not mean denying the reality of this pain), focusing on His love as a Father are ways of countering this tendency. Even if we cannot help but feel sorry for ourselves now and then, we should at least avoid becoming passive as a consequence. An acquaintance of mine who had suffered from infertility for six years had tried a medical procedure from which she had expected much; but when she did not conceive in the following cycle she felt so sorry for herself that she did not even want to try to conceive at her next ovulation. Happily her husband convinced her otherwise, for she then conceived and now has a little girl. Had she given way to discouragement that little girl would not exist today.

Assume the best: When other people hurt us by their ill-placed comments, keep in mind that it is difficult for them to know what we are undergoing. They may not know how to react and say the first thing that comes to their mind, not realizing what the implications of their comments are. They carry their own wounds and our trial may stir up painful memories such as an abortion, the loss of a child, or their own infertility; perhaps their pain has not been acknowledged and therefore in talking to us their own suffering and resentment can resurface. Therefore: just as our situation is a challenge to them to be compassionate, so their lack of understanding and unfortunate comments are a call for us to affirm them nonetheless.

Divine mind-reading: Part of the difficulty of suffering is that it seems so useless and meaningless. I will address that problem in greater detail in the last part of this talk. It is tempting to find meaning at all cost rather than let that meaning disclose itself in growing closer to Christ. In a way, it is an attempt to read God's mind or like Job's friends to impose intelligibility on a situation at all costs. Thus women are sometimes tempted (and a certain amount of self-pity may well be involved in this thought) to think that they would not have been good mothers, that God is punishing them for something, and that they obviously need this cross in order to grow. When we try to do this divine mind-

reading, chances are that we won't get it right. Bearing the apparent meaninglessness of suffering is part of the mystery of the Cross, and trying to escape it at all cost is spiritually sterile. Sometimes God gives us an insight into why He allows certain sufferings; but let us not artificially try to impose reasons that are ultimately hurtful to us and may twist our perception of God's loving goodness.

Envy: Another temptation is to compare one's situation to that of others who have no trouble conceiving, to feel envy, to feel misunderstood because they don't seem to have a clue what it means to suffer from infertility. First of all, we should make sure that we are not scourging ourselves for simply experiencing pain over our childlessness – that is not yet envy, even if it may be triggered by seeing children. But if it is envy, then the only way out of this is to focus on God's mercy towards us. Given every person's unique individuality, everyone has a call and path that are specifically his or her own; others have their own crosses and we don't know how they feel or how they struggle with them. Focusing on another person's life is going to distort our perspective and cloud it to what God is calling us in this particular situation. Though God will probably not explain in a theoretical way why He is allowing this particular suffering, His answer, as John Paul II explains in *Salvifici doloris*, will be a call and a vocation (no. 26); it will become a unique path to holiness.

The traps for those wanting to support the woman - What not to say!

Let us now look at some of the wrong kinds of advice or mistakes that are made when talking to infertile women. I will explain why these are so painful to the woman, what their implicit message is, and give a few simple principles which will help one avoid committing these kinds of errors.

First of all, it is easier to hurt a woman by saying something than by saying nothing. **Do not feel that you have to give advice.** If the right thing does not come to mind, then listen with compassion, saying simple things such as “I am so sorry you are undergoing such pain.”

Furthermore, in 99 cases out of 100, I would recommend: **do not be the one to broach the subject**. The woman may not want to talk about it at this moment or perhaps simply not with certain people, and this should be respected. Her infertility is a very sore topic and bringing it up when she is either in great pain or happily - for the moment - not thinking about it, is not going to be helpful. If she mentions it, then this is different and listening to her with attention and compassion will bring her relief and is a true work of mercy.

But one may ask: isn't there an obligation to make sure the couple is not contracepting or using natural family planning when they ought not to? I have found it ironic that even my husband and I have been approached in that way despite our pro-life commitment and my husband's work for *Human Life International*. Additionally, an infertile friend of mine working in the pro-life movement has similarly been asked why she was doing this work instead of having children and staying at home. This is adding insult to injury. It is important to realize that if you are not close to the couple or if you are not in a position of spiritual authority (such as a priest), then it is not your task to raise that issue, except if it comes up naturally. While it would be tempting for the infertile couple to react in an uncharitable way to such nosey questions, my husband and I have decided to answer along the lines of: "We are very sad not to have children and could you please pray for us."

This brings me to the next point: **avoid curiosity**. I have found that some people would love to know the reason for one's infertility. Being asked about the reason for one's childlessness and sensing that curiosity is a motivating factor is painful. Instead of empathy, one has the impression of becoming the victim of voyeurism, of people asking themselves: how is she dealing with it? What is wrong with her or with her husband?

Furthermore, **avoid stories along the lines of** "once I had given up the hope of having children I became pregnant". This may be true or the reason for the pregnancy may have been different and you just don't know it: the point is that this kind of story seems to insinuate that the woman is obviously not detached, or not abandoned to God's will for otherwise she, too, would have conceived. Stress – and there is a lot of stress that

builds up with infertility – may well be an important factor. But people don't become less stressed by being told not to be stressed. All that is achieved is making them stressed about being stressed.

It may seem like you have to walk on eggshells around infertile couples. No! Please do not get this impression. But we should try to be sensitive as to how what we are saying comes across. And if we are motivated by charity, then even a clumsy mistake will not hurt the couple in the same way.

Do not become like *Job's friends!* Vis-à-vis all suffering, one is tempted to do so. For a while one is willing to commiserate, to be there for the suffering person. Then it becomes tedious to be standing under the Cross for so long without any sign of improvement. One starts looking for reasons for that other person's suffering, somehow trying to make her responsible for it or for her failure to get over it. This appears in such subtle forms that one is often unaware of it. The philosopher Simone Weil explains that this is so because naturally speaking one cannot bear suffering; one tries to avoid it at all costs and it is easier to blame someone for it rather than bearing it with the person (71).⁶ Thus one will be tempted to think that it is in some way the infertile woman's fault, that she is stressed or not abandoned to God's will; or perhaps that she obviously needs this Cross, that somehow she deserves it if God is sending it to her. The temptation to do so is particularly strong if there has been some fault such as a previous abortion or the use of contraception. But remember: the sufferings of the person concerned are not any less if there is any previous culpability – on the contrary.

Getting over it: One may also get impatient with the woman or man for not getting "over it". But it is not for anyone to determine how long another person's time of mourning should take. Everybody is different. To insinuate that the other person should really be getting over it, that other sufferings are a lot worse, that such and such who is so sick never complains, are less than helpful: they tell the woman that her suffering has no right to exist, that she should repress it. Similarly women who have had miscarriages or

⁶ Simone Weil, "The Love of God and Affliction," Waiting for God, trans. Emma Crauford (New York: Perennial Classics, 2001) 67-82.

abortions suffer from the fact that they are not given any or enough time to mourn. Even if you have the impression that the other person is wallowing in self-pity, it does not help her deal with her pain if you tell her she should stop being upset.

Why don't you adopt? There is a right and a wrong way of making this suggestion. Yes, adoption is a very good option for infertile couples and will give them the possibility of becoming parents. However, don't suggest this alternative as if this would therefore resolve the issue and would take away the couple's pain. I have had women tell me how hurtful this suggestion was for them, for it implied that they would then no longer suffer from their infertility. There is a great blessing in being procreators, in bearing one's own children and it is a suffering not to have that option. Couples do not love the adopted children less than those born to them. And yet they still suffer from not bearing children themselves. Furthermore, adoption is a vocation in and of itself. Not every infertile couple has this call.

Don't accuse the woman of envy! Yes, the pregnancies and children of others will remind a woman of her own infertility. These are the moments when an infertile woman's sorrow is particularly prone to break out again and one does well not to ruin the joy of the woman who has just announced she is pregnant by drawing attention to one's own suffering. However, this sorrow is not or need not be the sign of envy. If an infertile woman expresses her pain in the context of seeing the children of others, one does well not to assume that she is envious, for this may add insult to injury. Her own pain may simply surface at these moments as it often will.

The most healing thing that can be done for those who suffer is to suffer with them. This is the true meaning of being compassionate which comes from the Latin word "compati": *pati* means to bear, to suffer, and *com* means to do so with the other.⁷ We should be with suffering persons where they are. It is presumptuous to start by trying to pull them up to where we think they should be. This may again be a way of avoiding suffering oneself, of not wanting to spend this time with them. I once read that Mother

⁷ Originally the word comes from the Greek "pascho" which takes on new significance through Christ's passion.

Teresa was asked about her secret to helping the suffering; she answered that it was standing under the Cross with them; this means sharing their suffering, telling them that you love them enough that you will remain with them even in this difficult time of perhaps unbearable pain and anguish as Our Lady and St John the Evangelist did under Christ's Cross. Sometimes this is the only thing that is left when there is nothing more that can be done to help the person. But this is also a primetime for love, for transcendence of self. It is much easier to try to "fix the problem" and thereby remain an outsider to the other person's suffering; but now is the moment when one's mettle is being tested. This is only possible if one draws one's strength from Christ, and Mother Teresa taught her Missionaries of Charity to spend long hours in adoration to be able to do their work.⁸ As one can see, this is key to every kind of suffering, not only that of infertility.

Thus at the core of many wrong responses to other people's pain is the desire to run away, not to stand under that Cross with them. Hence telling stories about sufferings that are worse than those of one's interlocutor sends her the message that her pain is not worthwhile acknowledging compared to that of others, that she has not right to mourn. A friend of mine who lost her child just two weeks before giving birth was told about other people who had lost children too; but since those children had already been born, their suffering was presented as being much worse than hers. Instead of being consoled, she was, in a way, being reprimanded for being so upset. However, hearing the witnesses of other people having lived through great crises can be very helpful, if the person is at a point where she is ready to hear them and if they are told with an inspirational purpose in mind rather than for the above-mentioned reason.

Therefore, if we wish to give counsel in any situation, we must always ask ourselves the following questions:

⁸ As Weil writes: "The capacity to give one's attention to a sufferer is a very rare and difficult thing; it is almost a miracle; it is a miracle. Nearly all those who think they have this capacity do not possess it. Warmth of heart, impulsiveness, pity are not enough" (98) (Simone Weil, "Reflection on the Right Use of School Studies with a View to the Love of God," Waiting on God, trans. Emma Crauford (New York: Perennial Classics, 2001) 57-65).

- Is the Holy Spirit truly calling me at this moment to talk to the other person? Is my motive really a desire to help her? We have to make sure that we are not driven by the sense that we are on a mission, that we are merely gratifying our own pride.
- If our motive is unambiguously to console the other person, we have to make sure that we meet the other where she is, whether she is at this point wrongly or rightly; otherwise nothing we say will have an impact and we will simply be satisfying an urge of our own by trying to give counsel.⁹ One thing is certain and everyone has experienced this at some point or other: most of us know if the other person is really trying to help and is responding lovingly or not, even if we may not be able to put into words at that moment what the other is doing wrong.

Cultural Temptations: In vitro fertilization and artificial insemination

Having looked at the struggles which the infertile couple and the people surrounding them are facing, we will now address some modern temptations that have become so powerful because of the cultural ambiance. Today infertile couples are offered a whole range of possibilities in order to overcome infertility. Unfortunately, unethical means such as in vitro fertilization (or IVF) and artificial insemination are becoming more and more widespread.¹⁰ Couples who have not even fully explored the reasons for their infertility are encouraged to undergo IVF, probably because this is so lucrative for

⁹ Dr. Maria Fedoryka (Ave Maria University, FL) made the following excellent point in her talk “Pastoring with Strength and Compassion”: “Suffering with the one who suffers represents a particular summit of love. The warmth of love, its tenderness, its gentle regard, are revealed with particular clarity in the willingness to suffer with another. Because in order to suffer with another, I have to enter into the other with utmost reverence, being attentive to *his* heart, being attuned to what *he* is feeling, truly *understanding his* experience as *other*, and different from myself. As long as we ‘objectivize’ the other, as long as we impose on him our categories, our way of seeing and feeling, we will never be able to offer genuine compassion. Once again: we must offer an unconditional affirmation of the one who suffers.”

¹⁰ Even so IVF is used in less than 3 % of infertility treatment. Between 1985 and 2000, 139,000 babies were born through IVF in the US. (ASRM. 22 May 2007 <<http://www.asrm.org/Patients/faqs.html>>). However, 50,000 babies are born through IVF throughout the world every year (Bradley Mattes, “The Hidden Dangers of In Vitro Fertilization,” Life Issues Connector, July 2006, 22 May 2007 <http://www.lifeissues.org/connector/2006/06july_IVF.htm>).

doctors. Family and friends can make matters worse by putting pressure on the couple, blaming them for their sorrow since there would be such an easy way out of it - if only they were not so stubborn. Some have argued that it is pro-life to use such methods since one is bringing into existence a child that in all likelihood would never have been conceived otherwise.

However, that child is bought at the cost of other lives. In IVF, doctors usually inseminate more than one egg. They then pick the one or ones that seem the most promising, and plant them in the woman's uterus. The other children are frozen for future use, or are forgotten and one day destroyed or used for medical research. This in and of itself shows in what contempt the method and those using it hold life. Babies are turned into waste. They become the means to satisfy the longing of their parents who are willing to sacrifice or freeze them in order to have a child. But the end never justifies the means. If we believe the contrary, then soon no one will be safe - and society is moving quickly in that direction.

But the Church is also opposed to in vitro fertilization for another reason as it states so clearly in *Donum vitae*: even if no extra babies were created in the process, it would still be unethical to produce children in that way. The dignity of the human person demands that every child be the fruit of his parents' spousal union. It must be conceived as the fruit of his parents' love instead of being produced in a petri dish by technicians. The fact that the parents desire that child does not change the nature of its coming-into-being in a dish. As *Donum vitae* states: "The child has the right to be conceived, carried in the womb, brought into the world and brought up within marriage..." (II.A.1). If the child has the right to be conceived within marriage, then we are doing the child an injustice by bringing it into the world through IVF.

Is the Church saying that these children have less worth in God's eyes since they were brought into existence in a manner that is contrary to His laws? Of course not. Every human life has infinite value in the eyes of God: whether a child is born in or out of wedlock, is the result of a rape or the product of in vitro fertilization does not change the dignity of the child. It is precisely because of its infinite value that the Church

defends so strongly its right to be surrounded by love at all times, from conception until birth and until natural death.¹¹ The child owes its existence to the individual creative act of God who brings into existence each human soul when the sperm fertilizes the egg; the parents are only procreators, but their role is a beautiful one for out of their love another being comes into existence. God always creates in an act of love – human beings are less reliable, but have the duty to do the same. So what the Church really defends in its moral pronouncements is a law of life, as *Donum vitae* underlines, that leads to fulfillment and happiness, even though it means embracing the Cross at times.¹²

But how much does the child feel this violation, you may ask? How can this hurt it at that stage, especially if it were never told about the nature of its conception or only told about it in the context of its parents' great love who absolutely wanted it to come into existence? This argument, however, is not valid. To draw an analogy: I may be the heir of an important fortune which would pull me out of abject poverty, but I may not know it. Even if I were never told about the injustice perpetrated by others who stole the inheritance, an injustice has been done to me. Similarly, the child can from the very beginning of its existence be the victim of an injustice without being conscious of it. The fact that the child may not know about it does not make it any less of an injustice nor does it unbind other people from their duty to abstain from committing an injustice.

Furthermore, we simply do not know what the child experiences at conception and during its 9-month gestation. Children, it seems, experience often more than we imagine. How is it, for example, that children (as psychologists who deal with post-abortion stress disorders have found out) often know that some of their siblings have been aborted, even though they were never told?¹³ The prenatal psychologist Karlton Terry

¹¹ Joseph Cardinal Ratzinger writes in *Donum vitae*: “The one conceived must be the fruit of his parent’s love. He cannot be desired or conceived as the product of an intervention of medical or biological techniques; that would be equivalent to reducing him to an object of scientific technology” (II.B.4.c). 22 February 1987, 22 May 2007
<http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19870222_respect-for-human-life_en.html>.

¹² “For it is out of goodness – in order to indicate the path of life – that God gives human beings his commandments and the grace to observe them...” (intro. no. 1).

¹³ See Philip Ney’s article “A Consideration of Abortion Survivors” on the psychological impact that abortion has, among others, on the siblings of the aborted child (*The Zero People: Essays on Life*, ed. Jeff Lane Hensely (Ann Arbor: Servant Books, 1983) 123-138).

describes a case in which a little girl conceived by IVF told her parents that she dreamt she had 7 siblings – three sisters and four brothers – who were freezing in a cave, were crying and needed to be saved. The parents confirmed that 7 embryos remained frozen (110).¹⁴ The point is that we are of such infinite value in God’s eyes that we should be lovingly affirmed at every moment of our existence. Original sin has made that difficult, but we are no less accountable and should abstain from methods that so clearly contradict human dignity.

The Church, by the way, has no problem with science as such. As *Donum vitae* clearly states, it is not the artificiality of the procedure which constitutes the problem. A heart-pacemaker is also artificial, but poses no moral problems – on the contrary. But all scientific measures must be given a moral evaluation in reference to the dignity of the person (intro. no.3). A pacemaker does not negatively affect human dignity, but to be brought into existence outside of the context of the spousal act does.¹⁵

Artificial insemination also poses an ethical problem since the sperm is collected in an act of masturbation. This separates sexuality from its meaning, which is to express itself in an act of love towards one’s spouse with the openness to life. It constitutes a grave sin [similarly, the sample for a sperm-test should not be collected through masturbation as most laboratories suggest. A pierced sheath can be used which allows for

¹⁴ Karlton Terry “Observation in treatment of children conceived by IVF,” ed. Ludwig Janus. *Ergebnisse der Pränatalen Psychologie* (Heidelberg, Germany: Mattes Verlag, 2004) 107-116. The article can also be found on the following website: 22 May 2007 <http://www.karltonterry.com/pubs_IVF.html>.

¹⁵ Furthermore, there are medical risks involved in IVF. Apart from the harvesting of the eggs in the woman which is problematic, the children themselves are more prone to suffer from genetic diseases. In its February 9, 2006 issue the medical journal *The Lancet* published a study done by the University Children’s Hospital in Uppsala, Sweden and found that IVF-children were almost twice as likely to develop a neurological problem than those who were conceived naturally. According to the study, IVF- children “were three times more likely to have cerebral palsy, and four times as likely to have some type of developmental delay” (Bradley Mattes, “The Hidden Dangers of In Vitro Fertilization,” *Life Issues Connector*, July 2006, 22 May 2007 <http://www.lifeissues.org/connector/2006/06july_IVF.htm>). A study funded by the National Institutes of Health showed an “alarming” increase in Beckwith-Wiedemann syndrome, according to Dr. Andrew Feinberg, professor of medicine at Johns Hopkins School of Medicine. IVF-children are six times more likely to have the Beckwith-Wiedemann syndrome, according to Dr. Feinberg, as shown in a study funded by the National Institutes of Health. The symptoms are: stiff, jerky gait, excessive laughter and seizures, and sometimes mental retardation and poor balance. “It is characterized by an enlarged tongue, retardation, abnormalities in the kidney, liver and spleen, and a predisposition for early childhood cancers. The research indicates that certain growth-regulating genes had a tendency to be imprinted incorrectly in babies conceived by IVF. Scientists called the link between Beckwith-Wiedemann and IVF ‘strong’” (ibid.).

the possibility of conception and allows for the sperm to be collected as the result of a spousal embrace].¹⁶

The same arguments hold for heterologous IVF and heterologous artificial insemination. Heterologous means that at least one of the gametes is taken from one donor other than the two spouses. However, heterologous IVF and artificial insemination are even worse than homologous ones, for they go against the child's right to be born of its married parents.¹⁷ As *Donum vitae* states, they violate “the right of the child [...] [and] deprive[...] him of his filial relationship with his parental origins and can hinder the maturing of his personal identity” (II.A.2.).

The culture of death is so pervasive that it may be difficult for us to understand the truth of these laws. I encourage you to take the time to read the documents the Church has put together to explain the justice, truth and rationality of these laws that exist for our greater good. *Donum vitae*, *Humanae vitae*, *Evangelium vitae*, and the relevant passages in the Catechism can be found on the Vatican-website as well as on HLI's online bookstore.¹⁸ At the least, make an informed decision with the desire to do the right thing rather than be guided merely by your great desire for a child.

The Church, however, encourages the treatment of infertility, helping the parents conceive children by their own means rather than having their offspring produced for them. Infertility treatment should assist the parents in conceiving children, rather than replace the parents through technology. Methods like the NaPro-technology developed by Dr. Hilgers at his Pope Paul VI Institute in Omaha, Nebraska, precisely aim to do so. 76.0% of normally fertile couples who conscientiously apply his sophisticated method of family planning called the Creighton Model Fertility Care System (CrMS), based on the

¹⁶ The question whether the use of sperm collected from a spousal act (in a pierced condom) which is treated and then re-inserted into the woman is ethically licit or not, has not been determined by the Church so far. Some moral theologians argue that this method does not interrupt the spousal act, but only assists in its completion, while others come to the conclusion that it does constitute an interruption and is therefore morally illicit. I would personally side with the latter since there is a spatial and temporal disruption of the sexual act and conception, and a mechanizing process is introduced in the conception of the child.

¹⁷ “the bond existing between husband and wife accords the spouses, in an objective and inalienable manner, the exclusive right to become father and mother solely through each other” (5.II.A.2).

¹⁸ 22 May 2007 <http://www.vatican.va>.

Careful monitoring of the woman's cycle and the observation of her cervical mucus, conceive within the first month of using it which is a very high rate even for fertile couples. 20 to 40% of couples with infertility conceive within the first 6 months of using CrMS (53).¹⁹ Some of these couples had already tried IVF, but without any success.²⁰ Apart from the ethical issue, such couples obviously did not need such an invasive method as IVF, since they were able to conceive by knowing when exactly the woman was ovulating. Women who have endometriosis or other health issues making conception difficult have also benefited from Dr. Hilger's NaPro-technology which is a very sophisticated surgical treatment. For example 81.8% of women conceived who had suffered from anovulation (lack of ovulation), 56.7% of women suffering from endometriosis achieved pregnancy while only 21.2% with the same condition achieved pregnancy through IVF.²¹

How to deal with infertility:

Let us now discuss the question of how to deal with infertility. As can be gathered from this talk, it is important that we permit ourselves to mourn. Only then can we embrace the Cross and allow God to help us. If we try to deny it and run away from the pain, we will never get past it and never let it bear the spiritual fruit and potential it has. Humanly speaking it is very difficult to endure this pain; only God can heal this wound and prevent it from turning into anger, bitterness and resentment. There will be times of trial where we think we cannot stand it any longer; and then there will be moments of greater serenity; my guess is that as time goes on the periods of serenity will eventually become longer, though this does not mean that the pain will ever completely disappear. Just like parents who lose a child will never stop to feel their loss eventually reach greater peace, so this cross (if dealt with correctly) will eventually be born with greater peace in one's heart.

¹⁹ Thomas W. Hilgers, Creighton Model FertilityCare System: An Authentic Language of a Woman's Health and Fertility, 5th ed. (Omaha/NE: Pope Paul VI Institute Press, 2001).

²⁰ NaProTechnology has a much higher success rate than IVF as the statistics show. 22 May 2007 <<http://www.naprotechnology.com/infertility.htm>>.

²¹ *ibid.*

In the meantime, how does one get through the rough patches? Nothing, it seems, can truly console, except for that baby that fails to be born. I have found that talking to other women who are undergoing the same trial can be very helpful. To see that one is not alone, that others struggle with the same things (and have probably been hurt by the same kind of comments), and to see how they are coping is encouraging.

Furthermore, it is important that the husband be supportive: while he is probably not experiencing this cross in the same way as the woman, it is important that she tell him how difficult it is for her; perhaps she is not aware how painful it is for him; in consequence they will grow closer by trying to help each other.²² Furthermore, this gives the couple the opportunity to affirm each other in a new way. As Jameson and Jennifer Taylor point out in their article “Babies Deserve Better”, spouses can now show that they love each other in all dimensions, including their infertility (24).²³

Then try to resolve the problem if that is possible. It is wrong to say: “Oh, God will take care of it!” Yes, He may, but He may also want the couple to heal the medical condition they suffer from. After all, if one has appendicitis, one doesn’t just say: “God will take care of it! I don’t need to go to the doctor!” That would be foolish and would furthermore be a sin against the body which is a gift from God. One has to judge what methods of diagnosis and treatment make sense in one’s situation, given one’s financial situation and opportunities. However, for peace of mind it is helpful to know what exactly is wrong. I would also suggest to think creatively and keep an open ear and mind about available ethical methods that have worked for others, even if they are off the beaten path.

For some, the pain may become obsessive and turn into a depression; then it might be a good idea to get some counseling, preferably from a Christian therapist who will take into account the spiritual dimension of the issue. Or it could be beneficial to find a good priest and talk to him. Turn this into a spiritual journey rather than letting it simply be a

²² *Mulieris dignitatem* points out how parenthood is realized more fully in the woman – thus infertility will also be worse for her: “Although both of them together are parents of their child, *the woman’s motherhood constitutes a special ‘part’ in this shared parenthood*, and the most demanding part. Parenthood – even though it belongs to both – is realized much more fully in the woman” (no. 18).

²³ Jameson & Jennifer Taylor, “Babies Deserve Better,” [This Rock](#) (April 2006): pp. 16-24.

human disaster. Take advantage of this time in the desert when God lets you depend on Him alone. This is a time of growing closer to Him, of accepting His Holy Will however painful it is. Whether God will eventually bless you with children or not, you will have grown through this experience. So use this time well: get involved in projects you may never have the time to do again. Donate your time and energies, and thus be of service to the Church and to other people.²⁴

If we feel crushed by the experience and have the impression that we are therefore responding inadequately to it, this does not mean that we are doing the wrong thing: we can often be under the false impression that being abandoned to God's will means that in Herculean fashion we will sail through these trials, be a witness to the world through our inner and outer strength, and that we therefore won't experience so much pain. But being nailed to the Cross means experiencing great anguish. Even Christ did, and He is the Son of God. The only thing we can do is depend on Him, hold up this pain to Him and ask Him to help. This alone will give inner peace.

We tend to be afraid that uniting ourselves to Christ, abandoning ourselves to God's will might make matters worse; perhaps He will ask for something that we don't feel capable of; perhaps He will ask more simply because we are more ready to do His will. But remember: God wants our happiness; God did not create infertility – it is a consequence of original sin. In the beginning, He gave Adam and Eve the task to populate the earth (Gn. 1: 28). Yes, He is master over life and death, and He can determine even miraculously to give a couple the blessing of a child. But He also bows down humbly to the human condition in its brokenness: just as He wants children to be conceived by the loving self-gift of spouses and born into a loving family, but also allows children to be conceived in cases of adultery and rape, so He permits one's bodily brokenness to affect one's capacity to be procreators. So let us not turn away from Him, thinking that He simply does not wish us to be parents. Our sorrow will be the greater,

²⁴ The *Catechism of the Catholic Church* says: "Spouses who still suffer from infertility after exhausting legitimate medical procedures should unite themselves with the Lord's Cross, the source of all spiritual fecundity. They can give expression to their generosity by adopting abandoned children or performing demanding services for others" (CCC 2379). Libreria Editrice Vaticana, Città del Vaticano, 1993, 22 May 2007 <http://www.vatican.va/archive/ENG0015/_P86.HTM>.

our wound will fester and deep unhappiness will be the result while happiness is still possible if we accept that cross.

Suffering in all of its forms remains a mystery. Yes, there are explanations for it, such as original sin. But this does not yet answer the anguished question as to why this is happening to us or to someone dear to us. God does not explain to Job the reason for his suffering. But He does give an answer – the only answer which can satisfy the heart, which is God Himself. For as the French philosopher and mystic Simone Weil says: though “affliction renders God absent during a certain time, more absent than the dead, more absent than the light in a completely dark dungeon”, the soul will ultimately hear “silence itself as something infinitely more full of significance than any answer, as the word itself of God. The soul knows then that the absence of God here below is the same as the secret presence here below of that God that is in heaven” (168).²⁵

“Do not be afraid”, as John Paul II exclaimed at the beginning of his pontificate. We are afraid of crosses, of the deaths we experience through them. But God will bless us a hundredfold through them and we will bear fruit for the Church and the world in ways we probably don’t even know. In eternity this wound will be part of our glory, shining forth, reflecting God in a particular way. Though we may never have biological children, we will have spiritual children in heaven and we may well only get to know many of them in the next life.

Though our cross is often hidden to the world since people will assume we are contracepting and don’t want children, our infertility – if we live it well - will contribute to the construction of a civilization of love. Some will realize that our infertility is not intentional, others won’t. But our sacrifice is a spiritual reality that has vast effects; by uniting ourselves to Christ we are “serving, like Christ, the salvation of [our][...] brothers and sisters”, as John Paul II states in *Salvifici doloris* (no. 27). We are showing to the

²⁵ Simone Weil, *Intuitions pré-chrétiennes* ([Paris]: Fayard, 1985).

Or as John Paul II writes in *Salvifici doloris*: “For Christ does not answer directly and he does not answer in the abstract this human questioning about the meaning of suffering. Man hears Christ’s saving answer as he himself gradually becomes a sharer in the sufferings of Christ” (no. 26). 11 Feb. 1984, 22 May 2007 <http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_11021984_salvifici-doloris_en.html>.

world that children are not commodities, that no one has a “right” to a child, that children are a precious blessing, and that it is a great cross not to have any or less than we would wish. By accepting this cross out of God’s hand, we are becoming true children of God, for we are living in receptivity of God’s will instead of making ourselves masters over life and death. God will reward us in manifold and unexpected ways – but the full extent of this will only become clear in eternity, for in the mean time we continue to see everything through a glass darkly...

Dr. Marie Meaney