



MINDING WHAT MATTERS

TAKING CHARGE OF YOUR INFERTILITY JOURNEY

Although there is no significant or reliable evidence that demonstrates stress causes infertility we do however know that infertility can cause stress.

Although there is no definitive research that has established a cause and effect relationship between the type of stress experience that people have during treatment and pregnancy outcome, there is some evidence that patients with a prior history of depression have a higher incidence of infertility and lower treatment response rate (Domar et al, 2005, Diamond et al, 2011).

We know that screening for infertility related stress *before* treatment helps to reduce depression and anxiety symptoms before treatment. In men, women, and couples, and that men, women, and couples are impacted differently (Casu and Gramigni, 2015).

Several studies have documented that the third year of infertility appears to be critical to the level of stress experienced as well as the decision to discontinue treatment.

Women tend to have more infertility related shame (internal and external). However, external shame or shame from the outside world although perceived as worse by women was reduced by women's capacity for greater self-compassion than men and their ability to distance from the opinions of outsiders. Men's experience of internal and external shame was not reduced by self-compassion but was rather increased by self judgement (Gelharo et al 2013).

Feeling hopeless or defeated has an indirect effect on infertility related depressive symptoms so becoming aware of and changing defeatist scripts and behaviors is critical (Gelharo 2016)

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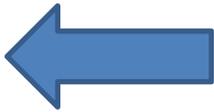
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TAKING AND SETTING YOUR EMOTIONAL BLOOD PRESSURE

THINK/FEEL



ACTION



Emotional Distress Distance
or
Emotional Hypertension

When our thoughts and feelings are out of synch with the action we are taking to respect or support them then emotional stability or ‘homeostasis’ is compromised. I refer to this as our emotional *blood pressure*. Our emotional regulating system, like every other system in the body, has a desired ‘set point’ for optimal functioning. When that set point is volatile or stressed then other compensatory mechanisms develop to cope with the dysregulation. Over time any stressed system breaks down in response to extreme overload. Just as the heart eventually registers prolonged stress by decreasing function so too does the emotional and psychological system. The longer the stress and the heavier the burden the greater the degree of impact so that even individuals who *appear to be functioning* can be at the low end of their capacity to cope. In addition, compensatory mechanisms designed to offset loss *do not* heal injury. Healing injury requires identifying and eradicating the source of the wound and developing therapeutically effective approaches to restoring health. And, because all of our body systems, including our emotional regulating system, are interconnected and interdependent and are experienced in the body as physiology, (remind of yourself of what it feels like to be afraid), effective restoration should include mental, emotional, physical/physiological, and spiritual techniques and practice. There is increasingly more evidence to support integrative approaches to physical, mental, and emotional wounding including: mindfulness meditation, restorative yoga, creative therapies (including music, art, writing), and connection to nature. Being able to experience oneself across the brain-body interface i.e. as thinkers *and* feelers is critical to living in the truth of your story and your circumstances. Achieving a steady emotional blood pressure is *not* about changing the script to fit and sound like what you want, it is about respecting the reality of what has happened so that you can take action that restores your ability to live your best in that reality.

Think/Feel



Action



Emotional Homeostasis

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CHANGING THE SCRIPT

- 1) You don't do this to be on the wrong side of the equation so whatever your odds (statistic for success) that is the number you must be committed to.
- 2) You do this for the possibility it can work not for the chance (whatever that percentage might be) that it won't.
- 3) You are doing the best you can with what you know: "I know what I want and I will find a way to live in what happens."
- 4) Preparing yourself for failure does not protect you from disappointment. You *will* be disappointed if you don't become pregnant - give yourself the freedom to anticipate the possibility of success while understanding better than anyone you might have to try again.
- 5) Understand your coping style (and your partner's) and respect that it will likely need tweaks in order to manage infertility-related stress and distress.
- 6) Develop a shared script and PLEASE honour and respect that script.
- 7) Seek out support, physical, emotional, psychological and spiritual.
- 8) Listen rather than suggest. You cannot fix this problem with 'doing'. You can improve the struggle by becoming informed, experiencing it together, asking for what you need, and providing sanctuary in your relationship.
- 9) Expand your thinking. It is possible to feel better about not being pregnant right now. Not being pregnant and wanting to be pregnant are not mutually exclusive. "I will not be happy until I am pregnant" is the same mind trap as "I will not be happy until I am a size 8." The only thing guaranteed is that you will not be happy.
- 10) Become familiar with how your body experiences stress (gut, blood pressure, sweating, heart rate) and commit to at least 3 strategies to mitigate that response. There is lots of evidence that suggests that when we feel better we are doing better even if there is not a test that shows that directly in our reproductive system.

The Three Restorative Yoga Pose that I Recommend to Everyone

“The aim of yoga is to calm the chaos of conflicting impulses”
Iyengar, 2001

Restorative Yoga Postures

Variation on Corpse Pose



Butterfly or Reclining Bound Angle (Supta Baddhakonasana)



Wind Removing Pose (Pavanamuktasana)



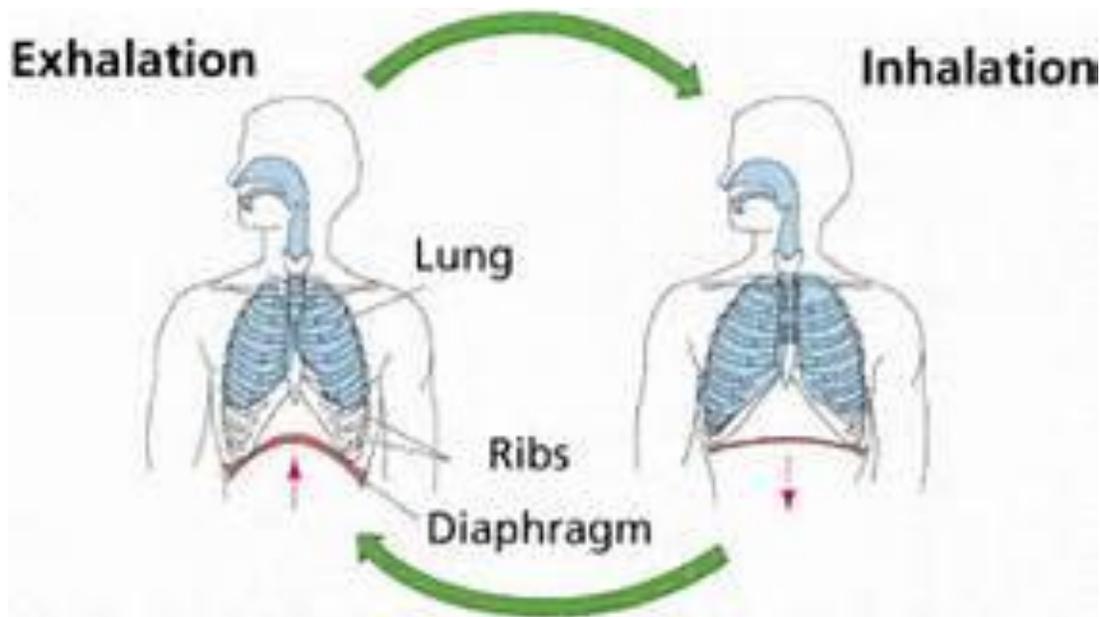
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**BREATHE OUT AND THE BREATHING IN WILL
TAKE CARE OF ITSELF**



COMPASSIONATE ACCOUNTABILITY

Compassionate accountability marries two concepts that are often viewed as mutually exclusive. Compassion, or the act of feeling and demonstrating concern is what I call a 'feeder principle' - it serves to nourish every other principle that life is built upon. However the principles that individuals uphold as a measure of their life code are only words if the action of their meaning is not visible.



Women are raised to put the caretaking of others before the care of themselves. The concept of compassion is even gendered as a ‘feminine’ trait which historically places it on the wrong side of the *value added* equation. As a rule rather than the exception humanity has placed greater importance on masculine identified virtues or behaviors and compassion has not been one of them. Compassion is also sometimes described as ‘caring’ and as women often have the role of caretaker it is easy to see why compassion is described as something that women give to others rather than something they display toward themselves. However as the old saying goes; we cannot give what we do not have, however hard we might try to dress that up! So to give compassion from the heart it must be experienced in the heart. We have to **know the kindness to show the kindness** in any way that is authentic and durable. And, we have to *want* to express that compassion inward before it has weight in the hands of anyone else. Recent research in the field of infertility also shows that men have even less affinity toward self-compassion and tend to self-judge when feeling internally and externally stressed. This increases the likelihood that they might also experience feeling of hopelessness, helplessness and depressive symptoms.

So what then is self-compassion? Well according to this definition by Kristen Neff the 3 faces of self-compassion include:

“(a) self-kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, (b) common humanity—perceiving one's experiences as part of the larger human experience rather than seeing them as separating and isolating, and (c) mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them. Self-compassion is an emotionally positive self-attitude that should protect against the negative consequences of self-judgment, isolation, and rumination (such as depression). Because of its non-evaluative and interconnected nature, it should also counter the tendencies towards narcissism, self-centeredness, and downward social comparison that have been associated with attempts to maintain self-esteem. “(Neff, 2003)

So Neff makes a distinction between self-compassion and self-absorption or selfishness. The word accountability is as tethered to misuse as the word compassion. Some dictionaries even use the word ‘blame’ in partial definition of the word accountable. However, accountable does not mean blame any more than compassion can be something only demonstrated toward others. Compassionate accountability is a commitment to kind self-truth telling. It is the act of stepping up to the authorship of your life. It is the gentle re-establishment of faith bounded by principles that you protect just as much for yourself as you do for others. It is the courage to act heroically when the person to be rescued is you.

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