

# **Infertility: The Pain, The Resolution**

*By Wisconsin Lutheran Child and Family Service*

## **Introduction**

In recent months there has been a great deal of focus on DINKS (Double Income, No Kids) by the news media and the public. Modern society has produced a new type of family grouping where there is only a husband and a wife. Without the responsibility of children, it is possible for these couples to be enjoying the advantages of two incomes and a very comfortable style of living. To the on-looker, these couples may appear selfish and materialistic. They are often judged as people so intent on possessions that they do not want to share their lives with children. The fact is that many of these couples would love to have a family and share their lives. Only 2% of married women actually prefer to be childless (*U.S. News and World Report*). For the remaining 98% of women without children, infertility has made that blessing seem out of reach. The trauma of infertility, being such a difficult situation to speak about, causes the couple to often remain silent about their problem and thus they become the objects of much misunderstanding.

## **Statistics**

The facts show that infertility has become a national crisis. *U.S. News and World Report*, in October of 1987, reported that one of every six couples of childbearing age has infertility problems; the infertility rate among women age 35 to 39 has jumped to 25%. Among couples who get medical help, many still cannot conceive and give birth to their own babies. For these couples there is the added burden of realizing that for every healthy white infant available for adoption, there are 100 couples or singles seeking to adopt such a baby.

## **Purpose Of This Paper**

The purpose of this paper is to help pastors become more sensitive about the emotional, spiritual, financial and social effects of infertility. In addition, we wish to explore ways in which the church community can be supportive to families who are experiencing infertility.

Beth Spring in her book, *The Infertile Couple*, helps us to see how this crisis can become a crisis of faith. "The spiritual dimensions of infertility may confront a husband and a wife with an urgent crisis of faith. Being unable to bear children raises profound questions about the purpose of a marriage, the worth of the marriage partners, and their sense of belonging in the church community. Overshadowing these are even deeper questions about God: Doesn't He hear our prayers? Is He deliberately withholding parenthood from us? Is infertility a sign of disfavor, or is He protecting us or preparing us according to His purposes?"

## **Definition**

It is very important to define infertility as it will be referred to in this discussion. An infertile couple is one where conception does not take place after one year of trying. Medical examinations for both partners usually will not begin until that year has passed. If the woman has never been pregnant, the condition is known as primary infertility. If the couple is unable to conceive after one or more successful pregnancies, it is called secondary infertility. The term sterile is used only if one partner has a

diagnosed irreversible physical condition such as absence of sperm that prevents the couple from producing a fertilized egg.

In cases in which the cause for infertility can be determined, 50% of the couples will, with medical help, go on to conceive a child. Statistics show that 40% of the time the wife is infertile; 40% of the time the husband is infertile, and 20% of the time both partners contribute to the infertility. In all cases it is to be considered the couple's infertility and not just the infertility of one of the spouses.

### **The Process To Realization**

What we see now as infertility did not, however, arise on the scene of a couple's life overnight. Go back with them. The honeymoon is over, the newlyweds have returned and their plans for the future look bright. One of the foremost questions in their minds and the minds of their family and friends is, "When will the first child arrive?" Note that there is no question at this time about their ability to have that first child. It is automatically assumed by most couples, unless there are known physical problems, that they can have children, or at least that they have the ability to choose not to be parents.

Our newlywed couple has now decided to begin their family. A home is made, a name is thought of, income saved, plans, hopes and ideas are dreamed and prayed over. One year passes, two years pass and no pregnancy. Hopeful anticipation starts changing to anxious concern.

### **Medical Process**

#### **Choosing the Doctor**

After a year to 18 months of regular sexual intercourse and no resultant pregnancy medical treatment for infertility is often sought. To avoid the expense of incompetent treatment, Dr. James T. Howard, a recognized infertility specialist quoted in *Dear God, Why Can't We Have A Baby?*, advises that couples seek doctors who specialize in infertility. Such doctors can be found listed in the *Directory of Infertility Resources*. (refer to bibliography).

Also Dr. Howard advises couples to interview the doctor first, since in all probability this doctor will be a part of their lives for several months or years. Criteria the couple should consider are as follows: Does the physician have additional training in infertility beyond residency?; Does he give priority to infertility patients, such as seeing them at times when the waiting room is not full of pregnant women or women with children?; What are his prices?; Does he offer a price list for the various tests and treatments?; and, is the couple comfortable with the physician? Competency, training, fees, and "bedside manner" are all important in the treatment of the couple's very personal problem.

Even the U.S. Congress recognizes that infertile couples are vulnerable to unscrupulous doctors. Treating the infertile has turned into a billion dollar business. Representative Ron Wyden (D-Ore) wants the Federal Trade Commission, under truth in advertising regulations, to monitor the doctors' claims after one couple testified to having been exploited by a doctor for \$35,000.

The steps in an infertility work-up can range from a simple medical history taken by the doctor along with a complete physical examination to major surgery. Most of the books on infertility listed in the bibliography will give more detailed information on the physical causes of infertility, the numerous tests and the possible procedures which can be used to help the family.

### **Knowing When to Quit Trying**

Even after extensive tests, 10% of the infertility cases still have an unknown cause. This can be the most exasperating and frustrating determination of all. After expensive medical treatment, often not covered

by health insurance, only 50% of the couples have successful pregnancies. Many questions now surface for the remaining half of the couples to wrestle with how much money, time and emotion should go into the medical treatment? How much is enough and how much is too much? These are very difficult questions for the couple to answer. They need and may ask for spiritual guidance and counsel at this time.

## **Emotional Process**

### **Eight Possible Emotional Characteristics**

Ellen Peil Cook, in her book *Characteristics of the Biopsychosocial Crisis of Infertility*, lists eight emotional characteristics and stages in an infertility crisis. The first emotions the couple may experience are disbelief and surprise. Again, most couples have taken fertility for granted—now, when the assumption of bearing children starts to prove false through years of trying to conceive and years of medical tests and treatments, disbelief, surprise and shock engulf the couple's emotions. It may become difficult for the couple to even say the word "infertile." Marriages may even break up because the couple doesn't want to admit the problem and the inner hostilities and blame get pushed further inward until an explosion occurs. Infertility is not something to be ashamed of. Although infertility causes shame for many couples it is an issue which can be resolved to a comfortable emotional state.

When the couple first becomes aware of the possible problem, denial may set in. They may even go so far in the process of the denial that they furnish a nursery in the hope that a nursery will facilitate the arrival of a child. They keep waiting for the child to appear. At this point they may apply for adoption, but knowledgeable adoption workers in infertility can spot couples who still have not resolved their infertility. These couples may only be looking for a child to replace their hoped-for biological child, thereby fulfilling their need to parent a biological child. They may not be ready to focus on the unique issues of parenthood by adoption.

At this time a self-imposed isolation from friends and family may develop because it is easier to isolate than to be confronted with questions from friends and relatives. Also, seeing families with children and especially expectant mothers makes the reality of their situation become more traumatic and painful. The infertile couple may isolate themselves by being out of town during family holidays, staying away from church functions which are family-oriented and adapt, at least outwardly, the DINK lifestyle.

## **Loss**

After the couple begins to realize more fully that they may never have biological children, they have a deep sense of loss. This sense of loss may be as difficult to handle emotionally as dealing with the actual death of a child. This is the child of their hopes and dreams. It is important that family, friends and especially pastors of the couple realize how painful this time is. Jokes and empty cliché phrases such as "Here, have my kids;" "You don't know how lucky you are;" or "Cheer up, things could be worse—you could have teenagers" just add to the pain. Even well-meaning, but tactless, advice such as "Just relax—you'll get pregnant," wounds the couple who may have already been to several professionals to get advice about pregnancy. The support group Resolve, which was formed especially for infertile couples, uses a bit of return humor when addressing this unsolicited advice. They put out advertising bumper stickers which say, "I *am* relaxed." Unfortunately many of our couples aren't to the point yet where they can laugh about the problem. They need to hear that God loves them and God is near to help them through this trauma. Although their condition is part of an imperfect, sin-ruined world, it does not mean that their own actual sin caused infertility and they received this problem from God as

a punishment. That all of their sins have been washed away in the blood of Christ is what they need to hear.

Along with the loss of the dream to bear children many other losses may occur. Many individuals fear the end (loss) of their marriage. This is especially true in families where the goal of having children plays a larger role than the relationship the couple shares with each other. “We got married to have children,” “Why be married if we cannot have children?” “If we had children our marriage would be better,” are quotes often heard from young couples whose hopes for marriage are child-centered. These couples need to be redirected to a Christ-centered marriage. They need to be shown that although children are a blessing added to marriage, they are not the only reason or sole blessing for a marriage. The Christian counselor needs to help these couples focus on and build their own marital relationship, as well as to help them to see that biological children are not the only blessing to and purpose of a marriage. A strongly bonded marital couple without children can bring a great deal of blessing to family, friends and church as they develop their talents toward service.

There is also fear when couples don't trust the reaction of each other enough to be able to talk about their loss. When not openly communicating with each other, there is a tendency to vacillate between blaming the other spouse for the infertility or having powerful feelings of self-guilt over not having the ability to produce the desired child for the marital partner.

Communication is also difficult at this time, not only because both partners are experiencing a loss, but they are often on different emotional time schedules. She may feel depressed when invited to a baby shower; he may feel depressed when a co-worker becomes a father. They need to learn to recognize and honor each other's grieving time-chart, to be there for their spouse and be understanding of their spouse at his or her time of grief. Only through talking about their feelings and listening to the spouse can they learn to recognize their own and each other's needs.

Besides a fear of possible loss of spouse, there is the possibility of loss of extended family and friends. If the marriage does end they often lose the friends and relatives that come with the spouse through marriage. The infertile couple feels left out of the status and the prestige that parenthood seems to bring. Just as all people need to find social circles to meet their needs, these couples too may have to search for friends with whom they feel comfortable. The Resolve support group may be a place for them to start. Although it may seem to the infertile couple that everyone has children, it is not true. As the couple is encouraged to develop more friendships and talents they too will see that they have a lot to offer family, friends and church.

Another loss that may surface is the loss of health as the side effects of the drugs, hormone therapy and the surgeries to help with conception begin to take their toll. Health also may deteriorate due to the psychological strain of having to be super-tuned in to one's body temperatures and sexual functions which are controlled by physical procedures to help fertilization and the retaining of eggs and sperm. Life for these couples may seem to be controlled by monthly cycles and temperature charts; sexual activity becomes scheduled, routine, duty, rather than responsive, spontaneous, caring.

Financial loss can become a big problem. Infertility medical costs are high, and couples may have to take time off from work for the tests and treatment. Very few employers and even fewer insurance companies presently offer time off and financial aid at this time.

### **Anxiety and Anger**

Anxiety is the third characteristic mentioned by Cook. Anxiety is defined by Merriam Webster's Dictionary as “painful uneasiness of mind usually over an anticipated ill.” A second meaning of anxious is given as, “earnestly wishing; eager.” The infertile couple earnestly wishes for a child, but has the painful uneasiness of the mind over an anticipated ill; wishing for a pregnancy but fearing it won't

happen. This anxiety often surfaces monthly, as the couple wonders, “Is she pregnant this month?” There is a tremendous sense of loss as each cycle produces no pregnancy.

After anxiety surfaces, anger (the 4<sup>th</sup> characteristic) may develop in response to the frustration over a physical condition which hinders progress toward the goal of pregnancy. Because the infertility is so difficult to talk about, the anger may never be discussed and it may become repressed and taken out in other ways, such as spouse abuse, physical problems or clinical depression.

Dr. Gary R. Collins, in his book *Christian Counseling* offers these suggestions for coping with the anxiety and anger. They are here rewritten to help the infertile couple:

The couple needs to admit their fear of losses such as security in the marriage and family relationship, conflict with self, spouse, family, friends and God; and the above mentioned anxieties as they arise. All of the above need to be talked over with someone else—spouse, friend, family member, pastor or counselor—on a *regular* basis if necessary. The talking helps to put things into perspective and to relieve angry tension.

The couple needs to build their self-worth in the love of the Savior. They can do this by refocusing on the love their Savior has for them and by looking for opportunities the Lord has given them to serve Him rather than dwelling on the blessing that they feel they have not received, namely biological children.

David Seamands, in his book *Healing for Damaged Emotions*, shows that the view of our own self-worth or self-esteem can come from three false sources:

- a) the outer world—how people relate to us;
- b) the world within us—how we view ourselves; and,
- c) Satan.

For the infertile couple these sources with their self-centered humanistic standards and earthly perspective only show them inferiority. Satan also uses these sources as tools to stop the couple from looking to their Savior for a new image in Christ.

There is a proper source for a God-pleasing self-image. The couple needs to hear that Christ has made them into new persons who can love their new image. After all Christ would not have told us to love our neighbor as ourselves if he didn't want us to love ourselves, even as He loved us and gave Himself for us. Self-esteem in Christ is a valid Christian condition.

God loves the couple, cares for them and is planning for them; they need to focus on and trust in God's plans, not man's plans. Having a family with children, although a blessing from God, is a human standard for self-worth, not God's standard.

Another major step for the couple is to admit that letting go of their dream of producing a biological child is a painful process. They need to let family and friends know that they are hurting so that the friends and family can feel free to speak to them about it and offer them comfort and support. Then, when the couple finally acknowledges the hurt they feel, they can ask God for help with their anger and anxiety. Prayer, with open communication to God, can help them hand the problem to God and release much anxiety and anger.

There is nothing the wounded couple cannot take to Christ that He doesn't understand; He sees their suffering. He understands. He wept over Jerusalem and unfulfilled desires. Never was there more hurting than in the garden and on the cross. Christ knows and understands their suffering and only He can make them whole.

To remove the anxiety and anger, the couple needs to re-evaluate their priorities, life goals and time management. With the help of each another, friends, family, pastor or counselor the couple begins to switch their family plans from man's standards to God's standards. They need to communicate with God. Philippians 4:4-7:

“Rejoice in the Lord always. I will say it again: Rejoice! Let your gentleness be evident to all. The Lord is near. Do not be anxious about anything, but in everything, by prayer and petition,

with thanksgiving, present your requests to God. And the peace of God which transcends all understanding, will guard your hearts and your minds in Christ Jesus.”

### **Isolation/Guilt/Depression**

The fifth characteristic is isolation from others. Isolation may happen when feelings of guilt, inadequacy, low self-esteem and shame surface. The couple who cannot focus on God’s plans, but focuses instead on their plans starts to feel guilty that they cannot regenerate their family. They are wrongly focusing on man’s standards, not God’s. They ask, “What did I or what am I doing wrong?” As they focus on their misplaced negative image, they lose self-esteem and become ashamed. The shame plus the apparent hopelessness of correcting the situation may lead to the seventh characteristic of depression.

If the couple has learned to handle their anxiety and anger by looking to the cross they may miss the deep depression, or it may not become overwhelming. In a few cases the depression or anxiety may be so severe that prescribed medication may be needed. If it is not that severe, then the steps used in dealing with the anger and anxiety would also be helpful here, refocusing from man’s values to God’s values.

### **Grief**

Remember always that infertility involves feelings of loss and that may cause grief. It is natural for the couple to grieve and the grief process takes time. Also, these feelings of grief may return at various life-milestones, such as the death of a parent or the graduation of a niece or nephew. These milestones may be painful reminders to the couple of their own childlessness.

We, as fellow Christians, need to become especially concerned about the infertile couple when we see that they are stuck in the grief and depression and will not adjust their attitudes. It is important that we help them to move forward rather than to become caught in a life of centering on their infertility.

### **“Resolve”**

A helpful resource for the couple in resolving the above issues is working with the support group, Resolve. These groups can usually be found listed in the telephone books of most major cities or by writing to them at the address in the bibliography. This group meets to discuss the types of issues addressed in this paper in a safe, empathic atmosphere. Counselors who work with these groups can see the progress of the couples as they resolve the issue of infertility. Infertility comes into perspective as an accepted part of the couple, but not the whole make-up of the couple. It no longer seems to be a punishment from God, or something for which to be ashamed, but a fact of life.

It is at this point that couples may now choose to pursue adoption or to remain childless. Infertility has been put in its place so they are now physically and emotionally ready to refocus on all the other options open to them as a couple. They have handed their loss over to the Lord for him to handle. They know sadness will surface, but they also know that they can let go of the grief and enter into a prayerful partnership with the Holy Spirit. Romans 8:26 & 27:

“In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray, but the Spirit himself intercedes for us with groans that words cannot express. And he who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God’s will.”

### **Counseling Suggestions Of How To Help The Couple Resolve Their Infertility**

1. Help the couple accept that it is normal for both husband and wife to feel anxiety, anger and sadness at this time. Acknowledge with the couple that their loss of the dream of their own biological child is a major loss. When they work through the emotions of this loss they will go through the grief stages of shock, denial, anger and depression, and finally reach a resolution. This will take time, they will each do it at their own rate of speed and intensity, and at times they will vacillate back and forth between the stages, but eventually, with the help of God it will be resolved.
2. Help the couple to set limits on how long and how often they will discuss infertility. (This step will help them begin to keep infertility in perspective with the rest of their lives.) For the couple infertility is such a major issue that they may tend to dwell on it, as anyone will have a tendency to do when they feel their identity is being attacked. Dwelling on the issue may lead to depression and despair. Although it needs to be discussed, the discussion needs to be limited, and as resolution begins and ways of identifying themselves other than childless start to surface, the couple will discuss the issue less.
3. Help the couple understand that many of their feelings will resurface after every monthly menstrual cycle, but gradually the feelings will become less intense. Both the husband and wife need to be aware of these cyclical emotions and be ready to be supportive of each other.
4. Help the couple channel anxiety by refocusing goals (Philippians 4). Explore with the couple their talents and wishes. Help them find ways to develop these talents as good Christian stewards.

Some helpful tools that could be used at this time are interest inventories or sociograms. The interest inventory could be as simple as asking them to write down everything they ever wished they could be and then have them discuss why they did or didn't work toward that goal. Then the next question would be, "Is that goal feasible for you now?" From these questions the counselor and the couple can start to look at talents and interests that the couple has which might now be possible for them to develop.

A counselor may use a sociogram by asking the couple to list all of their contacts in life which they may have through church, work, family, clubs, high school or college friends, etc. Then the counselor and the couple begin to discuss which of these social connections can be or need to be developed or strengthened. Through these discussions they may develop some new goals and interests, but also they may see that some of their connections are causing them to lose some of their Christ-centered values. Both of these exercises can help the couple re-evaluate and prioritize their lives.

5. Give the couple as much information on fertility as possible through books and articles. Share the accompanying bibliography with them. Also, "Resolve" sends out a helpful monthly newsletter.
6. Help the couple set financial and time limits on infertility testing. This is very difficult, because of the feeling that "maybe only one more test," or "only a few more dollars" will bring a child. There is no formula, but the Lord directs us to be good stewards of all of our time and talents. If all of this is taking time and money to the detriment of other things, especially the marriage bond and Christian discipleship, it is time to re-evaluate and prioritize.
7. Help the couple communicate feelings, especially to each other. This is a central theme through this entire subject. It can never be emphasized too much. They need to freely express their feelings and openly encourage and accept the feelings of their spouse. They need to hear each other and help each other move from the self-blame and spousal-blame

to acceptance of the infertility and then on to positive actions. We must emphasize here to the couple that they not only need to verbalize their feeling, but they also need to make a very conscientious effort to listen to what their spouse is saying. Good listening may also involve reflecting back to the spouse what was said so they both understand exactly what the other was saying. This exercise helps both spouses to verbally acknowledge the feelings of the other spouse.

8. Help the couple to see the problems of isolating themselves as that closes doors and may lead to depression. Encourage your congregation and its individual members to be sensitive to the childless couples and to offer them opportunities for fellowship and service to the Lord.
- 9.

### **Conclusion**

Infertility causes a great deal of pain to the couples experiencing it. Their actions and reactions to this pain are often misinterpreted by others, which only leads to more pain.

Carleton Toppe in the June 1, 1988 edition of the “Northwestern Lutheran,” when responding to the letters that the publication received about his article on DINKs, helps us to see the pain of the infertile couple. He states,

“There was an anguished cry in those letters. It came from the hearts of husbands and wives who have been denied the blessing of children. In their sorrow they read the editorial as if it were faulting *them* for being childless—they want children so desperately. Anxiously they haunt doctors’ offices and hospital laboratories to find medical help. They have been warned about quacks, but still they resort to them for miracle cures. They plead at adoption agencies, but there are so few surviving children to place. The children that childless couples long for and would adopt are being murdered before they can be cradled in a mother’s arms.

Pregnant wives spend months in bed, hoping to forestall the tragedy of another still-born child. Childless couples wonder whether in vitro pregnancies are moral. Daily their prayers ascend to the throne of grace, imploring their heavenly Father that, if it be his will, he would grant them a child to love and cherish. But they also pray that a gracious God would give them the assurance that he will decide what is best for them.”

Infertility, is there pain?—yes. Is there much anguish and sorrow?—yes. Is there resolution?—yes, with the help of the Lord who may use pastors and other Christian counselors to help them resolve this issue. Romans 8:28, “And we know that in all things God works for the good of those who love him, who have been called according to his purpose.”

My God hath all things in His keeping,  
He is the ever faithful Friend;  
He grants me laughter after weeping,  
And all His ways in blessings end.  
His love endures eternally:  
What pleaseth God, that pleaseth me.

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## Self-Help Agencies

- \*Resolve, National Office, Infertility Counseling Referral, P.O. Box 474, Belmont, Massachussets 02178.
- \*Stepping Stones, 2900 N. Rock Road, Wichita, Kansas 67226. (Newsletter)
- \*Especially helpful for Christian counselors.