Infertility

Invisible loss and pain creates broken hearts and frozen pelvises

Paper Post graduate NICE
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In this thesis I tell about my own unfulfilled desire for children and infertility, how the Core training has helped me processing the invisible bodily impact and how I now help others in my practice with their unfulfilled desire for children, mourning and grief about it. I hope the information will contribute in sessions with your clients. It is my mission to create more openness on infertility, which is still hidden in society. Enjoy reading and if you have any questions or suggestions don't hesitate to contact me. Love Simone Sinjorgo.

Introduction: my personal journey about infertility

The meaning of my life was motherhood, I thought. Ever since I was a child, I had this 'happy family expectation'. My longing was for at least 4 kids. I wanted to pass on life, love and knowledge. I never thought pregnancy wouldn't or couldn't work out. Every women can conceive children, so why not me. I never heard about infertility before I started my work as a OR-nurse. As a young woman I worked in the one of the first hospitals that started In Vitro Fertilization in the Netherlands (1984). I assisted the treatments not realizing this would be my destiny in the future.

After my marriage I moved for 4 years to the Czech Republic and **I found out about a deformity of my uterus.** On top of that my ex-husband had low sperm quality. Getting pregnant in a natural way would be difficult, probably impossible. Infertility had become a dark intruder in my marriage and life. Many years later I realized my intruder would stay for ever till I die. My romantic dream of a family fell apart and my love life had moved to a hospital and lab. I felt incomplete and useless as a woman due to the uterus and situation. Doctors were telling me what to do to get pregnant. Working hard, studying or doing my utmost, what I had done my whole life, wouldn't help me to conceive a child. My body had failed me and I felt powerless. I saw families and children everywhere, it drove me crazy. Seeing it pressed the button in my broken heart over and over again.

The confrontation is on every corner in the street, supermarket. The emptiness of not being able to carry a child and give birth is hard to put into words. It punched a hole in my existence and pelvis. It broke my heart innumerable times. In order to deal with my situation, pain, grief, I turned off my feelings, pulled slowly back in life, mostly not aware of my split. This came on top of my other young defenses, but I wasn't aware of that. The treatments had an impact on my body, relationship, sex life, all connections with friends and family. It felt we would never fit in the society of families. To the outer world I showed my happy face, but internally it felt my times like I could never be fully happy for the rest of my life.

I filled my 'empty crib' with extensive work and sports. Started overeating the pain and sorrow to stop my oral pain. I was constantly busy and on the run. A few years later, after my ex and I made a difficult decision to stop treatments, I collapsed: burnout and herniated disc. For the first time in my life I saw a therapist and asked for help. Many times I asked myself the question: '*what do I add to the world if I don't become a mother as a woman?'* Literally I had to reinvent myself, my life, body and marriage. I had to learn to talk about my true feelings, my deformity and what being childless really meant to me.

My friends and family thought I was doing well because of my happy face, so after a while people didn't ask me anymore about it. In their opinion nothing was missing, because there had never been a visible child in my life. My child existed only in my dream. And that isn't easy to talk about, so I stopped telling about my story and true feelings. A lonely vicious circle in which only I could change the pattern. All these 'invisible and unspoken words and feelings' were in between friendships and **even therapy.** Because of this I lost good friends. It was painful to see that they succeeded, so I stayed away more and more often. Or I didn't look for contact anymore.

I needed several big life events, like illness and my divorce before I started with the Core-training. That's how I found out about my defenses and stored infertility trauma in my body. It took a while before the subject being childless fully came into my sense during therapy. Especially it was hard to realize that after more than 15 years I was still mourning about my child loss, and not conscious of it. Partly because of my young defenses but also because it knew nothing about grief.

My message: infertility causes wounds in the body

In this section I tell my perspective and insights about how infertility can built up to a wound and what lifelong impact can be in the body, relationships, work and meaning in life of your clients. And what clients won't bring up and tell you in the beginning of therapy.

- **First of all,** I share my therapeutical insights of my own core-journey in being childless or facing fertility issues daily in my practice. I will tell my perspective of the invisible (bodily) impact of '*our makable world in fertility'* that isn't makeable at all.

- **Secondly,** I like to be an inspiration for all other men and women who facing this taboo subject by telling my story and insights. It isn't necessary to be locked up in the body with pain and there also is meaning in life if you cannot conceive children.

- **Thirdly,** infertility is an invisible loss without recognition with lifelong pain and mourning. There is not a lot of knowledge about mourning and coping with the accumulated losses due to treatments and childlessness not bij choice. I will tell you the difference and why this is important to know as therapist. Depression and burn-out are many times linked to grief and mourning.

- **Finally,** worldwide 1 in 6 couples deal with infertility issues and almost half of them need medical support to conceive a child. 1 in 4 women (men) face one or more miscarriages in their live. This child loss is universal, so everywhere in the world.

Clients won't tell you about infertility and miscarriage history in the beginning. For example, I didn't tell my therapist about the rollercoaster of treatments in the intake form. I shared that I was childless. When she asked about it in correlation to my sex life, I told her that I was okay with it after many years. This was my head talking. I was lucky she saw and felt my body pain and correlated it to my sexual issues and loss of my child wish. Slowly I opened up more about my deep longing to be a mother in sessions and told her about my treatments. In the third year of Core training the puzzle felt into place. First I couldn't believe I was still mourning after more than 15 years. And secondly I realized that I had faced 'new trauma'. I had no words for it.

As (body-oriented) therapist you always will see somebody in your practice who faced (facing) infertility, had a miscarriage or (premature) child loss history. Some dealt with one of more losses. Do you know who that client could be in your practice? This also can be every client who gave birth to children. Ask your self what you like or need to know about the background and impact of this hidden intimate world/

Infertility, being childless will be a companion to your clients for the rest of their lives. They can never leave it at home. No single day. Its a built up trauma by enduring long-lasting pain and coping several losses, so we are talking about complicated mourning with many unexpressed emotions like: guilt, shame, anger, fear, hope, despair, sadness, powerlessness. I often describe it to clients as an *emotional mountain*, built out of different layers of loss, pain and sadness. Every disappointment or failure in getting pregnant will bring a *new emotional earthquake,* which shakes the mountain up again and again. Recurring chaos as result, avalanches of rocks and a constant drive to get control of all the shit and mess on their mountain.

Reduced fertility and unintentional childlessness touches somebody straight in the core of their identity, birth right and fundamental energy force in being a meaningful person. It's all about being worthy and belonging in this world.

Having a family determines to a large extent what role you take in your life and how you can spread your love. As human being we have a natural primal urge to reproduce, to love, to pass on genes, family knowledge and joys. Passing on life is linked to a *natural and social component.* This is something you don't think about so much when you have no problems in getting pregnant. The desire for a child is unconsciously deeply rooted in every man and woman and connected to the first two chakra's and heart chakra. Reproduction is normal, for ages. It's seem so normal to conceive children. But it isn't. Our brain and body will remind us of our sexual drive and primal desire to pass on life. It's also connected to a deep longing of being intimate with somebody. That's our natural inhabitant blueprint of being human.

Now in our modern life we overthink consciously about starting a family.
So it isn't always primal driven anymore to be intimate, but more like: *when I'm I ready to conceive.* We wait, study first, get a house, get married, travel around the world, earn money, be successful first in a job. My parents told me it would be wise as a woman to wait with children before I finished my study. So I didn't really followed my own instincts. Anyway there are millions of personal reasons, no one is the same. Yet it stays a natural phenomenon to multiply as a species. On the other hand, there is a social component in reproduction. By connecting and being intimate, a child confirms the relationship for ever to the outer world, family, communities and universe. In a positive way the child can strengthen the love for each other. This is also a longing for both men and women. And in gender equal couples too. Of course we know all there are destructive situations where children are caught in the middle of less healthy relationships. In this thesis I will focus on the trauma of infertility.

Assisted reproductive technology (ART)

Facts & figures in the Netherlands

In this section I tell more about the historical journey of medical miracles, fertility treatments and other possibilities to conceive a child. As long as there is a possibility the hope factor stays alive in your client. The downside of new techniques is that the jungle of difficult decisions can take up to 7 even 10 years. Clients know all the mentioned information about infertility. Worldwide techniques are in basic the same, prices and insurance for treatments, differ. Please check you own country fact and figures. ***This background information will also show you the largeness of infertility, treatments and related loss.***

Worldwide most people have a natural primal urge, biological motivation and/or social needs to raise a family, and to have children. By the way not everyone feels the urge to conceive, but passing on life is a deeply rooted aspect in our bodies and social bounding. Sex and reproduction are connected in every generation for ages. In fact families and children are a community base of every society. In the last century many things have changed by the introduction of birth control pills in the Netherlands in 1964. Women could make a choice on whether or not to become pregnant. Having sex without reproduction became possible and the age at which women have their first child has slowly increased through the years.

The average age at which women in the Netherlands have their first child will increase to 29.9 years in 2018. In 1958 it was 25.9 years. The postponement of motherhood is one of the causes of the relatively low number of children born in recent years. In 2018, 75.5 thousand women had their first child. That is less than in previous years. Especially the number of young women who had a first child has decreased in recent years. Most new mothers are around the age of 30.

Getting pregnant is not self-evident and never was. Worldwide we also see childless women and couples in history. In those days we didn't know much about the medical causes and backgrounds as we do know now. Intervention was not possible but it often infertility had consequences for marriages and family ties. Since the second half of our last century there has been an explosion of medical, technological and pharmacological developments. And we gained more (medical) insights in bodies. The medical and technological revolution started, but fertilizing eggs and sperm outside the body stayed impossible for many more years longer. Scientists, doctors, physiologists and lab technicians dreamt of assisted reproductive technology (ART). Ever since WWII they tried to fertilize animal and human eggs outside the body, but always behind closed doors without any results. Traditions, cultures, churches and families determined our social standards and values around sex, marriage, children and family. Experimenting with human material was unthinkable and strictly forbidden in that period of time. As human beings we were not supposed to make (new) life or to influence pregnancy. A small group continued believing in the dream of an IVF-baby and carried on with hidden research.

What is in-vitro fertilization (IVF)?
In a natural conception sperm penetrates an egg and fertilizes it inside the woman's body after ovulation, when the mature egg has been released from her ovaries. The fertilized egg then attaches itself to the wall of the uterus and begins developing into a baby. However if natural conception is not possible, fertility treatment like IVF is an option to achieve pregnancy. This involves fertilizing an egg outside the body with sperm in a laboratory dish, and then implanting the embryo in a woman's uterus.

ART started with sperm insemination

In 1948 sperm insemination made its first appearance in the Netherlands. The treatments were carried out completely anonymous. The sperm was directly injected into the woman's vagina. The mutual anonymity had major consequences to the born donor children in regard to their identity and origin. Many children started to search for their biological father, like it occurs after adoption. Therefore in the 1980s the anonymity of sperm donation was called into question worldwide. Since 2004 anonymous sperm donation (and other donation) is no longer allowed in the NL. All data of sperm, egg cells and embryo donation are registered now. On request a

donor child, the parents and/or the general practitioner can ask for information. Still many adult men and women are searching for their biological roots. Source: FIOM

World news: the first baby born out of a laboratory dish

On 25 July 1978 the first IVF-baby in the world was born in the United Kingdom. The world was turned upside down by the birth of baby Louise Joy Brown. The dream of Bob Edwards (physiologist), Patrick Steptoe (gynecologist) and Jean Marian Purdy (embryologist and nurse) had come true. Despite the good news, there was still a lot of resistance from the church, politicians and also doctors. But for childless couples it seemed the solution to their unfulfilled child wish. And that is why the treatments and research continued. Also Dr Alberda and Zeilmaker continued their IVF-mission in the Netherlands. And 5 years later (1983) the first IVF-baby was born in Rotterdam.

What does an IVF-procedure exactly enhance?
Step 1*: A woman suppresses her natural menstrual cycle with hormonal medication.*

Step 2*: Follicle stimulating hormone (FSH) is injected by the woman herself to produce more eggs than usually in her ovaries; about 2 weeks every day. Several vaginal ultrasound scans continuously monitor the growth of follicles in the ovaries.*

Step 3: *The eggs are collected through a surgical procedure known as follicular aspiration. A very thin needle is inserted through the vagina and into the ovaries. The needle is connected to a suction device to collect the follicle fluid and eggs.*

Step 4: *Fertilization of the collected eggs and sperm in laboratory dishes, kept in an environmentally controlled chamber. Frozen or donated eggs/sperm may be used.*

Step 5: *One or two of the embryos are selected for transfer in the uterus. The woman is taking after aspiration progesterone or human chorionic gonadotropin (hCG) hormones to prepare the womb for accepting and growing the embryo. The transfer is done by ultrasound and using a thin catheter. About two weeks of waiting starts till a pregnancy test will show the result.*

New techniques rapidly followed after IVF introduction

Sperm insemination changed into Intra Uterine Injection (IUI). In this procedure doctors inject 'reprocessed sperm' high up in the uterus just before ovulation instead of injecting sperm into the vagina. This method is also used with donor samples for lesbian couples, singles or with couples where the man's sperm contains little or no sperm. New pharmaceutical drugs made ovulation induction possible for women who produce (too) few (or no) egg cells. IVF became popular but it turned out not to be successful for everyone. So in the early 1990s, a new technique followed, namely Intra Cytoplasmic Sperm Injection (ICSI). In this treatment, one sperm cell is injected directly into one egg cell. Ultrasound has become indispensable before, during and after fertility treatments. With today's equipment and techniques, doctors can now perform the treatments and examine the reproductive organs with exact precision. Nowadays many couples go home with an ultrasound photo after their embryo has been replaced, but be aware you can not see it by your eyes. In fact ART is a cascade of technological, medical and human interventions. Without it, it wouldn't be possible at all.

Latest developments: freezing sperm, eggs, embryos & DNA screening

It became technically possible to collect and freeze sperm, egg cells and embryos for later use. Storing fertilized egg cells (embryos) makes multiple replacements (embryo transfers) possible without having a follicle aspiration during every IVF/ICSI attempt. This offers more quantitative opportunities and less physical and hormonal burden on the woman in her hormonal cycle. As a result of all these developments, freezing and storage is strictly documented in the Netherlands. This guarantees safety, rights and obligations of the wish parent(s). Only one hospital in the Netherlands offers pre-implantation genetic diagnosis (PGD) to screen an embryo for genetic disorders. The decision for choosing donation is very complex and difficult. Systemically it will influence the relationship and there are only guesses and theories about the effect to a child. If you have material stored, every five years the hospital will ask you what to do with it. Use for yourself, donate to others of destroy.

Surgical sperm cell procurement

Since 1995 the surgical MESA, TESA, PESA* treatments for sperm collection have been introduced. This makes it possible to obtain sperm cells directly from the testicle or epididymis of the man. Until 2012 PESA or MESA treatments were subject of a scientific study. The TESE treatment started in 2014. The consequences for the health of children conceived with PESA/MESA or TESE were investigated. It turned out that the children appear to be 'as healthy' as through normal IVF/ICSI treatment. Long-term results are not yet known.

*PESA - Percutaneous Epididymal Sperm Aspiration; MESA - Microsurgical Epidydimal Sperm Aspiration; TESE - Testicular Sperm Extraction

Egg cell donation

Until 2012 couples could only undergo treatments with an egg cell donor they knew themselves. The alternative was to move abroad, where (anonymous) egg cell storage had already existed for some time. The establishment of the egg cell storage in the Netherlands led again to discussions, both in politics and society. Donors have to be between 25 and 35 years old and they are not allowed to conceive more children themselves anymore. Extensive physical and psychological research is carried out before as donor and wish parents. Legally papers have to be recorded. It is a complex life-decisive decision in which a third person is always connected within your own relationship.

Surrogacy (draagmoederschap - NL)

For women who are unable to carry a pregnancy themselves surrogacy is a solution. But also for gender equal men couples. The couple (child wish parents) can ask another woman to carry a child for them. Either IVF or sperm insemination are used to get pregnant. To surrogacy there are many ethical, emotional, practical and legal dilemmas attached. In the Netherlands according to the law the person who gives birth to the child is the birthright mother. If the mother is married, the husband automatically is the legal father of the child. It doesn’t matter whether or not the child is genetically related to these parents. An adoption procedure is necessary to give the wish parents the full rights as parents of the newborn child. Also the choice for surrogacy is a highly complex life-decisive decision in which ‘two persons’ always will be connected to your family in the near future. Source: FIOM

In general

Worldwide 25 million people have fertility problems and that's 1 in 6 couples. Approximately one third to halve of these couples end up in the medical circuit. The reasons differ; in about 30% the cause lies with women, 30% with men, 30% with both and in 10% the cause is unknown. Every year about 10,000 inseminations take place, including 1500 sperm donor treatments. And about 15,000 IVF/ICSI treatments are carried out each year and 4 to 5% of the couples remain childless.

One in 30 babies in the Netherlands is an IVF child

The overall pregnancy rate after IVF has never been as high as in 2018. The multiple pregnancy rate, which is seen as a complication of an IVF/ICSI treatment, has also decreased. This is because in most cases only one embryo is replaced. The overall success rate of IVF/ICSI per cycle increased from 36.2% to 36.5% in 2018 compared to 2017. The percentage of IVF multiples came to 2.9 percent, a worldwide record low. In 2018, the number of 'fresh' IVF/ICSI treatments fell by 4 percent compared to 2017 to 13,445, with the number of IVF infants at 5,133 (-2 percent) the highest ever. According to Dr. Jesper Smeenk, gynaecologist at the Elisabeth-TweeSteden Hospital in Tilburg and compiler of the report, the increased chance of a pregnancy is mainly due to the better results achieved with embryos that have been frozen. The total number of pregnancies resulting from a so-called cryo-cycle has increased to 2285 and has now reached almost 46 percent of the total number of pregnancies after IVF or ICSI. Since the hormonal load and the risks for a woman of such a cycle are much lower, this also means health gains. Source: Dutch Society of Obstetrics Gynaecology - DeGynaecoloog.nl - IVF figures

Pregnancy calculations

The chance of pregnancy after IUI depends on various factors in both the woman and the man. The most important factor is the age of the woman. The chance of pregnancy is on average 10 to 15% per cycle. Approximately 1 in 10 treatments end in a full-term pregnancy. The results of IUI seems low compared to IVF/ICSI. Nevertheless IUI often remains a good option because it is less complex and harmful than IVF/ICSI. The pregnancy rate in studies is usually related to the woman's age. At the age of 30, approximately 30-40% become pregnant after replacement of an embryo. This chance decreases every year. When the women is 40 years or older the chance is less than 10%. The chance of pregnancy after an egg donation treatment is just as high as that after a regular IVF treatment. In recent years there is more interest and attention to lifestyle behavior and (mental) health of the wish parents in order to increase the success of a full-term pregnancy. After all, it is not only about getting pregnant, but also about staying pregnant. 1 in 4 women (and men) experience one (or more) miscarriages during their life. Approximately 8-10% of all pregnancies end in early miscarriage. With IVF the risk of loss is higher, partly due to the higher average age of the woman. The miscarriage rate after IVF is 15% of pregnancies. And one in 10 babies are born prematurely, which is more than 15,000 babies a year. In 2018 1288 babies died shortly before, during or after birth. Source: Perined

Other information: pregnancy interruptions for 24 weeks

In 2018, 30.523 terminations of pregnancy were carried out in The Netherlands. This is slightly more than in 2017. Most terminations of pregnancy take place in the first 7 weeks. More than 1,000 terminations are purely on medical grounds. Source: IGJ

Unwanted pregnancy

One in five women in the Netherlands has been unintentionally pregnant. And 68% of them were unwanted. Of all women who come to their GP with an unintended pregnancy 81% decide to have an abortion. Source: FIOM campaign 2019

Adoption

In 2018, 156 foreign children were adopted to the Netherlands. In most cases (87%) it concerned a child with a 'special need', such as a medical problem and/or socio-emotional background. Interest in adoption has been declining worldwide since 2006. There were 352 applications for adoption in 2018. Source: Stichting adoptievoorzieningen

Invisible losses in relation to infertility

What are we talking about?

Loss is quickly linked to illness, death or dying. But you can also lose your job or your relationship. There are many loss situations that cause intense pain and sorrow. In the same way, something can die inside of you that no one sees on the outside, like infertility or being childless not by choice. Every disappointment and unfulfilled child expectation along the way of getting pregnant, undergoing fertility treatments can feel as (huge) loss for your client. After years and many menstrual periods we are talking about accumulated invisible loss situations. For example, 7 years medical rollercoaster of a couple in my practice: 8x IUI, 2x IVF, 3x ICSI, 11x embryo transfers, 2 miscarriages and many menstrual periods in between. Both expressed that every loss felt as failure and if a part in them died and/or brook down. Every month they had to decided what to do next. The process of treatments, choices, disappointments and grieving changed their self-image and created a gap in having trust. Now I will mention some specific losses related to infertility that you can encounter in your practice.

- **Being childlessness not by choice** is a loss of belonging in the world full of families and a loss of meaning in life. It is an unrecognized loss in our society. The outside world and also you as therapist does not see a child. So it looks like nothing is lost, but the wish parents had to say goodbye to their imaginary child before they were able to (fully) bear and give birth. There is grief for a child that premature died or existed (and mostly still exists!!) in their dreams. There is no 'real alive person' to mourn, no grave and no social recognition. In these processes your client can only be angry at their own body or their partner's. There is no one *else really to blame* if they don't succeed then themselves. But easy to fall into masks and negative intents: *'it's my own fault, it's my partners fault, it's my doctors fault.* Expressing is essential to bring out their feelings but mostly to get awareness of this destructive way of thinking/behavior. Your client who is childless can never leave their unwanted situation at home for distraction. On every street corner, the sadness can overwhelm them by seeing a mom, dad, birth announcement at work or family parties. They never know when their body will remind them to the pain or when the sorrow button gets pushed. This also puts lifelong pressure on relationships. Siblings and friends feel often limited in sharing happiness about their pregnancy, births and family experiences. Their own parents feel trapped by the joy for one child and intense sadness for another who stays childless. And a childless couple will miss out the dimension in their life to see their own parents become grandparents. So if they die they're the only one left in the family chain which can

bring up old their old pain again. Clients come to you in the hope that the pain will disappear someday. Be honest it will never disappear. Though we can support to strengthen their container, widen the window of tolerance in emotions and support in all ways of communication to others. Be honest to tell that buttons will be pushed for ever, but that the strong feelings will change over time by expressing their feelings and needs. Grounding, breathing exercises and moving the body will support the needed expression. Jaw, mouth and throat exercises supports voicing.

- **Loss of parenthood, motherhood, fatherhood.** The moment your client decided alone or as couple a child is welcome, parenthood is not only in their mind but also noticeable in their body. So before conception the desire and dream for a child creates strong embodied feelings. *Be aware that your client basically became parent as soon as the burning desire starts!* So if no child is coming there is no visibility of an active role of being a parent, mother or father. But in their mind and body is very alive for them. This connection with their child is directly connected to their meaning of life, as partner, son or daughter. In this situation you can help your clients with constellation work, role-play. Grounding, moving, using the roller will help your clients to breath, take in aliveness and release tension and blocks.

- **Miscarriage.** 1 in 4 women (and men!) face one or more miscarriages in their life. The pain of the invisible loss of a child can never be put on a scale and does not depend on the number of weeks of pregnancy. From the moment on that a woman knows she is pregnant the bounding is there with her child. Many female clients with or without children you see had to deal with miscarriages. A woman will never forget her loss, just like her body.

- **Termination of pregnancy (abortion)** This is an invisible loss and taboo due to several reasons: you don't have a partner with whom you can raise the child, you don't (yet) feel able to raise a child, physically or mentally, you are pregnant due to sexual contact that you have been forced to have, you are pregnant with a handicapped child and you cannot and/or do not want to cope with that situation, your contraception has failed. Or there is pressure from the familie, disgrace and shame will disturb the family ties forever. Terminations often are the best kept secret in relations and families but the persons will never forget that very sacred moment in their lives. And the body keeps the score. Given the large numbers (30.000/year NL), it is likely that clients who have difficulty getting pregnant could have done years before an abortion. It doesn't need words that shame and guilt of a former termination can cause intense pain and stuck energies in the pelvis. Unfortunately, it also happens that a couple become pregnant (after treatment) and an ultrasound shows that the baby will not be viable after birth or died in the womb. Termination is a heartbreaking decisions about life and death. Giving birth to a child that will die soon or already died in the womb causes splits in the body and tremendous grief. (Note: some put their child up for adoption is also an invisible loss)

- **Secondary childlessness** is an invisible loss that has a strong resembles to pain of being childless. A longing for a second, third etc child can be very strong. If the longing stays unfulfilled, grief and despair can be huge but totally unspoken, even for partners. If your client talks about the longing most people say: '*luckily you have a child of your own, you're not childless.*' Sometimes I catch myself in the realization of the easy pitfall when I hear my clients talk about their children I tend to

forget asking if there was a wish for more. It's so easy to overstep this question. Clients with secondary unfulfilled child wish choose consciously to work with me on their loss and they will tell me from the start. Be aware you've maybe clients where there is an unfulfilled loving for more children which caused unconsciously distance in relationships. There is a lot of shame, guilt, anger, sadness and repressed energy about secondary childlessness.

Bereavement process

Styles, stages and tasks

In this chapter I go deeper into mourning and loss in relation to infertility. We know grief especially when someone dies. We say goodbye to the deceased together and socially. Infertility, undergoing treatments and miscarriages are inextricably linked to grief and loss. Clients have to deal with an invisible loss and an invisible farewell to 'something' the outside world has never known, seen or heard. Unfortunately, they often face multiple losses, due to the length of treatments, accumulated disappointments, miscarriages and stil born.

Grieving, saying goodbye and welcoming new things in life is not only ***essential but necessary*** *for all clients who faced (accumulated) loss in relation to infertility. Without grieving the energy stays frozen and blocked in the body. As therapist is helpful to recognize their coping styles, stages and tasks to support them in their grieving and healing process.*

Grief is about allowing to feel deep sorrow. Grieving about losing somebody or missing out a destiny in life is 'normal to experience' in life, but most people often lack knowledge how to deal with the intense pain and sorrow of it. We tend to avoid, hide or neglect pain through fears and automatic survival strategies. It protects us for feeling pain and we create unconsciously our defenses. Grieving is hard work, which involves trial and error to experience und undergo the pain in order to integrate the loss, widen the window of tolerance and to open the doors for healing. The positive side of grieving is that there is an active part in it which you can do yourself. This active process starts by giving yourself permission to be devastated, depressed and to allow all kind of emotions that needs to be expressed. Grieving is not about letting go of your loss or coping defenses, it is about learning to look differently at the pain so you are able to interweave loss and feelings into your life. It's obvious how important it is to do this in contact with others for the necessary reflection.

Two styles of grieving

- The **instrumental style** focuses on being practical and rational with your grief. Because of this you are less focused on feeling the emotional pain or sharing thoughts and feelings. Thinking up solutions and being active is more dominantly present than feeling.

- The **intuitive style** of grieving in which feeling and living through (intense) emotions causes periods of exhaustion, fear and disorientation. The strategy to deal with this is talking and seeking support.

There is another important thing to remember about the styles. **Grief is what's going on inside of the body. Mourning is what somebody do on the outside in life.** Be aware that grief and mourning are journeys with no prescribed dimensions, ways

or time to heal. So somebody can enter your practice where the body reveals frozen energy of invisible loss that occur to you through ‘body reactions’ that doesn’t have the characteristics of their childhood structures. Or that the body show different energy pattern to what you see and feel in coping strategies.

Different stages of grief

The stages of grief describe how people may react to any loss. Psychiatrist Elisabeth Kübler-Ross’s (1969) describes five stages of grief, and her insights were used for long in all mental health areas and therapy. More recently coauthor David Kessler (worldwide grief expert) refined their book and added a sixth stage. Kessler: ‘*there is not a typical response to loss as there is no typical loss. Let’s acknowledge that the six stages ‘denial, anger, bargaining, depression and acceptance, finding meaning’ are a part of the framework that makes up our learning to live with the one we lost.’*

He describes the stages of grief are just tools to help us (re)frame and identify what we may be feeling if grief enters your personal life of the life of your client. The stages are not stops on some linear timeline in grief. Not everyone goes through all the stages or in a prescribed order. Having knowledge of the grief ‘s stages, making us better equipped to cope with life and loss ourselves. And we can help clients to deal with their feelings and finding meaning in life. The framework of the stages isn't telling your client what to do — it's just giving a language to help and understand what's happening in the mind and heart as your client goes through a grieving process. And actually in my opinion we encounter all the different stages in sessions when we work with the Core Evolutionary Process. Herewith a short description of the six stages.

- **Denial**: Refusal to feel the los is real. The brain protects itself for difficult news to have time to process the emotions and difficult news.
- **Anger:** May come if we admit the loss actually happened and may be directed to loved one or other targets. This can range from frustration to rage, fury.
- **Bargaining:** You attempt to strike a deal with yourself of higher power to cope with your pain. Guilt is common during this stage, because we think about thinks what we could have done differently.
- **Depression:** Deep sadness comes in when we realize the loss really happened and that our life will be for ever changed. Remember always that this depression is a natural response to loss not the same as a mental illness.
- **Acceptance:** We understand the loss happened and we can’t change it. Accepting it doesn’t mean that you feel good about it or that it’s the end of grieving.
- **Finding meaning:** grief doesn’t always follow a specific path, your journey may feel all over the place. It’s a starting point of a new beginning.

That discomfort you’re feeling is grief. Your grief is as unique as you are.

Four mourning tasks

There is one thing more to tell about grief and mourning besides styles and stages. Prof. dr. Manu Keirse (Belgium) claims that in case of any loss we have *mourning work* to do. There are four mourning tasks and assignments that your client have to fulfill in order to adapt to their changed life with any loss they experience. Remember as with the stages also with the tasks they always are mixed during the any berea-

vement process. The tasks never follow a same rhythm or chronology. If somebody is stuck or withdraw in some of the stages the mourning process will never come to a state of acceptance and the body stays stressed and tens. So important to recognize if which stage your client is stuck. The tasks are different from the four stages of Core evolutionary process. But I see some correlation that I will explain. Withdrawal and being stuck in one of the mourning task has also something to do with earlier wounds and (childhood) defenses. Infertility and loss of a child is a 'new wound' in the body and it always will trigger other stuff too. I see accumulation of defense reactions in every bereavement process and for a client this may feel as internal confirmation and may strengthen beliefs and images.

1. Facing the reality of the loss

This first bereavement task often evokes anger and powerlessness. It's a direct confrontation that your client would rather avoid. They prefer not to be reminded of their accumulated disappointments of unsuccessful journeys in treatments or lost child. Facing reality is feeling their emotions, be able and having possibilities to talk about their experiences to express their true feelings in contact with others. Relational contact gives warmth, support and affection which helps face reality. Doing rituals supports to give a loss a definite place in their lives.

Applying the Core Evolutionary Process

Core Energetics initially starts with grounding and breathing and making contact with the body. The exploration of penetrating and releasing masks and expressing one's lower or hidden self furthers the process. People struggling with infertility need mask(s)! It helps them to survive in a world full of children. Seeing fathers and mothers walking with their children can be a trigger anywhere, somewhere, somehow, always. Your client reports that a mom with children greeted her. The client's mask immediately appears, saying hello back with happy face, body freezes, heart pounds, sweating, breathing less deep, the mind and defense takes over. Internally thoughts run overtime: 'you see I never get over this, pain is back again, I need to protect myself, I will never step out of my house again… But also: 'I take your child, I hate you and your happiness, I want what you have, or Please God, can you give it to me? Why me? What did I do wrong to deserve this?' Back home true feelings come up. This is silent grief without any physical contact of others that reinforce internal beliefs and images of not belonging or any other thought they have. And most of your clients end up being angry not showing themselves, their fears and what's really going on. They have no idea how to change the pattern.

2. Experiencing the pain of loss

Pushing the pain away seems the easy way out, but it only prolongs the grieving process. Feeling the pain is the key to soften the unpredictable grief, pain, bodily reactions. Avoiding is exhausting, focus is gone, they can't get up the stairs and they don't know why. Usually feelings like anger, guilt and shame arise. At some point and time your client has to face the confrontation and that means accepting the sadness, sorrow, not being able to move or do anything with all the tension in the body. This can take years and a stuck grieving process can manifest itself through burn-out and depression.

In Core Evolutionary bodywork, contact and touch is in my opinion the optimal approach to connect and guide them step by step through the pain in the supportive presence of somebody. Moving the body, expressing negative intents & internal beliefs, showing fears and feelings is needed in this part of the bereavement process. It's about learning to contain and endure the terror, so their window of tolerance can slowly grow overtime. It's also about talking and voicing more and more in the outer world about their loss and the impact. All of this can be challenging to come really close. Your client is used to be in their own world, being fragmented, feeling alone and doing things alone.

3. Adapting to the world after losing your child wish

This third grieving task is about regaining trust and finding out what their needs are. An unfulfilled child wish always brings changes into daily life, self-image and the future. Clients have to listen again and again to the stories about children and pregnancy announcements, when they're with family, friends and colleagues. What can they do to handle these situations? What do they need to go on a maternity visit? How can they be visible and heard? Adapting is only possible when they make contact with their *true* feelings, true self and needs. Their body will give the true answers and bodily contact restores trust in the body and relationships. They can't change the situation but they can change their reactions. Expressing their needs step by step. Taking the lead again of their own life and wishes, setting boundaries, so sadness and joy can coexist in their new reality.

In the Core Evolutionary Process
This phase has strong similarity to Core stage 3 'centering in the higher self'. It's about taking responsibility for true self, true feelings and true remorse of the pain they caused themselves and others during the infertility process, treatment and loss. Self forgiveness will open the path for healing and relaxation in the body. It's where clients see and feel their own suffering of holding back in life from true awareness. I love and enjoy the cracks where the light comes in and when they slowly realize that pleasure and purpose in life can come back.

4. Learning to enjoy life again and also remember loss positively

To be able to transcend grief, there must be something to live for again, to be able to connect, in love and with heart and soul. This is about surviving grief by holding on to it differently, knowing to that what you keep in your heart, you will never lose. So also remembering of loss is important. It's about being active in doing things differently and sitting in silence to get a bigger picture of the world they live in.

Healing using the Core Evolutionary Process
Not conceiving doesn't main your client lacks suddenly all fertile soils in their life. They are more than their child loss. They are far more than their unfulfilled child wish. So what can they bring into the world for others? What are their Core Qualities? Your clients who faced infertility and treatments can hardly believe healing is possible. And remember there is a strong disbelief to be ever integral part of this world full of families and children. Connecting to the bigger whole means also connecting to all mothers, fathers and children. In stage 4 of the Core process.A person takes on more individual responsibility and consciousness in making true contact with themselves

and others. This provide further growth and belief in order to step into their universal life plan, their Core truth and purpose in life without children.

Qualitative research: analysis of 27 interviews

My objective of the research was to investigate the physical and mental impact of infertility and being childless in women and men in regard to their well-being in life.
I used a structured questionnaire* for each interview (23 women and 4 men). I looked at the different aspects such as physical, relational, work-related and long-term effects in daily live. Everyone in the group had different background, medical situation, infertility experience and that differed choice of treatments and coping strategy. 95% of the interviewees went through some extent of same timeline: longing for a child, unfulfilled period of time, doctor visits, lot of uncertainty, adjusting all kind of advices in life, hormons, starting IUI, IVF, ISCI, several embryo transfers. All told about the rollercoaster of keeping up hope and appearances next to their dispair and breakdowns. Two interviewees choose for adoption, one for foster care. More than 70% went through all possibilities of treatments and did everything what was medically or psychically possible. Some decided to stop treatments and the main reason was total exhaustion, anxiety, physical, mental and relational burdens. Their child wish took over their lives, it became survival instead of having a 'normal' life. Mostly I heard and saw similarity in young character structures defenses with typical masochistic and rigid defense reactions in coping pain. Half of the group had to deal with triggers of old pains in their body too. Dealing with the accumulation of so many disappointments in meaning of life and belonging to this world is/was hard. (*see appendix questionnaire)

> *'I'm not worthy, I failed and there's no one waiting for me, who wants to hear my story again, it stays the same.'* - anonymous

Outcome data interviews

Although everyone had a different situation and perception, there are similarities which are important to mention in relation to therapy, bodywork and evolutionary process in sessions.

- More than 90% felt less masculine or feminine after treatments and all were more emotional and stressed during treatments which stayed more or less afterwards in the body and mind. Images, perception and beliefs and bodies are changed for ever. Everyone started treatments with faith and trust to succeed in conceiving a child, but in the background little doubt voices were undermining hope and trust.
- All told me month by month their trust slowly crumbled away, their self-confidence dwindled and stress got worse.
- One third claimed to be closed up feeling almost nothing in the body anymore. They tried to stay in control and all were aware of that behavior. I will go into this in detail later.
- Most interviewees had (strong) feelings of failing as partner and saw infertility as a physical and relational failure. A failure in life.
- Most of the group experienced undergoing treatments as extremely heavy. They described it like having no longer control of your own life, body, relationship and future in life. And the worst part is not really knowing what the goal in life is afterwards remaining childless.

- During treatments most did their daily routine, work and sports, but the child wish was always and everywhere present in everything they did.
- 75% of the group saw long lasting changes in their relationship and friendships. Also loss of friends, family ties due to the lac of an open and trustful communication with understanding on both sides.
- Most of the interviewees are still with their partner, one couple divorced. The unfulfilled child wish had an influence in this decision, but it wasn't the main reason.
- Over two-third of the group experienced an overpowering fear of remaining childless and most of them had (and still have) difficulties to express this in their surroundings.

'Doctors, nurses, laboratories are taking over the control of my fertility, although they give me the idea I'm still in charge of the process. But I'm not. I'm totally at the mercy of a great not knowing. Boundaries blur and I don't know for sure my yes or no anymore. If I say no, I give up hope to my longing. I don't want to be sorry afterwards that I didn't do everything what was possible. So I keep on going in saying yes. I know my body is struggling, it screams NO.' - anonymous

Communication with friends and family

In general the interviewees had difficulties to talk about their situation, feelings and choices in treatments with families, colleagues and friends. It depended on trust in the contact, but mostly it was a conscious choice to protect themselves for all kind of advices and judgements. Another reason is directly linked to sexuality and intimacy. Y*ou don't talk about your sex life with everyone, do you? And being infertile is far from cool to tell at a birthday party. Nobody understands what treatment enhance and do to your body.'* Also feelings of uncertainty, depression, anxiety, (hormonal) health complaints and less self-esteem had a great part in not (never) expressing their needs and feelings. The unspoken belief and image is a constant fear of rejection and not been seen or heard. It's also about the fear of not belonging. In most relationships sexual behavior was (still) influenced by memories or depressive feelings through mourning or not knowing how the future wil evolve.

Note: The fact that friends also struggle with a big not knowing what to do and say, confirms the interviewee internal interpretations, like *'You see, they don't really listen, you see, I don't belong, they don't understand me.'* The painful truth is that a lot of people don't listen carefully to others or able to be present without spoken words.

Feelings

One of the outcomes is that more than half of the group tend to avoid to ask for help. Even from their partner. Everyone named the avoidance to go to places that remind them of the pain. Pulling back in person and energy is a hug consequence and a very lonely place to be. 60% had before therapy the idea that therapists will dredge up all the feelings again. So this was the main reason not to ask for professional help till there was no other option because of health problems, such as burn-out, depression.

Infertility and being childless not by choice pushes always the ability to cope and survive in the body. So if someone has a predisposition toward depression or anxiety the infertility situation may push them over the edge in being lost of reliving old traumas. By aware that the psychical impact of infertility and undergoing years of treatments can also produce PTSD-like symptoms in certain situations. These symptoms can be similar to symptoms of going through a bereavement process caused by complicated grief.

Conclusion

The biggest consequence of infertility is low(er) self-esteem concerning womanhood and manhood. There is mistrust in life and the body. Most of the interviewees looked in the end of their treatments for psychological and therapeutical help: cognitive coaching, healing, mindfulness, social work or psychologist. No one saw a body-oriented therapist in the first place. Remarkable are their tips they gave me. Everyone indicated that **talking over and over** again is absolutely necessary. *'Start talking, don't stop. Look for somebody who is willing to listen. Ask for help in the early stage of the process and treatments. I waited too long, I wished they had offered me psychological help for a longer period during and after my treatments. Look for an expert in infertility and who knows what years of treatments look like.'*

Half of the group stopped coaching or therapy because they didn't feel understood by their therapist. Also seeing family photos in the room literally closed off the therapeutical contact. In general I heart and saw strong women and men, will power and faith. For everyone of the interviewees it was a conscious choice to participate and to help me with my paper. Without exception, everyone sees the importance to break the taboo on infertility and being childless in our society and worldwide. They warmly wanted to support me in spreading information about the topic so my colleagues and our therapists will understand more about the background of infertility and treatments. Their motivation was mostly grounded on missing out special needs in their own therapeutical journey.

How infertility creates wounds in the body

In this section I will share my observations of my daily work. These are personal observations which, of course, can't be proved scientifically. First of all, I've chosen to specialize myself into the subject two years ago and therefore I mostly see men, women and couples with infertility issues in different stages of their process. This includes dealing miscarriage, stil born, sperm & egg cell donation, adoption or being childlessness. My main methods are Core energetics, constellation work, transformational breathing and loss process. Recently I added Eye Movement Desensitization and Reprocessing, currently under supervision.

Reflections in the beginning

In my opinion infertility and an unfulfilled child wish causes wounds (trauma) in the body during adult life, especially in the pelvis and the heart. The characteristics of the wound, bodily reactions and armoring I see the most are very similar to young character structures but accompanied with masochistic and rigid defenses. But the wound seems to grow in a certain timeline and changes over time to different defense reactions. Of course I'm aware all clients take their (childhood) defenses into therapy. Whilst writing and doing the interviews (2018) I was wondering if the defenses of the infertility wound would be the same as their most dominant childhood defense. Secondly I was wondering if old stuff related to intimacy and sexuality would come up due to this new wound. Thirdly what is the influence of childhood and family background in having a (unfulfilled) child wish. Through my mind went also my own history as therapist. My own dominant structure is schizoid with rigidity, so I reflected on this because I know what I send out I will attract in clients. So I expected to see more clients with my dominant structure. Last year I postponed writing this paper, therefore I saw more clients in all different stages of their process and my observations and

reflections changed over time. What I expected, the dominant childhood defense gets easily active to handle pain and sadness. But I also saw a change in masks, defenses along the way through their new adult wound. In short this is what I see.

Strong achievement in succeeding (similar to a rigid mask, lower self)

In the beginning of the fertility process with necessary treatments I see strong ego, pride and focus on achievement. When a couple does not succeed in getting pregnant the disappointments start to built up. In that period of time I don't see shockwaves in the body, of course unhappiness about the situation. But as soon as the couple starts the train of treatments shockwaves immediately effects the body in the pelvis and heart. The moment clients hear news about not getting pregnancy and why this his happening, is extremely painful and most of all shocking. Most clients explain this as a slap in their face or a thump in their belly. When the doctor suggests treatments: *they straighten their backs, putting head up high, saying I won't fail, pushing away their feelings, I'm fine we are going to fix this. We are under control and they start with strong 'outer' confidence the treatments.* For the woman the treatments always takes place around her pelvis, like numerous ultrasounds with different doctors, researches of the uterus and egg cell aspirations which are painful, some have to choose for anesthesia because of the pain and endless appointments for embryo transfers, hormon/blood checkups. For the man it means he has to perform on time and deliver his sperm when the doctor asks him. Succes in the future will never be affirmed by any doctor. The couple will start seeking more information and will do everything to be successful in the process. It should be better than perfect, everything for their child, so they start following strong regimes of vitamins, food, sport, sleeping and sex on time. Everything by the book in order to succeed, the head and rational is leading. In the meantime they easily overstep their strong feelings and emotions. This behavior and coping with the situation has a strong resemblance with rigid mask. Control, either feeling with the heart or belly, difficulty to be fully open about the situation and total focus on achievement.

Control changes in endure and facing failures (similar to masochistic mask, lower self)

If the couple faces failures in treatments, repeatedly despair, distrust, then disbelief knocks on the door. They feel undefended in this. W*hat is happening to us, what do they do to us?* Good moments constantly alternate with sad and negative moments. The way of coping this is endure and swallow the pain. The bodily reactions change, jaws stiffens, buttocks tighten, shoulders to the front, being passive, difficulty in expressing feelings. In general I see them sink away in their despair and thoughts that they will never succeed in having children after all. The mayor change in behavior and feelings caused by numerous shockwaves of pain slowly built up an invisible wound. The accumulation create trauma. *I won't enjoy life and this is happening to me, look at me please I'm doing my best, can't you see. Please see me, hear me* are very *pr*esent. So pressure is building up, body is stiffening, tight muscles, fear, freeze around the pelvis, growing unspoken NO, a lot of enduring and swallowing what they have to do to get pregnant. Their body is screaming NO, but they go on because otherwise it would be a NO to their longing of a child. They unconsciously cross their own bodily boundaries. They literally drown in hormons, pills, injections, treatments, all kind of advices, numerous appointments in the hospital etc. It leads to explosions of emotions alternate with collapse and despair. Exhaustion is taking his toll. All this is comparable to the masochistic defense reactions.

Feeling lonely and lost (young structures)

And if the time and treatments go on over the years the enduring changes in not able anymore to handle the pain, situation and all the choices without splitting and not feeling anymore. Doctors tell them constantly what to do; projection of mother and father. Arms too tired to reach out any more, and a body full of anxiety. Eyes begging for help, you have to do it for me, like in oral wound. But actually the most strongest bodily reactions that appear are similar to the schizoid wound. Splitting all the time to cope, freezing cold body parts, fragmented, mechanically doing what is asked of them, oversensitive, panic over not been seen and heard, collapsing and rage. Overall they feel alone and lost all over the place.

Conclusion of my observations

It's obvious that the trauma marks in the body are caused by everything a couple goes through as written above. The depth of the wound depends on the length of the process, presence and support of the partner, family and friends during treatments and their own capability in containing emotions before the treatments started. And as I expected their childhood defense and which kind of trauma someone has experienced in the past has a big role in coping with their situation. The more younger structures are present from the past, it seems the infertility wound comes on top and accumulates old pain. This is exactly as I experienced it myself. But clients with an healthy ego and good emotional regulation system built up 'a young wound' in adult life. Concerning the window of tolerance it gets more narrower the longer treatments last. I see this happening in almost every client and if the window wasn't wide in the first place than it understandable how difficult it is to handle emotions and intense grief. Therefore I think it would be advisable for everyone to get mental support during fertility treatments. Overall I believe the focus in therapy should be on grounding, breathing, expressing (including sexual) feelings, relational issues, touch, constellation, boundaries and learning about grief. In the end they have to accept the wound of loss and their new reality in life. If the wound is not reconciled and integrated, healing is not possible. If they don't make bodily contact with their pain, they neglect their true feelings and adopt a false sense of self.

Suggestions for all my colleagues

Modern life seems makeable and buyable, but having a child is never self-evident despite all medical techniques nowadays. Fertility problems, treatments and being childless not by choice occur more often than you see, hear or maybe think. No story or situation is the same. The straight figures point out how many people get confronted with infertility and the wounds. Hopefully my paper has awakened awareness in the subject and in recognizing the wounds it creates. I wish the information will help you to be confident and comfortable in supporting clients. Investigate also the feelings within yourself about infertility, treatments, donation, surrogacy and also the businessmodel in it worldwide.

What does it bring up in you? Do you feel it controversial? How do you think and feel about the treatments? Can you be present and comfortable in a session with these topics? Or do you have some ideas or maybe judgement about it? And last but

not least, does it effect wounds of yourself? Take it to supervision if something is holding you back or refer to somebody else. Your client will definitely sense your 'discomfort' if you have some of it. During the years your clients have built sensitive antennes. And if you are a parent yourself remember there are two separate worlds of perception about children. For example: it's almost impossible for myself to really feel how it is to be a mother and having a family. And on the other side for you as a parent with children it's difficult to understand how a life would be with an unfulfilled longing. It's on both sides beyond words and imagination. The best is to stay open to feel the united universal energy. It needs awareness and openness for open views in a difference of perceptions. In the beginning clients constantly test and check if you understand them and if you listen without judgment. It's about trust.

See the length of process without any judgement

Losing a child wish creates unconsciously accumulated mourning and grief due to so many different loses, like miscarriage, sexuality, intimacy, identity, dream, hope, faith, motherhood, self-confidence etc. It's good to keep in mind that a childless client (not by choice) who did treatments have spent an average of 5 years in the emotional rollercoaster. And some, even up to 10 years! Due to the fact that we have more medical possibilities it's getting harder to say NO to a new offered choice of treatment. When a doctor gives another opportunity they will go for it, giving up their boundaries again and stepping over grieving processes. It's like pushing away the pain when suddenly the sun starts shining again on the horizon. In general difficulty in getting pregnant, miscarriage and ongoing medical treatments leave traumatic traces behind in the body, mind and soul. More over the impact of years with endless shock waves of hoping, despair will change their life for ever. The body keeps the score. Awareness through bodily contact can bring joy next to the pain.

Be aware of constant pressure

The biological clock of every woman is ticking, but also the unknown if she (they) will ever succeed in getting pregnant. This can drive her literally crazy. And so the partner. Hormons are '**horrormons'.** They change behavior and internal feelings of women who undergo treatments. It feels like being constantly in the blender with mood swings, aggressive and emotional reactions, sweating, breakdowns, headaches, swollen body and just feeling sick for days. This is very common. It often puts pressure on the relationship. Missed out menstrual periods are traumatic too and pushes the pressure of running out of time. '*What could I have done more to let it happen? Why me? Why us? Tell me please what I can do to let it happen?'* These questions can stay forever in their mind, even after many years.

Difference in grief: accumulation of loss and also anticipatory grief

Beside loss of child wish, there can be loss of (premature) children, frozen eggs, sperm and embryos. But also loss of dreams, hope, identity, meaning, mother/fatherhood, birthday parties, holidays together etc. **So we are talking about complicated accumulated grief. And anticipatory grief!** This is the feeling they get about what the future holds when it's uncertain. Usually grief centers on death, when we lose a parent someday. Anticipatory grief is about the unknown storm that coming into their life but they don't know how it going to look like. Their reptile brain knows something is coming, it's feels bad. They can't see it and this breaks the sense of safety for your client. So there is loss of safety on top of all their other losses. This is very confusing.

So they are grieving on a micro and macro level in their life.

Everything matters: miscarriage, embryos, egg cells and sperm cells

When you look at the family system with your client, remember in the background 'lost children and embryos' will resonate in the energetically family field. All children matter, and so do the embryos. Your client was already connected to them, it doesn't matter how old, how many weeks. All miscarriages count in numbers and order in family constellations. And if a child is born after treatments, miscarriage etc, he/she can never be number 1 in the family line. Be aware that many clients also have a strong connection to their egg cells and sperm. Never underestimate these kind of feelings in bounding, it need to be seen in the light to welcome and say goodbye.

How can you miss something that wasn't even there?

An unfulfilled child wish is unrecognized loss. No one can see what you've lost. There is no funeral, no grave, no mourning cards, no coffee and cake after a farewell ceremony. No flowers and rituals. People say and think '*how can you miss something that wasn't even there?'* It's understandable. What seems invisible to one person is pure reality to another in their dreams and imagination. Remember that the invisibility of their dreams can bring up feelings of powerlessness that isn't easy to understand if you are a mother or father yourself. The child was there and can still be there. You don't have to understand it, be present and dare to ask for more information if necessary.

Work with farewell rituals and let them talk about it. Ask how the child looks like in their dreams and what they would have done as father or mother. And I mean literally. You can do this with a stuffed animal. Like role-play, let them cradle the child, strokes over the head, putting it to bed, holding it above theirs heads etc. Just what they like to do. And there comes a time during the session they have to say goodbye to their child, this is about facing reality. And about welcoming the child next to saying goodbye which makes it whole and complete. It's very nourishing and healing. Sometimes it takes several sessions. And in couples therapy it's often an eye-opener for a partner to see their partner for the first time really as father or mother. They need to know and feel that they are mother and father without living children.

Unstoppable till the batteries run out and they drop

Women and men who face infertility, tried and have done everything they could to make their dream come true. And I mean everything: losing weight, taking loans, selling their house, following extreme diets, yoga, mindfulness, traveling around the globe to see all kind of doctors and constantly surfing over the internet to gain new information about new possibilities. Daily I see powerful men and women showing enormous strength with lots of wisdom about infertility and treatments. In the end they know more about it than their own doctor. Behind all this is the frozen body with a broken heart, but they tend to go on. You cannot stop the high speed train just in a couple of sessions, it takes time, trust and presence. I see the empty eyes after many years of crying and not knowing what to do anymore. Desperate, lonely, frozen cold and no energy left anymore. They've worked their asses off and faced so many breakdowns. Every new medical possibility gave hope again and the power to go on, overstepping their batteries which were running low. No time for recharging the body, sitting down, because it's now or never. The older they get, the less chance they

have to get pregnant. The pressure increases all the time and this is exhausting. If there are no options left, some relief comes in. But the next rollercoaster of the black hole called mourning suddenly lies in front of them.

The soft power body-oriented therapy

To my opinion (soft) bodywork is the entrance for relaxing the stressed parts of the body. Presence, eye contact and subtle touch will first warm-up the frozen parts what sets energy free and feelings to flow. I think it's essential to move subtle and not overstepping this 'warming-up' phase. Work like in the young structures. *Something frozen, breaks down easily and you loose the trust.* Of course I see rage, anger that needs to come out. In the beginning of the therapy I investigate the edges of the window of tolerance to check what is possible and work constantly with grounding, breathing and boundaries exercises. Also jaw-work is essential. The jaw is directly in connection with the pelvis, uterus and vagina. Relaxing the stress in the jaws will relax the muscles in the pelvis too. This enables the softening work on the psoas muscle too. Besides dynamic and relational bodywork it's essential to take time to listen to what they have to say and to answer their questions. Expressing and giving words to their intense pain is helpful to reflect on what's going on in their mind and body after being silent for many years. We are trained to stop long conversations and move the body for good reason. But be aware that some talking is crucial too. Some of my clients never spoke about it besides their partner or their family. And it seems sometimes like learning a young child how to communicate and what kind of options there are to recover contacts and friendships. I work with silent sessions too, hardly any words, music, slow movements, breathing. Be there in sincere subtle contact: holding hands, eye contact, sitting next to you client holding the space in presence.

Connection is the key

Always listen to understand, not to react or to fix. See and feel their unspoken words and where is the energy? After fertility treatments and being childless it's the art to transform the primal desire for conceiving a child into a desire for autonomy in a life without children. It's about reinventing their own identity in relationship to the others. So what are the strategies, masks and negative intent. Autonomy without connection, without context with others, without body awareness produces nothing more than again loneliness. And they know this by the head, but there are scared to dive into the pain and sadness again. For us as therapist it's the art of being present. Supporting the warming-up is the biggest gift in honoring their powerlessness.

Taboos often arise from ignorance, misunderstanding and miscommunication **on both sides in relationships.** And also in therapy. I strongly believe that more understanding about the infertility wound, loss, grief and mourning process provides acknowledgement and recognition to support the core evolutionary process in your clients. Writing this paper and publishing my first book is a part of this mission. I'm very grateful for all my clients and the interviewees who supported me in my writing.
So I would like to end with a message to them…

For all brave men and women with an unfulfilled child wish

It will be a lifelong task to interweave your feelings into your life. It's normal to have intense bodily responses due to your experiences. You belong into this world. Dare to express your own truth. Dare to show your vulnerability by saying that you're hurt or don't know how to go on. Don't put yourself outside or above others. Be more with and beside others. What we do have is each other and the realization that connection starts if we hold and see each other in our uncomfortable places of life. There is a place for you too, yes there is. Together we hold the space.

- *Keep in mind that infertility is not your fault.* You didn't ask for it. Take time for mourning, remember… the healing process is your responsibility. Life hurts us all in different ways. How you respond and who you become through the storms of life determines whether your loss becomes an agony or the start of a new beginning. It's your choice to decide.

- L*oss can never definitely been processed.* It would mean that your pain would disappear in time. The truth is you will survive. Mourning in all four stages will support you to interweave the deep sorrow into your life instead of ignoring.

- *Don't bottle up and reach out to others*. Find people who can help and support you. If family and friends struggle to help you, look for others who understand what you are going through. People who listen without judgment or solutions. Contact will support your growth of self-confidence and belonging.

- *Share your truth again and again*. You are not the only one with infertility issues. Sharing is caring: it will help yourself and you may help others too. Express how people can help you in listening, tell them your needs.

- *Take care of yourself and your body.* Find leisure time or exercises that helps you reduce and manage stress or anxiety if the pain confronts you again. Do sports, yoga and meditation. Be aware that mourning takes time, effort and attention. It's HARD work! Express your needs and feelings.

- *If you got stuck in daily life or relations ask for professional help* to reframe, unlock and process what's happening in you. Releasing stuck energy in true connection and warm support will help you move past your pain. Let someone be there for you, let someone guide you with love.

Stop returning to how and who you were before or wanted to be.
Become someone you were never before of have been.
That's core-healing. I wish you all the best!

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APPENDIX: Questionnaire

Physical and medical situation
Are your willing to tell me your cause of infertility?
What medical care have you received?
How long have you been going on?
What did you miss in this?
What did you think went well in this?
What was the effect of the treatments to your body?
To your partner and friends?
Do you have faith in your body?

Mental and emotional situation
Have you been offered psychological help?
Did you look for yourself for had psychological help?
If so, for how long?
If not, why not?

Relationship, partner
How did infertility, treatments of being childless effect your relation?
Have you had relationship therapy?
Are you still with your partner? Or are you in another relationship now?
Didn't being able to have children play a role in your relationship? If so, what role?

Other possibilities: choice of treatments, surrogacy, donor, adoption, foster care etc
Why or why not?
What is your situation now in the context of the choice?
Do you have any feelings about the choices you have made?
How did the choices effect your live?

Family
How did your family, environment react to your situation?
Did they know about your situation and treatments?
Can you talk about it?
How did they react?
What family situations are you running into?

In general
What's the hardest thing about being infertile and/or being childless?
What do you have to deal with every day?
What's the biggest advantage of not having childeren?
What's the biggest drawback?
What is the biggest effect in your body?
Why did you want to participate in this research?