WOMEN'S JOURNEY TO HONOUR INFERTILITY: AN INQUIRY INTO THE GRIEF PROCESS

by

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ABSTRACT

This study is a subjective inquiry into the process of grief for women who live with infertility. The central thesis of this study is that women's infertility involves a process of exploring and understanding the origins of grief and recognizing the power of grief to be a positive healing force in their lives.

Three women participated in a three-stage research process which involved a one-to-one interview, a weekend retreat group experience, and a process of collaborative data analysis. Five themes were identified in this research: an infertility diagnosis begins the suppression of the early phases of grief, in particular, denial and frustration; women with infertility suppress grief; suppression of grief leads to a negative impact on women's bodies; women with infertility link grief to societal and cultural expectations; when infertility is honoured and grief emerges it is hope and faith which sustains women on their journey toward healing -- a Re-birth.

These themes present common elements in women's experience and describe how women's grief around infertility is influenced by suppressive social influences. Verbatim excerpts from interviews, journals, and follow up meetings are integrated with related literature in the presentation of these themes. This research confirms the importance of women's need to honour infertility through their personal and social inquiry into their grief process. They can reclaim their voice, their bodies, and their place of Be-ing in the world.

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CHAPTER 1

INTRODUCTION

> My infertility resides in my heart as an old friend. I do not hear from it for weeks at a time, and then a moment, a thought, a baby announcement or some such thing, and I feel a tug — maybe [I] even feel sad or shed a few tears. And I think, "There's my old friend. [Grief] will always be a part of me" (Menning, 1977, p.1).

The infertility experience itself, and in particular the medical investigation of infertility, has a profound impact on the individuals involved (Bresnick, 1981; Cook, 1987; Daniluk, 1988; Mahlstedt, 1985). Negative consequences have been reported in terms of sexual functioning (Daniluk, 1988; Berger 1980; Hamer & Bain, 1986; Schinfeld, Elkins, & Strong, 1986), marital satisfaction, communication, adjustment (Daniluk, 1988; Link & Darling, 1986; Valentine, 1986), and emotional and psychological distress (Daniluk, 1988; McEwan, Costello, & Taylor, 1987; Valentine, 1986). Individuals experiencing infertility report feelings of anger, betrayal, powerlessness, isolation, depression, hostility, and loss of self esteem, (Abbey, Andrews, Halman, 1991; Ulbrich, Coyle, & Llabre, 1990). As each treatment fails, individuals need time to come to terms with their losses and to grieve before they move forward with another treatment option (Mahlstedt, 1985; Salzer, 1991). Being infertile challenges individuals' basic assumptions regarding fairness, justice, God, and the meaning of life (Daniluk, 1991; Greil, 1991). Many couples report acute feelings of loss and grief in being unable to fulfill their hopes and dreams for producing a child that is a product of their love for each other (Daniluk 1996; Menning, 1982).

Men and women differ in their response to infertility in terms of their psychological distress, and in how they experience distress across the stages of medical intervention

(Abbey, et al., 1991; Greil 1991; Ulbrich et al., 1990). Researchers indicate that women experience more somatic difficulties, lower self esteem, higher levels of depression, and greater interpersonal sensitivity to their infertility (Abbey et al., 1991; Berg & Wilson, 1991; Ulbrich et al., 1990). When infertility occurs, women attribute the cause of infertility to their own biological failure, or to past behaviors such as relinquishing a child for adoption, having an abortion, or having an extra-martial affair (Daniluk, 1991; Greil, 1991). Women are more sensitive to life experiences that accentuate their infertility status (e.g., pregnant women, babies, birth announcements, baby showers, etc.) (Daniluk, 1991), and women are more distressed by comments of other's regarding their childless status (Mahlstedt, 1985; Menning, 1982). This may explain why women are more committed to the goal of having children and to the pursuit of medical options to achieve fertility (Griel, 1991; Ulbrich et al., 1990). There is even greater distress for women who are invested in the motherhood role in terms of their identity and self-image (Berg & Wilson, 1991). Women with infertility continue to be emphasized in the literature as requiring psychological support and counselling (Cook, 1987; Daniluk, 1991; Mahlstedt, 1985; Menning, 1982; Seibel & Taymor, 1982).

The discipline of psychology has characterized women who are childless as selfish, infantile, narcissistic, and emotionally barren who suffer from "incomplete feminization" (Ehrenreich & English, 1978, p. 276). Traditional psychological theory promoted motherhood as "essential" for women's psychological development (Benedek, 1952; Erikson, 1968; Freud 1948) but they have been soundly criticized for their sexist assumptions and their lack of empirical validity (Kaschak, 1992). Ireland states, "Maternal ambivalence

is seen [by] some as pathological, as a woman's denial of her 'natural' impulses and inability to come to terms with her 'real purpose'" (Ireland, 1993, p. 13) in life. Despite the research that suggests there is no clear physiological or instinctual basis to women's reproductive choices (Ehrenreich & English, 1978), "no gene for motherhood; no universal instinct" (Safer, 1996, p. 154), and considerable evidence underscoring the psychological health and well-being of childless women when compared to mothers (Ireland, 1993; Morell, 1994), women who do not have children are perceived as conducting themselves in an "unwomanly" fashion (Morell, 1994).

"Femininity and maternity have been entwined since the garden of Eden" (Lisle, 1996, p. 168). Motherhood is defined as women's destiny in life (Rich, 1976). If women diverge from this societal mold there is no social reinforcement of other life paths and creative labors. A woman's experience of herself and societal projections of her sexuality and normality are enmeshed with "the reproductive choices she makes . . . whether she creates her life as a childless woman, whether she attempts to have children but is unable to, or whether she becomes a mother" (Daniluk, Taylor, & Pahinson, 1996, p. 5). "Any failure to fulfill the motherhood role negatively affects a woman's perception of herself because the failure to biologically reproduce represents a failure to meet gender role expectations" (Nachtigall, Becker, & Wozny, 1992, p. 116). Reproductive failure attributed to an ambiguous infertility diagnosis is poignantly pronounced for women. When women's bodies fail to procreate women experience this as sexual failure (Daniluk, 1991; Shapiro, 1993).

Woman are still living in an age where the medical treatment is based on the concept

that infertility is a disease and the cure is a viable pregnancy (Martin, 1987); monthly menstruation symbolizes the disease concept for infertile women (Sandelowski, 1993). The disease concept is carried in the language used in reference to infertility, words like barren and sterile, and the medical terminology such as "incompetent uterus and hostile cervical mucus further reinforces for women with infertility a sense of inadequacy and biological failure" (Daniluk, 1996, p. 113).

Medical management has always been seen as the province of the physician; of equal concern is the provision of psychological support (Menning, 1980). Women living with infertility receive many messages from the medical profession which infers a scientifically unfounded belief that women with infertility must reduce their stress (i.e. "take a vacation;" "relax;" "take time off; "or "adopt a child") to successfully conceive (Daniluk et al., 1996). This leaves women with the message that they are personally responsible for their infertility. The underlying message is that all women should want to have children, and that women who are infertile either want a pregnancy too much (i.e. trying too hard, too stressed out) or do not want pregnancy enough to do what is necessary (i.e. stop working or give up her career) to have a child (Daniluk et al., 1996). In either case it is the woman who is deficient because so many women achieve pregnancy with relative ease.

Women with infertility may fulfill the adult status in the eyes of others by becoming a mother through adoption or other means, but women with infertility always live with never experiencing pregnancy or childbirth - the social symbols of success and mature womanhood in our culture. Some women who experience infertility may experience disjuncture in their relationships with their own mothers who desire grandchildren or who feel invalidated

because they chose to reproduce and to devote much of their life to their own children (Daniluk, 1996). Ireland (1993, p.135) captures the infertile woman's dichotomy in her statement, "something is missing in our definitions of 'woman' because there is no valid place for [women with infertility] in existing psychological theory." This makes it difficult for many women with infertility to "construct their atypical adult female identities - as women, but not as mothers" (Ireland, 1993, p.16).

Domar and Dreher (1996, p. xvi, 231) believed "passionately that a mind-body approach to women's health was needed . . ." in particular, women with infertility experienced stress not only in their minds but stress was also experienced in their bodies. Domar and Dreher (1996, p. 239) have reported success in their mind-body program for infertility, "ninety-nine percent of my patients have major psychological improvements . . . I consider motherhood, however it is achieved, to be a wonderful . . . side effect."

Purpose and Positioning

The intent of this research was to describe and illuminate how grief is experienced and understood within the subjective life experiences of women journeying to honour infertility. I have entered this research with a belief that the social structures of society have served to suppress and devalue the voice and experience of women who are struggling with infertility. The result of this suppression is that women spiral into grief, which is held in their minds and bodies. This research involved a complex and dynamic process of exploring and understanding the origins of grief and recognizing the power of grief to be a positive healing force in our lives. Though each woman's experience of grief was different, there were common themes which emerged from this inquiry which assisted each of us in moving

toward more authentic ways of being in the world, and in becoming agents of our own personal and social experience.

I have entered this research with a belief that the social, political, and cultural structures of society have served to suppress and devalue the voice and experience of women who are struggling with infertility. The result of this suppression is that women spiral into a grief which is held in their mind and in their bodies. The social definition of motherhood is so strong that women with infertility are expected to live in the social margins viewed with suspicion, pity, and stigmatization - an outsider from the lived reality and experiences of the majority of women who become mothers - struggling and grasping to create an alternative path. From puberty until menopause, women with infertility have monthly reminders of their reproductive progress. For many females, conception is successful and they are welcomed into the journey of motherhood but for others they stand at the fork in the road imploring the medical profession to "fix" them so they may travel further. This is ultimately a paradox of physical, emotional, mental, social, and spiritual proportions. This research project will provide an in-depth understanding of the experience of grief for women who live with infertility. The central thesis of this study is that women's infertility involves a complex and dynamic process of exploring and understanding the origins of grief and recognizing the power of grief to be a positive healing force in their lives. Grieving can assist women with infertility in moving toward more authentic ways of being

> Two roads diverged in a yellow wood,
> And sorry I could not travel both
> And be one traveller, long I stood
> And looked down one as far as I could
> To where it bent in the undergrowth;
>
> (Frost, 1986)

in the world, and in becoming agents of their own personal and social experience.

It has been through reflection on my own experience of grief in my life as a woman with infertility and my professional experience of counselling women who are infertile, that has prompted me to begin this inquiry into women's grief. It has been my intent, in conducting this research, that I and the other women involved, would gain more insight into an understanding of our own issues of grief and its meaning in our lives. It is intended that the counselling and therapeutic community will benefit from the knowledge generated through this research and thus be more informed in their work of supporting women to honour their infertility and to experience grief as part of their healing process. It is important that women with infertility have an understanding of what is behind their intense emotions of anger, denial and grief and how these emotions are played out in their mind and body. They must recognize that it is acceptable and even healthy to have such feelings. Warmth, empathy and respect, in the counselling relationship, will not make the feelings go away, but a common understanding of the reality and a recognition that it is indeed rational to have such feelings, will help women to cope with infertility.

Definitions

Grief is a broken heart, not a broken head. Recognizing that grief is complex and variable in nature makes it difficult to define. The definition I provide defines grief as a conflicting group of human emotions caused by an end to, or change in, a familiar pattern (James and Freidman 1996). Through this research I illustrate and illuminate the meanings of this human life experience of grief for women who are infertile. For the purposes of this study, grief will be examined through a qualitative, participatory approach. This approach

seeks clarification through the voicing of meanings which participants attach to grief and their subjective experience of grief. Grief expression will refer to the way in which women deal with their grief, whether it be internally or externally. The impact of grief will be explored as it relates to how grief affects the physical, mental, social, and spiritual health of women.

Within this study, *infertility* will be defined as the nonoccurrence of a successful pregnancy leading to a live birth after one or two years of coitus without contraception (Daniluk, 1991; Mazor and Simons, 1984). The women participating in this research have experienced infertility evaluation procedures and various new reproductive technology methods. Through the eyes of each woman's personal experience the causes of infertility will be investigated through the personal, social, and cultural conditions that contribute to women's grief.

Feminist research has transformed women's lives (Worell & Etaugh, 1994). At the base level, feminist researchers have created new conceptualizations and terms which have enabled women to understand their experiences and have also enabled women to be more effective in changing suppressive contexts. This inevitably leads to transformation and healing. Transformation and healing will be assessed through the process of increased consciousness raising and change that participants may experience as a result of engaging in this research experience.

Organization of the Thesis

This thesis, based on the journey of three women who share their process of grieving infertility, is organized within the following chapters: chapter two provides my personal

agency; chapter three presents an overview of the relevant literature; chapter four describes the methodology which includes participatory, phenomenological, and feminist methodology; chapter five describes the method of inquiry which included the methods and procedures of group process, counselling strategies, data collection through interviews, retreat weekend journals, post retreat meetings and the three phases of data analysis; chapter six provides a description of the process of the retreat weekend; chapter seven provides a synopsis of each woman; chapter eight explains the thematic participatory process and presents each theme with the support of relevant literature and counselling strategies; and chapter nine provides my personal reflections of this research journey.

CHAPTER 2

PERSONAL AGENCY

> My infertility is a blow to my self-esteem, a violation to my privacy, an assault on my sexuality, a final exam on my ability to cope, an affront to my sense of justice, a painful reminder that nothing can be taken for granted. My infertility is a break in the continuity of life. It is above all a wound – to my body, to my psyche, to my soul (Jorgenson, 1998, p.1).

The process of diagnosing and treating infertility has a profound impact on the lives of women. This impact is usually far greater when the treatment process is prolonged and unsuccessful. The psychological component begins to develop when a woman realizes she is not conceiving. She wonders what is wrong that she cannot do something as natural and as simple as getting pregnant.

After unsuccessfully trying to become pregnant for a year, I learned that I had a medical diagnosis: infertility. I became an object, a patient, and my life began to revolve around conceiving by following a physician's game plan. I began to focus on how I had failed. This, for me, lead to loss. I lost my self-esteem, confidence, security, health, relationships, and even hope. I lost my sexual potency and interest in sexual intercourse. These losses began to interfere with my infertility treatment goals and put significant stress on my life.

The reality that I may never have a child created an emotional intensity of confusion and questions. How can I mourn the loss of someone who has never been born or possibly conceived? There was, instead, hope one week, and grief the next. This cycle created a very confusing roller coaster with depression, anger, and guilt as part of its down side. The fact

that there was nothing tangible to represent the loss actually intensified my grief and made the loss more difficult to understand.

I will share my personal narrative through the losses that infertility created within my life. They are the loss of: relationship, health, status and prestige, self-esteem and self-confidence, security, a fantasy or the hope of fulfilling an important fantasy, and the loss of something or someone of great symbolic value. Any loss in adulthood is difficult for women who experience infertility however, travelling through these losses takes courage.

Relationship issues may be an actuality or just an unspoken evolution for women who experience infertility. Women do sever relationships with their partner, family, and friends (Daniluk, 1991). These changes in relationships usually occurred because of well-intentioned, but insensitive, remarks by others which left me feeling unaccepted, misunderstood, unloved, and ashamed. How does one get out of such a situation? What can anyone say?

I lived with an unspoken relationship fear. I was afraid that Michael would leave me if we could not have our own natural children. I wondered if I should leave Michael so he could have children with a fertile person. I worried that my unexplained sadness was driving Michael and my friends away. I questioned if our relationship could survive this, and I wasn't even sure I wanted my relationship to survive.

We were coping with our infertility differently. I was in great despair and I felt alone. Michael coped with his pain by keeping it to himself and focussing on his day to day activities. I needed to talk through my grief. Michael felt powerless and overwhelmed because I needed him so much. He eventually stopped listening. We were both hurting,

tired, and under great pressure which depleted our physical and emotional energy. We were unable to fulfill each other's needs and we lost all means of communication; we were living in the same house but we were strangers.

I was conscious of isolating myself from my partner, friends, and family because I felt I had to get away from their platitudes. This was not a long term solution, but in the short-term it did give me privacy and a safe place to revive my dignity and self-esteem. Eventually, Michael and I resented each other and lost our connectedness as a couple. The diagnosis and medical procedures relating to infertility, regardless of the causes of infertility, influenced how I felt both physically and sexually. I believed my body was damaged or defective and I believed the medical doctors could "fix it." Uncomfortable and unsuccessful treatments, undignified positions, and even experimental medications made me feel especially vulnerable and contributed to my poor body image.

The course of treatment required charting and scheduling sexual intercourse. This constant intrusion into the most intimate aspects of my sex life caused me to feel less sexual, avoid sexual activity, and fail to respond sexually in fertile times. As a result of these humiliating encounters, making love became a mechanical chore and a painful reminder of the failure to conceive. Each month the medical evaluation violated my deep need for privacy.

The cumulative effect of the entire process of diagnosis and treatment lead to physical illness. Stress contributed to my headaches and irritability. Some medications caused cramping, nausea, and other negative side effects. My body ached and my throat, shoulders, and chest were wearing the suppression of anger and grief that became harder and harder to

swallow. I began to think of myself as a "broken" person. I did what the doctor asked and when nothing was changing, those feelings of being unrepairable intensified. I began my life journey as a physically and emotionally healthy person and as I studied and lived the beginning of the treatment process I was taking medication, and unexplainably grieving. There was a void in my body and my soul. I could not explain this and others could not see how I was bleeding and wounded. Grief, unlike the physical cut that bleeds, is hidden and denied, until it seeps out in various forms.

Society places eminent value on parenthood, thereby safeguarding and reinforcing behaviour that relates to procreation and child rearing. From the inevitable "How many children do you have?" to religious exhortations "and the Lord said, go ye forth, be fruitful and multiply and replenish the earth" Genesis 1:27-28 (Revised Standard Version), childless women are duly reminded of society's expectations that they have children. Society has been structured so that women are expected to think of themselves as mothers. Being a woman with infertility does not support this socially accepted and reinforced value. Some family and friends could be unfairly critical when a pregnancy did not happen and they sometimes implied that my identity as a woman was incomplete. There is a stigma attached to infertility and as a couple we believed that divorce would be more socially acceptable than infertility. Childlessness projected the image that I had a sexual dysfunction. Some think, as I did, that my worth to society was lessened by my inability to produce children.

Infertility confused me because I had always believed I would have children. The question was not "if" I would have children but "when" I would have children. I still didn't understand why I couldn't conceive. I felt the full impact of the societal expectation that I

bear children. I can remember feeling like I didn't belong. Without a child, Michael and I didn't fit in with our friends who began to have children. Our couple friends and family began to feel awkward about having their own children around us, and they began to avoid us, which only isolated us even more. I felt hurt and personally injured. My value as a person regressed as I slowly lost my voice.

Making the decision to consult with an infertility specialist was similar to making the decision to see a psychologist or psychiatrist. I had to admit and acknowledge there was a problem. Being infertile was an attack to my self-esteem. I did think I had made some personal, academic, and professional accomplishments in my life; but in every facet of my life, friends, family, and co-workers, were inquisitive about my reproductive ability. I felt judged on all levels: physically, socially, mentally, emotionally, spiritually.

My sense of self-worth was always shaken when I was confronted by anyone and it seemed everyone felt they had the right to ask, male and female alike, about my reproductive progress. I can remember being at the vegetable counter at the local coop and a gentleman came up to me and asked: "When are you and Mike goin' to have kids?" I felt defective and very much a failure. I became beet red and stammered,"Oh, I'm not sure. . ." and walked away as though I had another item to pick up in the store. I was in denial of my infertility and I was acutely aware of the daily attack on my self-esteem.

I was no longer validated, as a whole person, by family and friends. No one asked me about my accomplishments; it was always "any children yet?" I began to have a negative attitude towards myself and others, which came out in emotional floods. Sometimes anger, resentment, jealousy, and hate seeped out of my mouth and my heart. These strong emotions

were difficult for me to understand and value. I was jealous of pregnant women. I was unable to keep my emotions in-check, whether I was in class, at work, in the grocery store, in church, or at home. Sometimes the emotions were so intense that I turned it inward by hating myself for having them. I was always taught good girls do not feel angry, jealous, or resentment. I began to see myself as a bad person. I had daily reminders from others of my inability to handle my emotions more effectively -- overall I felt like a failure. I couldn't live up to anyones expectations: my partner's, my family's, my community's, my faith, and most of all, my own.

The temperature chart I was asked by my doctor to keep became a graphic representation of the cycle of hope, frustration, and failure. Who was I kidding? I was not good enough to be a parent. I was being punished by God. My negative self-statements lead to a sense of hopelessness and despair. My grief spiralled and there was a feeling of no control. My tears were swallowed and kept in my body. I lost touch with my physical presence and space in the world ; the physical body that held me no longer existed. When I looked in the mirror I saw empty eyes in a worldly frame we call a body.

I thought I was self-directed, in control of my life, and I believed that hard work lead to success in all tasks but I was devastated by my infertility experience. Job security and advancement were always affected by my infertility. I did not look for career changes or advancement. I looked for time off. In the beginning it was important for me to find a place of work that could accommodate my absence for medical appointments.

Sometimes, taking time off for physicians' visits strained the support of my employer and co-worker relationships. I became insecure about the repeated appointments and

medications. Changes were occurring in my social relationships and cultural commitments that left me feeling less confident about my place in these groups. On a deeper level, there is a loss of security about the fairness and predictability of life. I struggled to determine what I had done to deserve being infertile and how I could have prevented it from happening. I feared that if this could happen, so could anything else.

After years of trying unsuccessfully to conceive, I experienced great despair. I was angry, frustrated, and sad that I was unable to have a child and I felt hopeless that I would never have a child in the future. I was never going to be a mother and thus never experience all that accompanies motherhood socially, personally, and religiously: from being pregnant and giving birth, to preparing for baptism and later selecting a school, to watching a daughter or son choose a partner and so beginning again the cycle of life. Having a child was tantamount to becoming an adult. Without this experience, I believed that I had not accomplished that unique psychological passage to adulthood. Being a mother was a part of my vision of an idealized woman; losing that vision hurt deeply.

Despite my enormous price in terms of time, persistence, commitment to a schedule, and sacrifice - I was infertile - I could not deny it. Competence in this task was beyond my grasp no matter how hard I tried. Appointments with my physician took precedence over day-to-day activities. I couldn't plan even a week's vacation, much less make major career decisions. Professionally, I had trouble concentrating on long-term goals. I was controlled by the goal to conceive. The ultimate point was reached when I stopped trying to conceive and started looking for myself again. I no longer wanted to make decisions about infertility medical treatment. Michael and I discussed this at length and I felt freed. We looked at the

alternatives to parenthood, which included adoption, fostering, accepting childlessness, or doing absolutely nothing. We chose to foster. The alternative to foster did set us up for new hope that we would conceive. Others (family, friends, and community) also placed this expectation on us. This thesis does not allow time to share the pain, joy, sorrow, grief, laughter, and unconditional love that fostering gave me as a woman. When our last foster child left, I wondered if I wanted to have any more children. Adoption became a choice and I decided to leave it because I was not sensing that this was my next journey. What a freeing experience to find myself and to know I had choices.

I then entertained the thought of going back to school or moving. There were no definitive answers to these questions and no certainty that one decision was best. What I wanted was my voice back and my familiarity with peace and in accomplishing a particular challenge. After much thought and spiritual reflection, I chose to continue my education.

Paradoxically, I yearned for the child that would never be and grieved over the child that never was. Because there is no tangible or clearly defined loss for family and friends to see - no sense of finality as in death or divorce - it is difficult for others to truly empathize. Even as a couple we found it hard to comprehend this intangible loss. Children acutely reminded me of the children I could not have. Pregnant women reminded me of the mysteries of pregnancy I will never experience.

The stings still come again and again as I watch giggling toddlers on television commercials, receive birth announcements from old friends, buy birthday presents for nieces and nephews. As I write this I realize my friends with children have slipped away and developed different interests. I still long for the sense of family that children embody.

Within the social structures, I feel unsupported, invalidated for my values and choices, often described by other's as untraditional. Through the safety of groups, the therapist's office, and trusting friends, I have opened up to my grief and I continue to try and understand the many layers rooted in my suppression of my voice. I fear less and voice more. I feel alive and strong in my body. I have and continue to shed tears or as I say "have a moment" about my infertility. Writing about my experience has allowed the expression of my voice. I am experiencing a re-birth – my own.

Through the support and validation of other women, I was able to see that my grief was a healthy expression that could support and empower me to remove myself from the suppression I was experiencing through infertility. I grieved myself to the power and strength I needed to shout "no" to the social and cultural projection of guilt and shame I held so closely as my role. It was through the journey of honouring my infertility that I got in touch with my own voice, my own needs, and my power to shape the direction of life. I became the agent of my own experience. This thesis journey has motivated me to pursue my personal, academic, and professional development, to engage in social activities aimed at heightening awareness of infertility and the unhealthy suppression of grief for women, while seeking ways to empower women in society.

My journey of infertility does not take away my core grief that I have lost someone, the child I will never biologically have. I searched for my child in the medical offices, the social service offices, the mental health offices . . . . A child would make me whole and a child, my child, would give me the title of Mother.

Ultimately, my experience of Mother came with each foster child and godchild. They

fill my heart and soul by their very presence in my life. Their physical presence continues to give me comfort that I make a difference in their lives. Their spiritual presence gives me hope that I will see the cycle of life continued through their future children. My sense of self comes from being a woman. My statement of this fact makes me also a mother. I am a mother to every person I meet who needs a warm smile, a hug, and lots of love – unconditional love. My Motherhood comes from struggling so hard to be a biological mother and realizing after twelve years that I already was - because I am a woman.

My experiences have suggested to me that it is not uncommon for women who experience infertility to grieve very deeply and alone. The societal message over the years serves to suppress women and the consequences of suppression translate into grief, fear, and shame associated with infertility. As a result, I believe that treatment and counselling for issues of women's infertility must recognize the depth of grief and the unique social and cultural realities which have served to shape women's personal and social experience of infertility. This research seeks to acknowledge the journey toward a new way to birth motherhood. This can not happen unless women honour their infertility, grieve their loss of the child they will never have, and rebirth a new definition of motherhood. I have many blessings to give thanks for. Their names include: Delia (foster daughter), Jillian (foster granddaughter), Daniel (foster son), Denise (foster daughter), Nicholas (God son), Katrina (God daughter), Meranda (God daughter), Taylor (God daughter), and baby Lauren (special niece).

CHAPTER 3

LITERATURE REVIEW

Historically, and as recently as the 1960s, women who were infertile defied medical explanation (Eisner, 1963). Today, diagnostic procedures offer physiological explanations for 90% of infertility cases. Menning (1988) declares that women and men contribute to infertility equally: 35% attributable to female factor, 35% attributable to male factor, 20% to an interactive factor between female and male, and 10% of infertility is unexplained. As physiological explanations of infertility are discovered, the focus on psychological factors has increased.

In the past, women who were infertile were believed to have psychological control of their infertility. Psychogenic theory of infertility is based on the assumption that many cases of infertility are caused by an unconscious resistance to motherhood on the part of the woman (Freud, 1948). Society perpetuates this theory by identifying women as infertile due to the natural consequence of their chosen lifestyle (Sandelowski, 1987; Unruh & McGrath, 1985), a result of sexual freedom, delaying childbearing, and choosing education and careers over motherhood (Sandelowski & Pollock, 1986; Unruh & McGrath, 1985; Vieyra, Tennen, Affleck, Allen, & McCann, 1990). Today, the psychogenic theory of infertility is repudiated by most researchers (Berg & Wilson, 1990; Edelmann & Connolly, 1986; Pantesco, 1986; Matthews & Matthews, 1986; Seibal & Taymore, 1982). However some researchers have replaced the unconscious resistance factor of female infertility with a new psychogenic factor based on the idea that stress causes infertility (Domar & Dreher, 1996; Domar, Zuttermeister, Seibel, & Benson, 1992; Siebel & Taymor, 1982; Wasser, 1994; Wasser, Sewall, & Soules

1993).

Domar and Dreher (1996, p. 232) indicate there are two questions which predominate the psychological underpinnings of infertility: "does infertility cause stress and depression? Or second, does stress and depression cause infertility?" The answer: stress is a part of infertile women's experience. Their research of patients in a mind-body program for infertility, indicated women's depression and anxiety upon entering was high, but upon exiting the program scores on standardized tests for depression and anxiety dropped significantly indicating the mind-body program was effective (Domar & Dreher, 1996, p. 232-233).

Domar and Dreher (1996, p. 235) explain, "scientists searching for a mind-body link in infertility have honed in on cases where the apparent cause is hormonal imbalances. . . . Women with hormone-related infertility were more anxious, angry, and frightened . . . [they conclude, since] stress and emotional upset contribute to infertility, can psychological treatments bring about conception? . . ." For instance, a 1980 study by DeCherney (cited in Domar & Dreher, 1996) found that six out of ten infertile couples who met with a therapist regarding emotional issues, achieved pregnancy.

Domar and Dreher (1996, p.235) state "[the] studies offer tantalizing hints that psychological treatments can help couples whose infertility is caused by stress and emotional factors. But [the samples] were too small . . ." Domar and Dreher (1996, p. 236) recruited infertile women to join their program and studied their psychological improvements to see if they could determine whether mind-body medicine enhanced their psychological well being. The results indicated that women with infertility who completed the ten week program

had decreased depression, anxiety, and fatigue; after six months 42% of the women were pregnant and the women who presented as the most depressed, anxious and stressed were most likely to get pregnant within six months after completing the program (Domar & Dreher, 1996, p. 237).

Psychological consequence theory of infertility implies infertility as the source, rather than the cause, of psychological distress (Slade, Raval, Buck, & Lieberman, 1992). Infertility is the loss of a fantasy or hope of fulfilling an important fantasy, and the loss of something or someone of great symbolic value (Mahlstedt,1985). For the woman whose socialization and biology serve as constant reminders of her fertility status, being unable to bear a child often results in unbearable pain. "Infertility is like a death, a death for which there are no rituals and little public acknowledgment" (Daniluk, 1991, p.318). Menning (1980) identifies why some women do not grieve: there may be no recognized loss, the loss may be seen as socially unspeakable, there may be uncertainty about the loss and there may be an absence of a social support system. Abandonment of fertility "[forces] women to come face-to-face with their grief and loss over never being able to bear a child" (Daniluk, 1991 p.94).

Within the dominant themes which emerge from the qualitative literature infertility is characterized as a devastating experience for women. Findings suggest: infertility for women affects career identity (Olshansky, 1987); infertile women feel alienated from the fertile world (Sandelowski & Jones, 1986); women with infertility experience loss of status and ambiguity (Sandelowski, 1987); there is a social stigma for women with infertility (Miall, 1986; Whiteford & Gonzalez, 1995); and the experience of infertility has gender role differences for women as opposed to men (Whiteford & Gonzalez, 1995).

Infertility and Gender Research

Interpretations of the data on infertility focus on the differences in gender roles and coping styles and on the differences in which the treatment of infertility affects women and men (Greil, 1991; Greil, Leitko, & Porter, 1988). Gender role and gender identity does contribute to the infertility experience. This knowledge lends support to the notion that infertility is best understood as a socially constructed process rather than a physical condition (Greil, 1991). Studies which have taken gender into account have revealed that compared to infertile men, infertile women are, more depressed (Sandelowski, 1987), more likely to blame themselves for their infertility (Vierya, et al, 1990), more likely to avoid children, pregnant women, and other reminders of the "fertile world" (Greil, 1991; Greil et al., 1988), more likely to seek out information about infertility (Greil, 1991; Greil et al., 1988), more likely to initiate treatment (Greil, 1991; Greil et al., 1988), and less inclined to stop treatment (Greil, 1991; Greil et al., 1988).

Hirsch & Hirsch (1989) ascertained that the medical profession perceives women as the partner who needs to be "fixed,"consequently women have inevitably been "studied," even if infertility lies within their partners. Abbey, Andrews, and Halman (1994) confirm that there are many gender differences of infertility. Society emphasizes motherhood as women's primary role which causes women to experience more distress at the thought of remaining childless (Greil, 1991, cited in Abbey et al., 1994). The majority of infertility tests are directed at women, and therefore, her life is more disrupted by the treatments (Abbey, Andrews, & Halman, 1992, Abbey et al., 1994). Women, as opposed to men, are physically reminded of their infertility each month with the onset of menstruation. Many people assume

that the problems associated with infertility reside within the female when in fact, only 35% of infertility is relative to the female factor (Abbey et al., 1994; Menning, 1988). Accordingly, women are more affected than their partners by societal perceptions and the responses of others. Comments by others about infertility are perceived by women with infertility as painful, disapproving and unhelpful (Abbey et al, 1991; Abbey et al., 1994). Draye, Woods and Mitchell (1988) identify women as using more emotion-focused strategies in dealing with infertility than men.

Limitations of the research literature on the psychosocial consequence of infertility preclude the fact that gender differences are made based on small homogenous samples of white, middle class, married couples who voluntarily agreed to participate in the research (Daniluk, 1991, p.109). There are other limitations regarding the study of infertility and gender differences: men are under represented which has implications for the generalizability of many of the research findings (Daniluk, 1991, p.109); men under report emotional distress (Greil, 1991) associated with infertility; questions have been raised regarding the use of standardized measures which may be more sensitive to women's expression of psychosocial distress than that of men (Abbey et al., 1991; Berg & Wilson, 1991); experiences of infertility based on ethnicity, class, marital status, or sexual orientation have not been addressed, therefore the findings can not be generalized (Daniluk, 1991, p.109). This is not surprising given the gender role socialization of males in our culture. This research suggests that the way in which men and women differ in their response to infertility should be considered with caution (Daniluk, 1991, p. 109).

Grief and Infertility

Literature is lacking on the process of grief for women who experience infertility. Menning (1980) believes that physicians in the 1980s did not have a clear vision of their role in the psychosocial context of infertility. Physicians concentrated on the physical health of patients making sporadic referrals to mental health when women appeared to be depressed.

The primary frameworks for analyzing the psychological reactions to infertility have been crisis theory and grief theory. Infertility has been seen to precipitate an emotional crisis (Mazor, 1980; Menning, 1976, 1977, 1979, 1980, 1984; Unruh and McGrath, 1985). Mazor (1978) contends that a woman's universal fear of being unable to conceive becomes a reality with infertility, and precipitates the crisis state; it constitutes one of the major forces in the loss of mental, physical, and spiritual well-being for women of childbearing age (Mazer, 1980). Reactions to infertility reportedly parallel the stages of adjusting to death and dying (Kubler-Ross, 1969), progressing from initial feelings of surprise and denial through various degrees of isolation, anger, guilt, depression, and sadness (Cook, 1987; Mahlstedt, 1985; Menning, 1982).

Grief theory allows one to recognize and honour the feelings of anger, denial, depression, despair, hope and sorrow, all of which are associated with infertility. Contrary to Kubler-Ross's (1969) concepts of grieving as a time-limited phenomenon, evidence suggests that major life stresses such as birth of a disabled child, placing a child for adoption, stillbirth, infant death, miscarriage and infertility can lead to states of chronic sorrow which is periodically remembered and mourned (Menning, cited in Mazor & Simons, 1984). Grief as a response to infertility seriously jeopardizes women's feelings of self-worth and restricts

her personal ability to feel in control of her life (Greil, 1991).

Menning's findings have centered on the role grief has played during the infertile person's state of crisis. Crisis is "defined as a disruption in the steady state, or a period of disequilibrium" (Menning 1980, p. 314). Menning (1980, p. 314) identified some common elements of a crisis state. These elements include:

1. A stressful event which poses a threat and is not immediately solvable;
2. The event overtaxes the resources of the individual which are beyond traditional problem solving;
3. The problem is a threat to important life goals;
4. The crisis state may reawaken present and past problems that are unsolved.

The crisis is time-limited and pushed towards resolution due to the fact that the mind and body can not tolerate an indefinite period of crisis. With or without help, the outcome of crisis may elicit one of three possibilities: the person may emerge from the crisis with the same level of functioning prior to the crisis; the person may have renewed strength and emotional insight; and the person may regress to a less stable level of functioning. For women who experience infertility there may be repeated crisis states during the evaluation and treatment stages. Such crisis may put women at risk for regressed growth or positive growth.

A continuum of crisis with rational feelings at one end and irrational feelings at the other is displayed by infertile individuals (Menning, 1980). Rational feelings are based on real perceived insults which society and the infertility investigation have thrust upon individuals with infertility. Irrational feelings are based on myths or magical thinking.

Feelings vary in order and intensity (Menning, 1980). Menning describes these feelings as surprise, denial, anger, isolation, and guilt. The most compelling feeling of all is grief. Grief occurs when all hope of pregnancy and live birth is lost. Menning (p.317) illuminates grief associated with infertility:

> Society has elaborate rituals to comfort the bereaved in death. Infertility is different. There is no funeral, wake, no grave to lay flowers upon. Family and friends may never even know. The infertile couple often comes to this point of grief alone. . . . When grieving over infertility does take place, it is often quite focused and specific. Failure or inability to grieve over infertility is the most common problem I have encountered when dealing with infertile clientele.

The desired goal of the crisis of infertility is successful resolution of grief (Menning, 1980). This process involves recognizing, working through, and overcoming the feelings of grief. These feelings are activated by anniversaries of loss, special or intrusive reminders, or by a new crisis. Menning (1980, pp. 317-318) indicates that individuals often describe the resolution of grief as:

> a return of energy, perhaps even a surge of zest and well-being; a sense of perspective emerges which puts infertility in its proper place in life; a sense of optimism and faith returns; a sense of humor returns, and some of the past absurdities may become grist for storytelling. . . . plans for the future are begun again. . . . The couple is ready to act in confidence in selecting an alternative life plan.

While previous research has not identified infertility as an experience of grief, Menning (1980) has chosen to name the journey of infertility as a grief process.

Judith Daniluk has also identified infertility as a grieving process. When couples determine that the treatment phase has ended they need help to cope with intense feelings of grief associated with a loss of a son or daughter they will never know, the loss of a

meaningful life role, loss of genetic continuity, and loss of their lives together as envisioned by them (Daniluk, 1991). For women whose socialization and biology serve as constant reminders of their fertility status, infertility involves grieving the loss of self (Daniluk, 1991).

Researchers recognize the importance of assisting women with infertility to grieve the losses associated with her infertility (Daniluk, 1991; Mahlstedt, 1985; Menning, 1982). In counselling, infertility is a crisis of the deepest kind and facilitating the grieving process is painful for women coming to terms with infertility (Mahlstedt, 1985). Women are caught in a liminal "not yet pregnant" state (Greil, 1991), and burdened with the "social disability" of infertility (Menning, 1988). Few crises are as challenging and overwhelming. Yet, societal attention is usually focused on the physiological aspects of infertility. The emotional implications often go ignored and untreated. As a result, most women suffer intensely and alone. Female suppression of grief and the many ways which this suppression is manifested and experienced by women in their day to day lives can be maximized in constructive ways which can serve to empower women to make positive changes in their lives.

The goals of counselling involve helping clients to (a) negotiate the grieving process, (b) relinquish and accept control where appropriate and realistic, (c) heal their relationship(s), (d) reassess their motivation and desire for parenting, and (e) make decisions regarding their future parenting options (Daniluk, 1991). Achievement of these goals will depend on the specific needs and values of the client and the stage at which they enter treatment. Daniluk (1991) indicates, the counselling process "happens quicker for those who receive a definitive diagnosis than for women who were left in an ambiguous position of not knowing why they were unable to conceive" (Daniluk, 1991 pp. 94-95).

The counselling process for individuals with infertility involves helping infertile women and men to separate their concept of masculinity and femininity (Daniluk, 1991). The goal here is for women and men to identify and value other role options which are meaningful. The counselling process must also assist men and women in reinforcing their strengths and resourcefulness to survive this loss (Daniluk, 1991). Infertile women also need to cope with the loss of significant relationships with other women (Daniluk, 1991). Women need to redefine their relationships and reinvest their time and energy with other women for whom mothering is not a central component of their lives. Women need to look to the future to readjust their commitments to their home and their career. This involves working through and reconciling the past (i.e., years spent on medical and non-medical solutions to infertility, time lost, friendships lost, quality of life lost.) Both men and women need to set goals in reassessing parenting or non-parenting options. Finally, both need to make sense of infertility and reconstruct a new meaningful life vision (Daniluk, 1991; Greil, 1991; Mahlstedt, 1985; Salzer, 1991). Daniluk (1991) suggests two ways to help women grieve towards incorporating infertility into their lives and towards developing a new sense of self. The first strategy is to have women write letters to the unborn child, and secondly, create retreats which help women say goodbye to their hopes and dreams of a child.

An under-researched area regarding women with infertility is the physical or body symptoms of grief (i.e., exhaustion, tightness in the throat, shoulder pain, lower back pain). Menning (1980, p. 317) refers to the choking and tightness women experience in their throat. Domar and Dreher (1996) and Myss (1996) provide complimentary techniques for body grief work. Domar and Dreher (1996) focus on the mind-body connection through a stress

relaxation program while Myss (1996) focuses on the spiritual energy in our mind and body through chakras.

Chakra is based on an ancient system of yoga. The word chakra derived from Sanskrit literally means wheel or plate, but generally implies an energy wheel (Brennan, 1987, p. 33). Chakra refers to the interconnectedness between body and spirit which is opened up through advanced practices of yoga exercises that leads to enlightenment (Brennan, 1987, p. 55). There are seven chakras which are centred approximately in the middle of our bodies connected by the nervous system along the spine, endocrine system, and various glands. Each Chakra is linked to body parts such as, spine, legs, feet; physical functions such as, back pain, cancerous tumors, and varicose veins; and emotional/mental issues such as, safety, security, social and familial law and order (Myss, 1996, p.96). Chakras are represented by four elements of earth, water, fire, and air, as well as sound, light, and thought. Each chakra also represents a color of the rainbow – red, orange, yellow, green, blue, indigo, and violet. Stones, minerals, music, herbs, and plants are also linked to the chakras (The seven chakras are explained in depth in the following chapter.)

There is a holistic focus to fulfill each chakra energy which involves the four areas of mind and body: physical, mental, emotional, and spiritual. Each chakra is connected with a specific area in our lives and patterns of experiencing. If we are experiencing stress in a particular area, tension ("dis-ease") will start to come through on that chakra wave-length which will manifest itself in the part or parts of the body governed by that chakra (Proto, 1991). It is believed that each individual has the right and need to balance chakra energy but living in the world can create an imbalance in the chakra energy which leads to emotional

negativity and disease in our bodies and mind (Myss, 1996). It is the role of the counsellor to counterbalance this using psycho educational materials, physical exercises to open and ground the chakras, or guided imagery (i.e., tree or molten earth). Treatment in the energy field can include many therapies, such as psychological counselling, acupuncture, massage, yoga, and homeopathy. The essential ingredient for chakra work is the active involvement of the person (Myss, 1996, p.10).

Myss is a medical intuitive (Myss, 1996, p. xiii). One who studies the physical anatomy of the human body. Myss began "intuitive residency" with Norman Shealy, in 1984 (Myss, 1996, p. 9). Dr. Shealy (Myss, 1996, p. xii) explains the concept of life energy [chakras],

> Quantum physicists have confirmed the reality of the basic vibratory essences of life which is what intuitives sense. Human DNA vibrates at a rate of 52 to 78 gigahertz (billions of cycles per second). Although scientific instruments can not yet evaluate any one persons specific frequency or the blocks of flow of such energy [chakra energy], two basic facts can not be denied. First, life energy is not static; it is kinetic; it moves around. Secondly, talented intuitives such as Caroline can evaluate it, even though neither the human mind nor the energy system can yet be accurately physically measured . . . Caroline tunes into the subtle energy of our (bodies) and reads the language of our electromagnetic being . . . She reads our spirits, which are ultimately our true power.

Myss (1996, pp. 8-9) assists patients by illuminating the spiritual issues at the root of their emotional or physical crisis by "intuiting" the presence of illness and interpreting the emotional, physical and spiritual stresses underlying the illness. This technique works best when people are in the beginning stages of lethargy and depression (p.9). The difference between this technique and traditional medicine is that medical tests can not measure energy loss. For example, chronic fatigue syndrome is not an "official illness" because there is no

microbial cause, but in the energy definition of health dysfunction, chronic fatigue syndrome is identified in the seventh chakra (p.10).

Domar and Dreher (1996, pp. 241-242) developed a mind-body program based on ten weekly sessions which includes the following format: personal sharing; teaching methods to elicit relaxation (i.e., journaling is explained and women then practice this technique, guided imagery is explained and practiced); small group discussion in which women share their experiences and insights resulting from being taught relaxation methods; and educational information on topics related to assisted reproductive techniques (ART) and adoption procedures. The strategies include meditation, prayer or mantra, guided imagery, progressive muscle relaxation, Hatha-yoga, and journaling. The difference between this format and other support group formats is the utilization of constructive methods and exercises which guide women with infertility toward growth and acceptance collectively with a sense of adventure and camaraderie (Domar & Dreher, 1996, p. 242).

The goal for women with infertility is to return to physical health. This is attained through three key elements in Chakra and Hatha-yoga body work: breathing, stretching, and meditation (Domar & Dreher, 1996). The intent of body work is to compliment the process of returning to love our bodies because for women with infertility their bodies are not loved (Hay, in Proto, 1991).

Grieving the infertility journey and coming to a place of honouring infertility helps women create an increased level of trust, intimacy, communication, a renewed and deeper commitment to relationships (Daniluk, 1988; Greil, 1991) and a connection between mind and body (Domar & Dreher, 1996; Myss, 1996). It is the lack of research on the

subjective experience of women's grief and the healing power of grief for mind and body that has prompted me to conduct this study. My intent is to seek an understanding of infertile women's unique grieving process from a participatory methodology incorporating feminist methodology that values women's subjective experience as they journey with infertility.

CHAPTER 4

METHODOLOGY, METHODS, AND PROCEDURES

> Subjectivity means that one needs to be as perceptive, insightful, and discerning as one can be in order to show or disclose the object in its full richness and in its greatest depth. Subjectivity means we are strong in our orientation to the object of study in a unique and personal way – while avoiding the danger of becoming arbitrary, self-indulgent, or of getting captivated and carried away by our unreflected preconceptions (Van Manen, 1990, p. 20).

Research which encourages self awareness and reflection on social understanding, and encourages change enhancing action, requires research designs that allow researchers to reflect on how value commitments insert themselves into the research process. Our own frameworks of understanding need to be critically examined as we look for the tensions and contradictions they might entail (Lather, 1991, p.80).

Methodology

My experience of infertility has shaped the direction of this inquiry into women's grief and has served to provide a conceptual framework from which I continue this process with a small group of women engaging in a search for meaning. This requires the use of a methodology which serves to illustrate and illuminate rather than to define what is. The purpose is to describe what is, rather than to search for solutions or conclusions. As such, the primary methodological framework is participatory research. I will also draw on concepts from the phenomenological and feminist research frameworks. Throughout this thesis, my role as both participant and observer will be reflected in my use of language, which is self-inclusive and self-reflective, and at times observational, in my role as a researcher and as a woman.

Participatory Research

"Participatory research aims to develop critical consciousness, improve lives and transform societal structures and relationships" (Maguire, 1987, p.3). Park, Brydon-Miller, Hall, & Jackson (1993) describe participatory research as a reflection-action-reflection cycle. "As action emerges from critical knowledge, so does knowledge issue from action. Critical consciousness is raised not by analyzing the problematic situation alone, but by engaging in actions in order to transform the situation" (Park et al., p.8).

Participatory research supports the critical aspects of life that can not be given a measure, such as the value-laden and subjective experience of emotions associated with grief, and the contextual experiences which contribute to emotional responses and expressions. This inquiry into the meaning of grief for women with infertility is a form of participatory research within the critical inquiry paradigm. In this instance, the subjects of the inquiry become participants in the research process, rather than objects or targets of research.

Recognizing that part of the process of participatory research is personal inquiry (Lather, 1991; Maguire, 1987), my intent was to find a place from which to view the subjective realities of those involved and the uniqueness for women experiencing grief through their journey of infertility while at the same time acknowledging the pain and suppression that exists for women in a culture that honours motherhood and fertility - not infertility. Research of this nature requires an environment of trust, openness, and support, whereby reflection can occur and the theoretical foundations can be tested in dialogue between participants and researcher. As women journey they may perceive their infertility

differently, as both participants and readers. Moveover, transformative possibilities through the grief process may also lead to consciousness raising.

Critical research is defined by the recognition and acknowledgement of those underlying structures which shape our social world (Maguire, 1987). Critical research involves returning suppressed people to power through participation in knowledge creation and utilization of that knowledge to realize their capacity to grow, change and create new ways of being in the world (Maguire, 1987). Comstock (1982, p. 387) suggests as a critical researcher that my task is to stimulate research participants into a self sustaining process of critical analysis and enlightened action. This research will seek to merge the critical paradigm with the qualitative paradigm, which draws on the participatory and feminist approach to research. Critical studies of discourse draw on interpretive methods of inquiry. The benefits can create new insights obtainable only from the experiences of an oppositional consciousness (Kravetz, 1980). In this research, the infertile woman's world is in stark contrast to the experience of the fertile woman's world, this contrast leads to insights that are invaluable for further research.

Phenomenological Research

Phenomenological research methods involve uncovering and describing the essence and meanings of one's experience as it occurs within the structures of the lifeworld of those being studied (Van Manen, 1990). Phenomenological research requires an understanding that the researcher (or reader) can never completely come to know the full meaning of this lived experience. The descriptions and interpretations can only serve to deepen our understanding of what an experience is like for another, and will always be filtered through

a reflective lens of our own knowledge and experience.

Jack (1991), in her longitudinal study of women's depression, utilized a methodology based upon phenomenology. She described her research as "a phenomenological, descriptive approach that assumes that women are reliable witnesses of their own psychological experience" (Jack, 1991, p.23). Listening to women's reflections about themselves, paying attention to their words and recurring themes, can help us to restore their experience from invisibility, bringing it out from behind the screen of traditional interpretations (Jack, 1991, p.25).

Feminist Research

Patti Lather indicates that feminist research is research which places "the social construction of gender at the centre of one's inquiry"(Lather, 1991, p.71). Lather proposes that, in doing feminist research, the goal "is to correct both the *invisibility* and *distortion* of female experience in ways relevant to ending women's unequal social position" (Lather, 1991, 71). Callaway (1981, p.460) expresses the feminist research goal as, "[seeing] the world from women's place in it." Belenky, Clinchy, Goldberger and Tarule (1986) uncovered salient themes relating to women's experience of silencing and disempowerment, lack of voice, the importance of personal experience in knowing, connected strategies in knowing, and resistance to disimpassioned knowing. They studied women's perspectives to unmask women's way of knowing which was distorted by masculinist psychology. With a feminist research focus, the methodology used is both interactive and contextualized, involving joint participation between researcher and researched in the exploration and interpretation of the data. It necessitates the creation of a space where those involved have

the opportunity to engage in a deeper personal inquiry and to speak and act on their own behalf. Hence, in this study I have drawn from both participatory and feminist paradigms of research. Lather (1991) encourages me to search for the different possibilities and Belenky et al, (1986) contributed to my research by awakening in me that there are other ways of knowing which will do justice to women's truths as they journey to honour their infertility through the grief process.

Feminist research has journeyed to challenge ways to generate knowledge which gives voice to women's own subjective experience and which promotes a more critical consciousness regarding the influences of social structure on women's lives (Lather, 1991; Maguire, 1987; Reinharz, 1992). The feminist movement has provided a forum for women in which to explore, reflect, voice, and act upon their own subjective realities, lodged within a social structure built on values which have historically served to suppress women (Belenky, et al, 1986; Lather, 1991; Maguire, 1987).

Catherine McKinnon argued that consciousness raising is a unique feminist method which enables women to discuss and understand their experiences from their own viewpoint (MacKinnon, cited in Reinharz, 1992) which influences women's empowerment to change and to see their grief as a healing force in their lives. Central to feminism is the development of feminist consciousness in support of feminist social action and transformation. Lerner (1993, p.14) defines feminist consciousness as follows:

> the awareness of women that they belong to a subordinate group; that they have suffered wrongs as a group; that their condition of subordination is not natural, but is societally determined; that they must join with other women to remedy these wrongs; and finally, that they must and can provide an alternate vision of societal organization in which women as well as men will enjoy autonomy

and self determination.

Feminist theory has emerged out of the recognition that social structures based on the values inherent in male, patriarchal systems of domination, competitiveness, and suppression of women and other marginal groups, have served to influence those in positions of less power. A fundamental goal of feminist theory and practice is to move toward the betterment of women's status and well-being (Weiler, 1988). The mandate of feminist theory is to value the diverse experiences and voices of women. From a feminist perspective, this research honours the voices of women grieving infertility which was suppressed and acknowledges that they are valued and can contribute knowledge. Morton (1985) postulates that we need to unsilence our voices and begin "hearing ourselves into speech" (Morton, 1985, p.54).

Feminist theory supports a therapy which assists women to move beyond the acknowledgment of grief. In this research I will support and validate our voices in a process of allowing our grief to emerge and to be voiced in a way that can serve to empower and alleviate our personal and social suppression. The historical neglect of women's stories suggests that there are hidden agendas of power in the way societies define, validate, and genderize knowledge; the stories women told depicted a variety of different ways women understand, accommodate, and resist societal definitions of truth.

This inquiry into women's grief is, in essence, a feminist approach to research, in its recognition of the impact of social structures on women's journey of infertility and their experience of grief. It seeks to provide a forum for women to explore and search for a deeper understanding of their grief within the context of their own subjective experience. It is a way for women to generate insights which can add to their existing body of knowledge, through

shared stories and empowerment.

Language

Language also becomes a key element in the interpretation and description process. As researcher,

> [I] must be attuned to the meanings within the language, to what the words, terms and phrases mean. I need to listen for the patterns and meanings behind even the negatively valued words and then translate them into terms that more accurately reflect the experiences women are trying to convey (Jack, 1991, p.27).

An identified language is limited by the social construction of a discourse in which feminist's speak and write (Hare-Mustin, 1994). Feminist theory supports the development of new language to describe the phenomenology of knowing and naming experience. Feminist theorists speak about "self in relation" (Jordan, Kaplan, Miller, Striver, & Surrey, 1991) which attempts to describe felt and embodied experiences of self knowledge. A new language may move feminist practice away from the concept of "self" to capture the collective and the individual experience of women (Lykes, 1985). Employing methods of data collection and analysis which honour the unique voice and language of the research participants and of myself as researcher will be a critical component of this research process. "An authentic speaker must be a true listener, able to attune to the deep totalities of language that normally fall out of our accustomed range of hearing, able to listen to the way the things of the world speak to us" (Van Manen, 1990, p.111).

Ethical Issues

There are ethical considerations that required my attention throughout this project. It was incumbent upon myself, as the researcher, to be sensitive to the impact upon

participants in engaging in an inquiry such as this, which is personal and, in the absence of sensitivity, could be perceived as intrusive. I chose women who were engaged in a process of healing through therapy or involvement in personal growth and development initiatives. The reason for this prerequisite was twofold: I felt that women involved in the healing process would be more aware of their grief issues and how grief was impacting on their lives; and second, I was cognizant of the fact that involvement in the research was likely to have a therapeutic impact on women with infertility engaging in deeper exploration of their grief. I therefore felt it was ethically and professionally necessary, a criterion for participation, that they have supports available to them outside the research process itself.

This research process required my clarity and honesty with participants from the beginning about the purpose of the research, the emotional dimensions, and the process of data analysis that was used. My personal and academic standpoint motivated the participatory research design which involved facilitation among participants, to a deeper awareness and experience of grief. Within this process, both the researcher and the researched must engage in self-reflection and construction of theory. However, in order to achieve a reciprocity and a negotiated meaning within the data analysis and theory development, it was necessary to analyze the data collaboratively. This involved continuously going back to the participants with results of the data analysis and refining these in light of their reflections. Participants shared in the sense of purpose and benefits in generating this research, first personally and secondly, for the knowledge generated for the larger community. Participants were aware of how they were represented in the text and were assured of their right to privacy, confidentiality and anonymity; keeping in mind that

at any time participants had the right to withdraw from the research process and the right to share only the information that they were comfortable in sharing. I have attempted through the planning and implementation of my research to recognize and accommodate all of these concerns which were incorporated into the participant agreements in the interest of ensuring their informed consent to participate.

Of concern was the introduction of mind-body connection techniques and strategies which involved opening and grounding chakras. Ethically, I would not implement a strategy that I did not feel competent and confident in using with participants during the retreat weekend. I implored the expertise of three sources: a psychosynthesis therapist who uses this ancient system of yoga as a therapeutic method to compliment her repertoire of counselling techniques; a massage therapist who assisted me in the yoga steps to open and ground chakras; and a trained yoga instructor. With their guidance I was able to ascertain the appropriate use of chakra exercises and psycho educational material to meet the needs of the participants and this research.

In addition, as researcher and counsellor, I needed to be open to other important concepts which emerged and to which I may not have been initially sensitive, which modified my initial conceptual framework. My skills and competence as a researcher and a counsellor included anticipating and managing any potential difficulties or conflicts which arose in any part of the process. Being aware of the intensity of the emotional material we were exploring, I felt confident that my past experience in both individual and group counselling in the area of child protection, fostering, and adult education where clients engaged in highly intense emotional experiences, equipped me with the skills and

understanding to be present with the women in a supportive and facilitative way. However, it was invaluable to have another therapist present to assist in the weekend as an added measure of safety, support, and guidance. I invited one facilitator, trained in counselling, to co-facilitate with me on the weekend. It was critical throughout this research that I also have a clear sense of my personal values which inevitably shaped the direction of this process. Most important to me is that the women participating felt comfortable with the proposed plan and purpose of the project and that they felt a sense of ownership, safety and respect for their own unique voice and experiences to be accurately represented in this thesis.

The Women

I chose to use a small group of three women, believing that this number would constitute an interactive process while allowing for a rich contextualized subjective inquiry. In choosing a group, I sought women who were infertile by the definition that they had not achieved a pregnancy after trying for one or two years (Daniluk, 1991; Mazor and Simons, 1984). The women participating in this research had also experienced infertility evaluation procedures and various new reproductive technology methods.

In order to obtain data from which to theorize, ten women were referred and screened by phone and five women were chosen to be interviewed. Initially, a letter was sent to medical and public health resources on Prince Edward Island, in December, 1998 (Appendix 1). Referrals were accepted from the medical field, public health field, and from self referrals. Out of the five women interviewed, three women participated in the process of this research.

I was initially seeking a research group which would be representative of a diverse

population in regards to age, marital status, socioeconomic background and if possible, cultural diversity. However, those women who responded were basically within 30 - 45 age range, middle class, Caucasian, employed, and native Prince Edward Islanders.

Methods and Procedures

Having highlighted the literature and the underlying assumptions of participatory research, drawing on both feminist theory and phenomenlogical approaches, this section will provide an overview of the methods and procedures used to conduct this research into the process of grief for women journeying to honour their infertility.

The Interviews

The first method of data collection was individual, semi-structured, open-ended interviews which were taped and transcribed. The interview was an invitation for women to talk about their subjective experiences of grief and infertility.

A pilot interview was conducted in December, 1998 to apply the questions I had developed and to examine my interview style within the open-ended, semi-structured interview format. The pilot interview provided an informal assessment of the interview questions to determine if the questions elicited a discussion on the aspects of grief in women's lives, to heighten my awareness and recognition of the depth and personal content of the discussion, and to be sensitive to the emotional experience which the questions prompted (Appendix 2).

The individual interviews were approximately two hours in duration and the interviews were held in a comfortable, private residence, without interruption. The visible presence of the tape recorder posed a barrier, however, each of the women understood the

necessity of the tape recorder for data collection and soon released their preoccupation with it. In preparation for each interview I would do a sound check on my tape recorder. At this time, each woman was visibly uncomfortable. Julie states, "Oh, I am nervous now that you have the tape recorder on . . . I am okay with that." Grace stated, "My God, I hate how I sound on tape but I am fine with that . . . I think . . ." Rose expressed hesitantly, "Okay, No that's (pause) that's fine." The interviews began with limited eye contact because each woman was glancing at the tape recorder. As the interview progressed, the women began to share their experience of grieving infertility and it was evident they were no longer watching the tape recorder. Their eye contact was intense as they searched my non-verbals for support of their story.

Each participant had a clear understanding of the purpose of the interview and had reflected on their own experience and awareness of grief in their lives. My primary role throughout the interview process in particular, within the discussion of grief and infertility, was to establish an environment of trust, respect, and safety whereby each woman would be supported to explore their process of grief. As each woman shared their journey, I used my facilitative skills as a counsellor: empathy and respect, gentle probing and clarifying, minimal self-disclosure, immediacy and genuineness.

The interview questions covered four subcategories. First, demographic information which included a pseudonym name, participant age, marital status, occupation and socioeconomic background. Secondly, under the heading of exploration of grief and infertility I used a collaborative approach to seek a mutual understanding of the meanings each woman with infertility attached to their grief. The third subcategory explored several

areas: what particular needs the participant may have in engaging in a group process with other women, their previous experience with groups, issues of safety, and if they were using alcohol or drugs at this time. The retreat weekend was proposed which gave me an opportunity to introduce the strategies of guided imagery and several gestalt techniques such as the empty chair, knotted towel, psychodrama, and role playing (these gestalt techniques will be explained in Chapter 5). This retreat screening portion of the interview provided me with valuable insights into the needs that women have in regards to participation in the weekend retreat and what practical items participants can offer to help with the planning of the retreat (logistical needs such as food contribution and transportation needs). The fourth subcategory included an explanation of confidentiality, requesting data through the sharing of journals, and inquiring if the participants could make a commitment to follow up meeting(s). The interview assisted me in establishing rapport and provided me with insights into each woman's ability to participate in a group such as this, where emotional content is likely to be exposed.

Criteria were established for non-participation in the group through collaboration with myself as researcher and participant. The decision for someone to discontinue as a participant in this research was mutually agreed upon by using the following guidelines: is there discomfort with participating in groups?; does the participant have personal or professional supports, if needed, upon completion of the weekend retreat?; is there hesitation or unwillingness to engage in or share with myself as researcher and subsequently readers, non-identifying personal reflective journal writing?; and is there any indication of behaviors which may have the potential to harm themselves or others? These barriers were obvious

during the interview itself. Participants who expressed interest in this research signed a participant agreement, which outlines the nature of their involvement, responsibilities, time frames, and parameters of confidentiality (Appendix 3).

The interview data set the stage for each woman to explore the grief process which peaked during the retreat weekend. Prior to the retreat, transcripts were made of each of the taped interviews, and were distributed to participants for review and feedback. Areas were identified which they chose to expand, change, edit, and omit.

Group Process

The purpose of the group process was to generate knowledge as opposed to engaging in a therapeutic process or evaluating a possible treatment program for women who are experiencing grief in their lives. However, the counselling strategies aimed at promoting deeper levels of emotional awareness and the experience on the retreat weekend did have a therapeutic impact.

The retreat format offered a process which was different from the more traditional weekly group sessions in that participants had the opportunity to separate themselves from the day-to-day responsibilities and demands of their lives and to focus solely on themselves and the issues which prompted them to engage in this research. The weekend offered an opportunity to engage in a mind-body process of personal reflection and deeper exploration, on a continuous basis, in an environment which was safe and supportive.

The weekend retreat provided a forum which opened up deeper parts of women's grief without the fear of the process impacting on other aspects of their lives. The marathon-like quality in the weekend format, of two continuous days without interruption, allowed for

more intimate contact between participants.

Co-Facilitation

As facilitator of this group process, I recognized the importance of attending to the needs of individuals within the group as well as the process of the group itself. Having the expertise of a co-facilitator was important for the safety of myself and the participants during the retreat weekend. The co-facilitator was also invited to engage in personal journal reflections, which are included as part of the data analysis. Prior to the retreat, I met with the co-facilitator to confirm the agenda for the weekend and to develop other exercises we chose to employ. At all times I was prepared to change the retreat weekend format when change was suggested and when there was consensus from all participants (Appendix 4). Worell and Johnston, (1991, p. 6-9) indicate that a successful group process includes seven dimensions of feminist process: structure for diversity, distribute leadership, distribute responsibility, value all voices, honour personal experience, decide through consensus, and promote social change.

Counselling Strategies

Several counselling strategies were employed with the aim of promoting a personal and group experience. The aim of using counselling strategies was to increase self-awareness for participants of their own subjective realities as they relate to the emotion of grief. As stated in the introduction of this thesis, strategies to be employed are from the feminist school of thought which views healing and change as stemming from awareness and experience of self. Feminist and other experientially based therapies aim to promote a deeper emotional awareness using experiential exercises and dialogue, and providing rich

opportunities for individuals to move into more authentic ways of being in the world.

The validity of a study such as this is linked to the understanding that, while truths in the spirit of the positivist paradigm may not necessarily evolve, what can occur through a feminist and interpretive participatory inquiry is a process of dialogue and an opening of the windows to the minds of those involved.

Women's Retreat Strategies

Louden (1997, p. 12) shares her insights of wisdom for a woman's retreat:

> A woman's retreat springs from and is guided by a woman's inner knowing. A woman's retreat is about stepping out of your ordinary existence to listen and attune to your truest, most authentic self. It is about being self-referenced to become self-restored. It is about trusting what you experience as sacred without the need for external sanction. It is setting apart time to tend the hearth of your inner life, feed your muse, reclaim your dreams. A place to reaffirm your values by giving yourself permission to do what you need when you need it, not when you think you should or when someone else thinks you should. About using loving self-discipline to push past limiting beliefs, to instigate change, to bring closure.

Within the retreat weekend ritual, mind and body exercises which included chakra and yoga postures and imagery, and journaling complimented the counselling strategies mentioned. When faced with the reality of their situation, women with infertility commonly ask themselves, "Why me?" and assess their pasts for perceived transgressions that may help them make sense out of what feels like a senseless situation. The counsellor's role is to assist women in working through feelings of guilt and shame associated with such past events, separating the biological reality of their fertility status from the concept of punishment.

Ritual

Rituals have long been recognized throughout history as a way of honouring life passages, nature, sacred parts of self, and spiritual connectedness, and can offer a sense of

renewal or awakening (Louden, 1997). Thomas Moore (1994, p. 226 - 227) describes ritual as

> a way to maintain the world's holiness. Knowing that everything we do, no matter how simple, has a halo of imagination around it and can serve the soul, enrich life and makes things around us more precious, more worthy of our protection and care . . . [which evokes] a dimension that truly nourishes the soul.

The use of ritual, within the process of the retreat, was a strategy used to strengthen the identity of the group and to create a sense of honouring the space and process we were engaging in together. The rituals were helpful in creating a sense of commitment to the process and a sense of safety within the group. Forgiveness rituals were helpful in facilitating the process of self-vindication during the retreat weekend and in particular, at the closure of the retreat weekend. Ritual, I believe, supported the process of opening deeper parts of the soul.

Guided Imagery and Autogenic Training

Guided imagery is a counselling strategy which was utilized for the retreat weekend. Guided imagery is a technique which helps to access levels of consciousness in eliciting relaxation by imagining mental pictures of scenes, places, or experiences that evoke a sense of inner peace.

Guided imagery was first popularized as a treatment for cancer patients in the late 1970s. Two teams of practitioners – Jeanne Achterberg and David Lawliss, O. Carl Simonton, and Stephanie Simonton, – developed a method by which cancer patients would visualize the white blood cells destroying their cancer cells (Domar & Dreher, 1996, p. 234). The white blood cells were viewed as saviors on white horses (conjuring up strength) while

the cancer cells were viewed as spineless jellyfish (conjuring up weakness). The use of guided imagery as a treatment for cancer patients remains complex and controversial. What has been shown is that guided imagery is an effective approach to stress management, psychological well being and relaxation, as well as increasing self-awareness, reducing pain, and managing side effects and symptoms. The most effective psychological motivation for guided imagery is to "improve the quality of life" (Domar & Dreher, 1996, p. 65-66).

Remen (cited in Domar & Dreher, 1996, p. 66) has described guided imagery as the "language of the unconscious." One key reason guided imagery is useful is to create one's own images that relate to the deeply personal aspect of one's visualization. The caution is that no one guided imagery fits all because each of us brings our own singular history to the practice. Though variations of guided imagery are used within other counselling strategies such as relaxation training and systematic desensitization, its use here promotes emotional, physical, mental, and spiritual awareness, and greater connection between mind, body and feelings from which changes and growth can occur.

Autogenic training on the other hand uses verbal suggestions to achieve a state of profound relaxation. It was developed by a German doctor Johannes Schultz as a form of progressive relaxation for the body. In autogenic training, one essentially bypasses the conscious mind in order to instruct the body to relax. "There's a sound logic to this process: since so often our minds obstruct our body's effort to calm down, we can set up more direct lines of communication with the body" (Domar and Dreher, 1996, p. 69).

The autogenic technique is an alternative for women who find it difficult to meditate. Women struggling with infertility "often respond well to autogenic training. Their ongoing

[grief or] stressors are so intense that they require a directive practice that guides them into a state of relaxation. They can 'give themselves up' to the gentle suggestions, and their bodies follow suit" (Domar & Dreher, 1996, p. 70).

The goal of these counselling strategies, using visual imagining scenes and verbal suggestions, involved promoting deeper awareness of internal processes within the unconscious through deep emotional or symbolic exploration relating to issues or concerns present in one's life. Thus, these counselling strategies complimented the process of the weekend retreat where the focus and purpose was to promote greater self-awareness of mind and body in regards to grief and the ways grief can be used constructively in one's process of healing, growth, and change.

The guided imagery and autogenic training techniques used within the context of the retreat weekend came from three sources: created by myself and designed to access a higher power, provided by a Hatha-yoga teacher to open and ground chakra; and guided imagery texts of various scenes to access various life journeys (Appendix 5). I have been using these techniques since 1986 in the context of my struggle with infertility and grief, working with at-risk youth, working with adults in adult education and during the untimely death of my father-in-law to cancer. I have studied and attended various workshops. I find great comfort in using guided imagery and autogenics in my daily life.

Gestalt Techniques

Throughout the weekend, various gestalt techniques were employed as a way to access emotions and experiences which the participants might be blocking, avoiding, or denying, and to integrate these more fully into their present experience. Gestalt therapy is

an existential approach which stresses the here and now of one's experience and the importance of taking responsibility for one's own life (Perls, 1973, p. 8). It is focused on the client's own perceptions of reality, and is experiential in its focus on the client's experiences of thoughts, feelings and actions, in the present, through the use of techniques designed to increase self-awareness (Perls, 1973, p. 20). Gestalt therapy recognizes the role of unfinished business, or unexperienced feelings such as anger, resentments, guilts, loss and abandonment, which impede us in functioning totally and wholly in the present (Perls, 1973, p. 38). The goal of gestalt therapy is to increase awareness, growth and autonomy through experiencing, externalizing, and accepting denied or disowned parts of ourselves. Through this process we become more fully present to our feelings.

Free Association

Free association was used as a strategy to promote dialoguing within the group on the topic of women's grief and struggle with infertility, in all phases of the retreat. Free association is a technique borrowed from the psychoanalytic tradition and is a tool used to begin the process of opening up to unconscious experiences, thoughts, wishes, conflicts, and motivations by allowing any thoughts encountered during the exercise to emerge, flow and be expressed.

In the context of the weekend retreat, free association was used to prompt an open and frank discussion about women's experience of grief, emerging from a place of their unique and subjective experience, which resonated from the processing of exercises.

Gestalt techniques brought grief and anger to life, in the present, through utilizing interactive methods such as the knotted towel (used for our anger), role-playing, and

psychodrama. These techniques, were discussed, demonstrated and practiced during the retreat and employed at various times, both individually and within the group dialoguing process, as grief and anger emerged.

Yoga

Yoga is a three-thousand-year-old practice based on Indian philosophical teachings and is the earliest known mind-body-system designed to heighten awareness and promote healing (Domar & Dreher, 1996, p. 71). Yoga involves physical postures, meditation, and deep breathing which is an effective compliment to counselling women with infertility. These exercises can be practiced while seated in a chair or on a mat, lying on the floor, or while standing (Caudill, cited in Domar & Dreher, 1996, p. 71). The benefits and usefulness of Yoga are many: it keeps the body flexible and stretched; helps realign bodily posture, release muscle tension, and develop a more subtle control of your body; Yoga involves mindfulness and an awareness of how it feels to move; yoga reinforces your experience of a "restful state"and contributes to muscular relaxation which ultimately leaves one feeling relaxed and contented with an increased state of well-being (Ennis, cited in Benson & Stuart,1992, pp. 79, 118, 357).

Yoga exercises combine breathing with slow, gentle physical postures and movements used to assist women to tune into their bodies and to stop their minds from racing with lists of things to do and anxious thoughts (Domar & Dreher, 1996, p. 72). Yoga can also carry psychological and spiritual benefits for women suffering emotional medical conditions, in particular, women who struggle with infertility may not feel whole and complete as Ennis (Ennis, cited in Domar & Dreher, 1996, p.73) explains:

> The experience of relaxation [women gained] from Hatha yoga includes a sense of completeness, of fullness, of being enough, of being okay . . . . Before [women] were saddled with stories imposed by our culture, which led them to thoughts such as "I'm not good enough," [or] "I'm not a whole woman." Yoga and relaxation enable them to experience themselves as whole and complete. It has the power to change thought structures, because it takes them to an expanded yet firmly grounded experience of themselves. With this understanding, they can create their lives anew.

The actual experience of connecting mind and body is created through the ancient practice of Yoga and yoga techniques (Ennis, in Domar & Dreher, 1996, p. 25). There are many different yogic systems. For the purposes of this research Hatha-yoga was the system chosen because I was familiar with the techniques of Hatha-yoga from the experience gained during five years of classes and because I had the assistance of a Hatha yoga instructor in choosing exercises for the retreat weekend. Hatha yoga was used in the process of opening and grounding chakras during the retreat weekend. Other Hatha yoga exercises used during the retreat weekend to process the mind-body connection included: seated "breathing" pose (for full body relaxation to release tension and stiffness, to focus the mind and to bring breath back into our bodies), deep relaxation pose (a basic starting position used to rest before and after Hatha yoga exercises), knee to chest (begins with relaxation pose and is used to massage the back and abdomen), spine roll (softly massages the spine and gently rotates the pelvis), cat pose (imitates the natural fluidity of a cat as it stretches the spine), child pose (a face forward curled fetal position which is intended to ground a sense of safety and security), rolled towel resting pose (stimulates upper body relaxation to open fourth, fifth, and sixth chakras, in particular), and the standing "tree" pose (to open and ground all chakras) (Ennis, cited in Domar & Dreher, 1996; Myss 1996).

Chakras

In Anatomy of the Spirit: The Seven Stages of Power and Healing, Caroline Myss (1996, p.xii) purports "our 'purpose in life' is to live in a manner that is consistent with ones spiritual ideals to live the golden rule every moment of one's life, and to live every thought as a sacred prayer." The premise is based on the idea that we can "tune in to" and "know" the energy and health of other people and most importantly to see our own energy that is positive, negative, ill, diseased, or in some way draining us physically, mentally, and emotionally (p. xii).

In the first chakra, characterized by the names of "tribal, root, survival" (p.103), we begin life as part of a tribe or group with tribal experiences that connect us to one another; Myss states, "We are all brothers and sisters" (p.105) and we are "bonded not only by loyalty but by honour"(p. 118) . All energy in this chakra is connected to the organs of our immune system, which consists of the base of the spine, legs, bones, feet, and rectum (p. 106). This chakra connects us to positive and negative experiences of our tribal group experiences. The physical dysfunctions include lower back pain, sciatica, varicose veins, rectal tumors, rectal cancer, immune-related disorders and depression. The core mental and emotional issues comprise: physical safety and security for our family and group, ability to provide for life necessities, ability to stand up for self, feeling "at home," and the need for social and familial law and order. The process of this chakra involves the spiritual journey to live honourably with each other (p.127). Meditative practices for this chakra involve walking, meditation, and deep relaxation. The chakra perception is movement.

The second chakra is "the partnership chakra" or alternatively described as

"emotional and sexual power" (pp. 129-166)) . The energy in the physical body is located in the sexual organs (pelvis, hip, lower vertebrae). The fear of losing control originates in this energy centre. If the second chakra has blocked energy we will have physical problems associated with ovarian cancer, chronic back pain, sexual potency, urinary problems, and gynecological problems. Within this chakra are the mental and emotional issues: blame, guilt, ethics and honour in relationship, money, sex, power, control, and creativity. We must form healthy relationships and "honour one another" (p. 165) to move beyond the wounds of the partnership chakra.

The third chakra is the location of personal power and self esteem -- intuition. This chakra develops in puberty and furthers the process of the development of self and personality (Myss, 1996). The abdomen, stomach, intestines, spleen, adrenal glands, kidney and liver are the organs affected in the third chakra. The physical dysfunctions include indigestion, anorexia or bulimia, liver, colon, gastric and adrenal dysfunction, and arthritis (Myss, 1996). The mental and emotional issues of this chakra are trust, fear and intimidation, self esteem, self confidence and self respect, sensitivity to criticism, personal honour issues, responsibility for making decisions, and care of oneself and others (Myss, 1996). Myss (pp.169-173) identifies four stages to developing self esteem: revolution (to separate from group thought to our own insights; finding our voice), involution (assessing our external world and how it meets our needs), narcissism (a painful vulnerable process to birth a new self), and evolution (internally maintaining our principles, dignity, faith without compromising our spirit. Our goal in this chakra is to "honour oneself" and our intuition; living with self esteem allows our intuitive abilities to emerge and our spirit to evolve

(pp.192-194). The spiritual challenge is to die to old habits and self images in order to be reborn which leads to the growth of faith in oneself (pp.192-194).

In the fourth chakra called "the powerhouse of human energy" (p. 197) – emotional power. Myss (pp.197-235) indicates the location of the fourth chakra is in the chest area (heart, circulatory system, ribs, breasts, lungs, shoulders, arms, hands) and the emotional/mental issues are love, compassion, hope, despair, confidence, hate, envy, and fear. Within this chakra is the "capacity to 'let go and let God'" (p.197). If the fourth chakra has blocked energy, the physical problems occur in the chest area, such as: heart failure, heart attack, asthma, allergies, and upper back and shoulder problems (p.197). Our emotions and mental issues include love and hatred, resentment and bitterness, grief and anger, loneliness and commitment, forgiveness and compassion, and hope and trust (p.197). We must move beyond the wounds and empower our hearts toward healing (pp. 214-216). Myss states, ". . . disease was once thought of as caused by essentially lower chakra sources – genetics and germs – we now view the origin of disease as stemming from toxic emotional stress levels. Healing begins with the repair of emotional injuries. Our entire medical model is being reshaped around the power of the heart" (p. 207).

The fifth chakra is "the [challenge] of surrendering our own willpower" (p. 219). The physical energy is located in the throat area (esophagus, neck vertebrae, mouth, jaw, and teeth) and the mental and emotional issues include personal expression, using personal power to create, capacity to make decisions, addictions, judgement and criticism, choice and strength of will, and faith and knowledge (p. 219). This chakra involves all illnesses in our lives "because choice is involved in every detail of our lives and therefore in every illness"

(p. 219). When energy is blocked in the fifth chakra the physical dysfunctions include chronic sore throat, mouth disorders, laryngitis, swollen glands, thyroid problems, and a raspy voice (p. 219). The healing will come when the head and heart connects and faith is restored over fear (p. 219). Myss states, " . . . the challenges we face cause us to ask, What is God's will for me? We often think of God's will for us as a task, a job, a means of accumulating power for ourselves. But in truth, Divine Will will lead us primarily to learn about the nature of [our] spirit . . ." (p. 234).

The sixth chakra is "the power of the mind . . . which involves our mental and reasoning abilities, and our psychological skill at evaluating our beliefs and attitudes" (p. 237). The challenge of this chakra is opening the mind (seeing/visualizing). The organs of the sixth chakra are the brain, nervous system, eyes, ears, nose, pituitary gland (p. 237). When energy is blocked in this chakra the physical dysfunctions include brain tumor, stroke, deafness, blindness, spinal difficulties, learning disabilities, and seizures (p. 237). The mental and emotional issues are truth, self evaluation, intellectual abilities, feelings of inadequacy, openness to ideas of others, ability to learn from experience, and emotional intelligence (p. 237). To heal the wounds of this chakra one needs to detach, which means no one person or group can determine your life's path (p. 242); one needs to become conscious which is the ability to release the old and embrace the new (p. 241); and one needs to be open to changing the rules by which we live and changing the beliefs we maintain (p. 262).

The seventh and final chakra involves prayer and grace (p. 265) (knowing/whole concept). This chakra "is our spiritual connector . . . and our capacity to allow our

spirituality to become an integral part of our physical lives [to] guide us" (p. 265). The organs affected by the seventh chakra are muscles, skin, and skeletal system (p. 265). When energy is blocked it results in physical dysfunctions which include energetic disorders, mystical depression, chronic exhaustion linked to physical disorders, or sensitivity to light, sound, and other environmental factors (p. 265). The mental and emotional issues are values, ethics, courage, humanitarianism, selflessness, faith and inspiration, spirituality and devotion, and an ability to trust life (p. 265). The goal is to seek a relationship with the divine (p. 270). The wound to our seventh chakra includes the absence of meaning (a deeper internal longing), the loss of self-identity (losing touch with a sense of self or identity -- "I am no longer sure of who I am and what I want out of life", and the need for devotion (to experience something greater that oneself -- a source of miracles and hope) (p. 274). Myss clarifies that healing through prayer means "invoking the energy of God [or a higher power] to 'grace us' in a way that allows us to feel more powerful than the illness" (p. 282). To become conscious of this in our life "is to live in the present moment and live for each day" (p. 246). Myss concludes, "our goal on this earth is to transcend our illusions and discover an innate power of our spirit" (p. 283).

In my research and from my personal experience, women who grieve infertility have energy blocked in their chakras. My grief is held in my chest, shoulders, and throat. I also realize that all chakras need to be balanced if we are to achieve healthy bodies in our journey to honour infertility through the grief process. I believe Myss has tapped into our spiritual anatomy in a way that I have not experienced before. I found myself in the pages of her text and this empowers me to choose her text as an important reference for this research and as

one source of educational material for the weekend retreat.

The peripheries for the use of these ancient eastern methods were to provide experiential body exercises, psycho-educational information and to instill an awareness connecting the mind body and spirit. My underlying hope was to stretch the "mind-body" boundaries of holistic healing for women with infertility journeying through grief.

The recognition and inclusion of body work, by opening and grounding chakras through Hatha yoga, were invaluable techniques for healthy expression of physical, emotional, mental, and spiritual pain that participants experience as a result of grieving infertility.

Journal Writing

Journal writing is a valuable adjunct to an empathic and supportive counselling relationship. It was anticipated that having clients keep a journal from the outset of this weekend retreat was advantageous in providing a vehicle for the uncensored expression of thoughts and feelings and in facilitating the processing of session content (Mahlstedt, 1985; Menning, 1979; Salzer, 1991).

The retreat weekend data collection constituted written journal reflections by participants, myself as researcher and facilitator, and my co-facilitator. Journals were given to each woman at the onset of the retreat weekend (in welcome gift bags), with an invitation to write anything they wished regarding their experience of grief and infertility throughout the weekend and following the retreat weekend. Journal writing was a strategy used throughout the weekend and the post retreat meetings to encourage personal reflection of each woman's experience. As such, the journals were a way in which each of the women

were able to process, on a more personal level, thoughts, feelings and insights emerging from the group experience. Time was built into the retreat agenda, after each session, to provide space for journal reflections.

Each participant was aware and in agreement that the journal entries would be used as part of the data analysis and that excerpts would be presented, in a non-identifying form, within the text of the thesis. As researcher, I entered the journal writing process, using my journal as a way to record my own perceptions, cognitions, and emotional experiences arising for me as the weekend unfolded. In this way, I was able to observe my own reactions to the process and to more arbitrarily determine how my own experiences and perceptions were entering into or influencing the research process.

The retreat journals were transcribed immediately following the weekend. After the weekend retreat, each woman continued to explore their grief process around their journey to honour infertility. A description of the retreat weekend group process will be presented in the next chapter.

Post retreat meetings

The post retreat meetings were held in each of our homes where we were comfortable and guaranteed no interruptions. Our follow up meetings consisted of an informal update of our journey, a discussion of our self care for our body, sharing our personal needs for growth, a formal discussion of our data with an ongoing review of the data analysis, and we shared lunch and dinner together. The core decisions regarding data analysis were concluded through consensus. Each of us provided additions, deletions and clarifications at our follow up meetings. These meetings were powerful emotionally, intellectually, mentally, and

spiritually. In choosing a research methodology which embraced a participatory and feminist base, I feel blessed to have worked with each of these women who had the courage to voice their personal journey.

I will describe the process used to analyze the data and the themes which emerged. The individual journey of each woman using the themes and relevant literature in support of these themes will be presented in Chapter 8. My reflections regarding this research process will be shared in the last chapter of this thesis.

Three Phases of Data Analysis

As the analysis of data provided through the interview transcripts, journal entries, and verbatim segments of the follow up meetings progressed, what emerged was a recognition that, for each of the participants, there was a dynamic process of opening to grief and to its subjective meaning. This process, which had begun a few years earlier, continued to unfold during the course of this research.

The analysis of data for this project involved three-phases. First and foremost, I engaged in multiple readings of the data. I then used a visual qualitative data analysis software program called Atlas.ti. The second phase involved presenting the data analysis to the participants for ongoing reflection, input, suggestions, and feedback. The third phase involved a collaborative process of bracketing (explanation follows) to examine and describe each woman's process which resonated in the discussion and final consensus of our themes. We chose to express our data analysis as phases because we moved back and forth through each phase at any given time. There was no data analysis blueprint and we were challenged to bring the data forward within a thematic framework that gave voice to our journey to

honour infertility.

With the reading and rereading of the data in the first phase of analysis, a number of categories were identified using Atlas.ti. The Atlas.ti program is a visual tool that allows me (the human interpreter) to create codes, quotations, and categories. The software data structure is called a hermeneutic unit and my text is called a primary document. Within this primary document everything of relevance, which is determined by me, is treated as one entity. Basically, this means my primary document can have segments or quotations, codes and families (networks or memos) which automatically guides one to developing concepts or links; what we would call categories and themes. There is an auto code list of repetitive selections of text. I did not need to look manually for the repetition of text, Atlas.ti does this. For example, Code M2: grief/anger {1-5} tells me that the participant named Julie has made a reference to grief and anger on five occasions. If I click on a quotation list I receive this message: Quotation 1:2 Going up the mountain . . . (26-29). Quotation 1:2, confirms that this quote is in my first primary document and this is the second quote. The first few words of the quote are given, "Going up the mountain." The bracket (26-29) tells me that I can find this quote in the twenty-sixth to twenty-ninth lines of the primary document. Atlas.ti was an invaluable tool for me to track the repetitious categories which led to some core themes within the post retreat meeting. I did not use Atlas.ti after this phase because a software program was not conducive to a collaborative and particpatory methodological process which is the basis of this thesis.

Previous to the post retreat meeting on March 20, 1999, the individual process of each of the participants from the time of the interview, throughout the retreat, until the follow

up meeting was closely examined by myself. Copies of the primary document were made for each participant, which included each woman's texted document, the categories listed on a separate sheet identified by line number which corresponded to the text copy, a quotations list, and a blank sheet titled, "Themes." The categories that occurred repeatedly in the data spoke to the experience of grief for each woman, the impact that grief had had on their lives, how the suppression of grief is held in their bodies, and their experience of social and cultural expectations of grief as they journey to honour infertility (Appendix 7).

The second phase of the analysis process involved a system of bracketing. Denzin (1989) describes bracketing as a process of taking phenomena out of the context, dissecting and uncovering, defining and analyzing elements and essential structures, looking for key phrases and statements, inspecting the meanings for what they say regarding essential and recurring features and getting the participant's interpretation. A process of bracketing or examining and describing each woman's individual journey, throughout the phases of the research was a collaborative process. At the post retreat meeting the data were presented to the participants for their reflection, feedback, and discussion regarding changes, deletions, or additions which they felt would more accurately reflect their individual process throughout the research. Each woman received her texted data which was her voice, coded and categorized. It was initially difficult for each woman to hold, read, reflect, and then provide feedback on this personal document. We took some time to share how it felt to hold their texted document, to read their words, and to see codes and categories listed in the margin. One participant felt overwhelmed by the massive work involved in the thesis project. In our bracketing, several themes emerged as common to most of the women's experiences, which

were listed on flip chart paper and then linked to the categories listed on their texted copy. Each woman was able to share the accuracy with which their experience was presented. Engaging in group dialogue regarding the findings provided the opportunity for participants to reflect and provide feedback of the analysis and the meanings which emerged from the research. Within this first meeting themes from bracketing were discussed and confirmed and the core themes were emerging. Through searching for commonalities and recurring elements within all the data in this way, a list of five major themes was developed with sub-themes attached to each theme (Appendix 8).

The third phase of data analysis involved more collaboration with the participants as the discussion of findings were presented to them. Within the next post retreat meeting I was able to cross reference the verbatim quotes that addressed the themes that were emerging. Themes and sub-themes were listed for discussion and group analysis and a copy of the written discussion of themes was provided to each participant. Each woman's involvement in the data analysis led to changes and additions which gave depth to the text which reflected their individual and collective experiences. In this meeting, I provided each woman with an opportunity to share insights individually and I was able to ask for clarification of some quotes. The participatory process of analyzing the data as a group began on March 20, 1999. The data analysis was initially and continually compiled by me with insights and direction from each woman.

One more meeting was held to complete data analysis and to celebrate our rebirth journey. In total four follow up meetings were held to analyze and celebrate this research. As with the entire analysis of findings, in keeping with the spirit of a collaborative and

negotiated approach to making meaning from research, this portion was offered to each of the participants to review for accuracy of information and for their feedback and interpretation.

As researcher, I attempted to maintain an element of distance and to engage in what Lather defines as systematic reflexivity (Lather, 1991). The angst for me was to provide an open mind, to bracket my meaning of grief in my infertility journey, and to ensure that the findings reflected each woman's voice of their experience. My counselling skills were ever present within the post retreat meetings to provide safety, respect, disclosure, genuineness, and empathy. However, my own conceptual framework was present and influencing what I saw and heard. My own position within the research process will be further discussed in the last chapter of this thesis.

CHAPTER 5

THE RETREAT WEEKEND

This section will describe the group process of the retreat weekend. Excerpts from personal journals are used to illuminate this phase of the research process, the more subjective and individual process of each of the participants will be presented in a subsequent chapter.

I will briefly introduce the women of this journey to honor infertility through the grief process. Julie is in her early forties. She has been married for 14 years, and has been trying to get pregnant for the past 13 years. She is the seventh child in a family of twelve. Grace is in her early thirties. She has been infertile for one year and married for four years. She is the second oldest of a family of four. Rose is in her early thirties and was married eight years ago. She has dealt with infertility for five years. Mary is my co-facilitator for the retreat weekend. Mary is a 36 year old woman who grew up in a family of eight. Mary has been married for five years and has a beautiful daughter.

In the interview portion participants were invited to suggest possible retreat locations. The two locations proposed as our retreat site were private country residences located in rural Kings and Queens County, Prince Edward Island, which offered all amenities. Queens County was accepted as our retreat location. This beautiful retreat house became known as "Bishops House." Our retreat site was at the end of a highway that eventually turned into a clay road. It was a spacious lot by the water which was architecturally designed to easily absorb the water view. The pine and evergreen trees added to the privacy, beauty, peace, and tranquility of the location.

Upon entering Bishops House there is a large entry way; to the left is a formal dining room, to the right is a kitchen and dining area. The spacious oak kitchen had green counter tops, a built-in oven, microwave and fridge. To the left was the sink and the built in cook top. Within the kitchen area was an oak dining table and hutch, to the right was a large picture window where one could sit on a glider rocker and watch the birds in the feeders. From this vantage point one could look above the oak cupboards where skylights lined the ceiling which sheltered beautiful luscious green plants. The natural light illuminated over the kitchen and created a warmth and presence of peace.

The hardwood floors continued to the sunken living room which had a breath taking view of the water and the landscape. This room became our retreat space. Two walls of the living room were windows and a patio door which opened unto a spacious cedar deck; another wall enclosed a huge stone fireplace. There were two velvet love seats and one wing back chair, all in a soft green. In the center of the living room were two plants, a coffee table, and five end tables which were individually located at the arm of each piece of furniture. On the first level of Bishop's House was another small family room, bedroom, and one and a half baths.

Downstairs included a full bath, another large formal dining room which seated twelve and five bedrooms. The bedrooms were spacious with a view of the water, and had a table and chair, dresser, and end tables. There was truly nothing lacking to meet our comfort needs for this retreat weekend.

February 22 - 26, 1999 was reading week at Acadia University. The timing was great as I prepared for the retreat which was scheduled for the last weekend of reading week,

February 26 - 28. The first part of the reading week was spent preparing handouts, revising potential changes to the schedule, and doing the domestic preparations for the weekend. As the weekend drew closer each participant was contacted to confirm food lists, last minute items to bring for comfort, and to answer questions. Each of us shared excitement, anticipation, nervousness, and our personal preparation experiences for the anticipated retreat. We were intensely aware that we were spending two days for some of us with virtual strangers and for others' with acquaintances.

February 26 arrived so quickly. I shared my plans for the day with my husband Michael, hugged and kissed him goodbye, and visited St. Pius X church to collect my thoughts, feelings, and to spiritual ground myself for the weekend journey. I had no expectations, no pressing fears, no unfinished business to process and for a brief moment I was aware of a greater power than myself. As I sat there in silence, I sensed a powerful presence of peace. I left the church spiritually grounded to start the preparations for the day.

First, I gathered a large yellow ribbon into a bow and tied it with five red hearts. I then tied the yellow bow to the driver's mirror of my purple car. This was the visual marker for the participants that they were at the right location. I made banana-bran muffins and while the muffins were baking, I packed my car. There were bags of groceries, welcome gift bags, a box of candles, and five boxes of material for the retreat weekend. I left the house carrying freshly-made muffins which spread their aroma throughout my car. My next stop was the flower shop, to pick up a dozen roses for our celebration table.

I drove down the highway thinking I would not be the same person returning on Sunday. I had a deep sense of spiritual openness to a process that was about to unfold on this

day. I also experienced a combination of peace mixed with moments of anxious butterflies in my stomach. It was surreal that the weekend I had so painstakingly planned with Professor Linda Wheeldon's guidance, was finally here. As I continued my drive out to Bishop's House, my yellow ribbon was flapping in the wind signifying to me the gifts I have been given: the gift of working on a thesis topic that has increased my personal, professional, and academic journey; the gift of so many people in my life who at this moment were praying, lighting candles, offering up their weekend work for the success of this retreat; the gift of my family who offer emotional and spiritual support, and care packages for this weekend; and the unselfish gift of the owners of Bishop's House to provide their home for this retreat as well as offering food, prayers and masses for the success of this weekend journey. My heart feels light and my spirit is at peace – "all will be well" (Myss, 1996, p. 257).

Upon arrival at Bishop's House, birds were singing in the trees and the bird feeders located in front of the windows were busy with activity. All was bright and alive. There was a fine mist in the air which was much appreciated when the weather forecast called for more snow mixed with rain.

After unloading my car I parked it at the gate, and I glanced back to see the yellow ribbon blowing gently in the breeze. As I walked back to the house I noticed that the ground was now lightly covered with snow.

Safely inside, I pondered the location of furniture in the sunken living room. I settled on placing the two love seats at an angle to soak in the view of the water. The wing back chair was brought into this gathering. This would provide a cozy environment for

communication and we could easily move the seats back and use the floor space for our body work. I moved all tables against the walls with the exception of the large coffee table which served as our celebration table. I covered the celebration table with a white linen table cloth and I arranged my items in one corner and placed the dozen roses on the center of the table. I then placed one green candle holder with an orange candle and one orange candle holder with a green candle on the table to the left. On another table I placed the compact disc player and the music for the weekend. This table also held the aqua colored folders with the handouts placed in the order they would be distributed throughout the weekend. Next to the table were mats, pillows, and towels for our breathing, yoga and chakra exercises. I placed many candles throughout Bishop's House.

It was five o'clock when I put the final touches in place for the anticipated arrival of the women at six o'clock. The hour went by quickly as I sat in the glider rocker in the kitchen reviewing the layout of the retreat weekend. I watched the birds flutter about outside. The weather was turning cold and the forecasted snow had started. I prayed for the safe arrival of the women.

It was touching for me to see each woman arrive. I greeted Rose first. I was standing at the kitchen sink when she drove in the yard. I started waving in greeting. I grabbed my coat, pulled my boots on and rushed out to welcome her. We hugged and expressed our joy in seeing each other again. Mary, my co-facilitator, arrived next and I helped her unload her car. We hugged and offered words of joy and comfort. I introduced Mary to Rose. Grace was the next to arrive with her husband Don. Everyone was introduced. It was a time of great joy as each shared how nervous they were and excited as the moment arrived to meet

each other. There were groceries to unpack and the air was filled with excitement. Julie arrived and as I greeted her she cried. She said, "just seeing the yellow ribbon on your car made me cry." We walked to the house with our arms loaded down with food and luggage. As each one was introduced, Julie hugged them in greeting. I was touched to see the immediate response to receive and return this sign of greeting.

After taking time to tour the spacious Bishop's House, which was quickly becoming our home, each woman deposited their belongings in their bedrooms and returned to the kitchen to prepare and share in a snack together. We busied ourselves in making finger rolls and chatting, bringing gifts for the sharing table and re-exploring our new home. It was a time of laughter, sharing, and relaxing. We blessed our food and shared our stories of our preparation and first impressions.

Julie shared,

> I was aware today at home of my resistance to getting ready to go on my weekend journey. I got really tired and put off packing my things till the last minute. As I drove here though for some reason I felt mature and I congratulated myself on accepting Corrine's offer to share my experiences around infertility. Here I was driving to find a house where I would meet Corrine who was not much more than a casual acquaintance, and the other women who I have never met before. I have come a long way! I feel good about my awareness around my feelings and where I am at.

Rose shared, "I really thank God for being here on this weekend. It's something I've always wished for and needed in my life." Grace was scared and unsure of the location, "I said to Don maybe it's a haunted house." She was also nervous, "I was almost afraid to finally meet you all. I was thinking what will they be like and how will we all live together this weekend." Mary observed:

> All ladies talked about what they were feeling before coming. Grace was worried it was a haunted house and came with her husband for reassurance.

> Julie had fears of the unknown. She took extra time to get packed and she had to sleep. Both Grace and Julie took the day off while Rose worked until noon. Rose was least nervous because of her past experiences of retreat weekends.

The kitchen was not only a place for food preparation but it became a ritual of coming together to share stories, to relax, to laugh, and to reflect on our journey throughout the weekend.

Friday

By 7:30 p.m. dishes were washed and we were ready to move into the opening of our retreat space. This began by lighting candles. Candles are a way of recognizing our own internal spiritual light. Candles also symbolize a cleansing away of our outside thoughts or negative energy in preparation of creating an honoured and sacred space. As we came together each woman claimed a seating spot. As the night wrapped around us, the candles provided an ambience of warmth as our opening ritual began.

Each participant was welcomed and thanked for their commitment to participate in this research. I gave each woman a welcome gift bag: journal book, pen, candle, candle holder, matches, sealed envelope (not to be opened) containing seeds and a rock, rock (with gold in it), sea shell, apple, jam, and candy. I then shared the importance of rituals.

Rituals signal our body and mind to begin a change. Our breathing often changes as we begin a familiar ritual (i.e., when I move into my glider rocker it signals my time to pray – to be present to my spirit). Rituals can be powerful in our lives – they initiate change which alters our state of consciousness which leads us to self exploration or redirecting our life. It is important to be open to your own ideas that nourish your spirit. There are many rituals of creativity (i.e., movement, exercise, dance, journal writing, music listening, book

reading). It is important to create a space and to create boundaries that begin and end your ritual such as: words to begin and end the boundaries of your ritual; gestures (sign of cross, kneel, clap, bow); postures (Yoga); closing your eyes to tune in to how you feel; read a poem or a blessing; or sing a song or chant a phrase (mantra). Anything that begins and ends your sacred time and space.

A celebration table is a ritual altar of items that are important to our spirit. Each participant was invited to bring an offering for our celebration table. An offering included anything of personal and spiritual importance. For example: photographs, candles, blessings, poems, stone, shells, music (compact discs and cassettes of meditative or fun music), something that held meaning and could be used for a point of grounding, if needed during the retreat weekend. I will list the items in order of presentation. Julie shared: picture, poster, sea shell, candle and a prayer; Rose shared: picture, books, music tapes; song, rosary beads, and a prayer; Grace shared: wedding picture, books, and a prayer; Mary shared: oils, picture, books, and prayers; Corrine shared: candle, picture of Michael, a booklet of "Giving Poems" from Delia, rose scented rosary, magic wand, medals, shells, coral rock, small crystal, and birthday candles.

As each, in our turn, shared with the group the significance of the items we had brought to the circle, we began to share ourselves – a significant event or moment, an item received from someone special, a personal ritual which had offered strength emotionally, mentally, and spiritually, along life's way, and which we knew would provide us with strength and support over the weekend. These items remained as a centerpiece throughout the retreat weekend and were periodically held as a reminder of internal spiritual strength

which empowers each of us. As each woman spoke there was an attitude of respect for each other and for the unique voice of each of us who were a part of the experience. A word, phrase, or written blessing became a significant ritual to open and close our sessions and our meal times which helped us to focus and honour the process we were engaging in together. Our candles were used to reground ourselves as a group or individually to reground ourselves. A candle lit while we were sharing signified a woman's need to check-in during an exercise.

After forming our circle and sharing our celebration table gifts we created guidelines as a group (Appendix 9). The guidelines created a balance between boundaries and permission for each woman to process their grief within a safe group environment. At this time each woman also shared what they hoped to take away with them from the weekend. Feelings of excitement, fear, and anxiety were expressed.

It was nine o'clock when we moved into our first exercise. All furniture was moved toward the walls to give us floor space to begin the breathing exercise. Each woman was provided with a mat to lie on and a pillow for their head and knees. The breathing exercise begins women's connection with grief that is held in their bodies, blocking their ability to breathe properly (Appendix 6). The breathing exercise was accompanied with meditative music called "Women's Journey" (ENYA, 1991, track 5). Next, the deep relaxation using the resting pose was introduced. The resting pose is accomplished by laying on the back and placing a rolled towel comfortably in the center of the back to open the upper chest area. This pose is effective in opening up the heart chakra. Grief is often held in our bodies in the upper chakras: chakra 5 (throat); chakra 4 (shoulders, heart and upper chest area) and chakra

6 (face). Yoga techniques, breathing exercises and resting poses, continued to be used throughout the weekend, which opened and grounded our chakras. This was followed by a guided imagery called "a journey up the mountain." Each woman prepared a space for herself which would provide room and comfort. The imagery was a nice sequay from the breathing and relaxation pose. This prepared us for a relaxed state in which our inner focus could continue. The imagery was presented by Mary in a quiet, calm voice at a slow, soothing pace allowing time for each of us to experience a journey to find our wisdom (Appendix 5). The imagery was discussed using the gestalt technique of free association, asking "What did the visualization call up for you?" The content of this discussion is best described by referencing two women's journal reflections entered upon completion of the Friday evening session.

Julie writes,

> I enjoyed my journey up the mountain with Misty. The wisdom from the fly said you can stop here as long as you want when you want to leave, you can leave, you can go in whatever direction you want to go, you can come back to the first spot again if you want. Such a freedom of choice and such a big world full of places to pop in and take a look, stay if you want, leave if you want. I feel really good with the group through many things in my gestalt therapy.

Grace writes,

> As I walk towards my mountain, I am wearing my black wind suit with hiking boots. It is a beautiful, sunny fall day. My mountain comes into view, it is quite large, and has a well traveled path. My mountain is covered with purple flowers.
> I start my climb, it is so nice. I keep looking at the mountain, the flowers and the view. I stop for lunch, A pollack sandwich and a banana, it tastes so good.
> After I finish my lunch, I continue up the winding path towards the top of my beautiful mountain. I reach the top and sit there, the sun beaming down, my heart feels so full as I ask myself, What wisdom can I bring to this weekend?

My answer is, I can bring sharing, caring and honesty. I can be open and share my feelings.
As I get up to retrace my foot steps down my mountain I feel very energized! I want to run! I feel great!! What a wonderful walk.

At 10:30 p.m. discussions slowed down and yawns indicated that our energy was waning. We closed the exercise by returning to our breathing exercise again. Checkout was initiated by asking where each woman was in this moment, followed by what each woman needed for the night. Each shared closing thoughts about where they were presently, some indicating their fatigue, other's aware that they were rejuvenated, other's feeling that some grief was opened up and they needed personal time to reflect and process this evenings experience. Support was offered by the facilitators and suggestions shared about how they might take care of themselves.

Our closure was facilitated by gathering in a circle and holding hands. Some women shared a prayer blessing in honour of the journey we began, some requested and offered prayers for their spouse and all offered a closing gesture of a hug and words to each woman. We then dispersed in different directions to prepare for bed and journal reflections in preparation for our restful sleep.

Saturday

Saturday morning we awoke to freezing rain and high winds. The view from the inside looking out was one of brightness and calm over the water. The trees were full of ice and as they swayed in the wind their iced branches reflected back to us a spectacular light show. It was 7:30 a.m. and each of the women were comfortably curled up on the chairs in the sunken livingroom with meditative music of Solitudes, softly playing in the background. The candles were already lit on the celebration table and each participant was writing in their

journals.

The aroma of coffee was inviting us to prepare breakfast. Grace moved into her favorite kitchen rocker and as we prepared the breakfast table she shared spiritual reflections with us that captured our mood and energy. We gathered at the table and blessed our food. Each described their night, some had not slept restfully while other's were sleepless (jokingly because Mary and Corrine were giggling in their room). Each woman shared humourous stories and personal insights while Mary and I listened to their thoughts and feelings. It was clear that the journey of this weekend had begun to resonate in their hearts and bodies. By 9:30 a.m., dishes were done and we all gathered to open our circle for the morning session. I welcomed everyone and I then shared the day's agenda and the mind body journey that lay before us. Throughout the group there was a sense of strength, commitment, and trust to be open to the process, to ourselves, and to each other. The circle began with our breathing exercise to bring breath back into our bodies and to open our held place of grief. Our first exercise of the day was a song by Linnea Good. Linnea Good is a song writer and a woman who journeyed through infertility. Her cassette, called "There is a Time," (Good 1993, track 4 and track 10) was chosen for two pieces of music that spoke strongly to women's infertility. Sitting comfortably on our mats and before I played the first song, I shared Linnea Good's e-mail which described her journey through infertility.

> I'm very moved to hear what the subject of the weekend and your research is. I don't know how much you know of my story; I seem to have told it all across the country.
> I too grew up believing that I would have children - not "if" but "when" and "with whom". I also worried, for some reason, that I might not be able to. For ten years, from age 23 to 33, I tried to get pregnant, through insemination and could not. I never heard exactly why, although toward the end, my specialist told me we should be looking at my hormone levels as they might

indicate a need to take Chlomid. Just as I was considering this, and at the same time as having passed through a very long and arduous process toward adopting special needs children with Allison, our relationship ended.
I began a relationship with my present spouse, David, and to my utter surprise, after 9 months (of not trying!), found that we were "with child". For the entire pregnancy, I think I cried once a day and not from sheer joy. I was overwhelmed with the blessedness of this miracle conception, but overwhelmed, too, by the grief of the past relived with a renewed sharpness. I felt guilty for having made it through the invisible barbed-wire fence surrounding those with children. And I had gradually, over 10 years, completely and utterly shut myself off from babies and their simpering, radiant and conspiratorial parents. In fact, I hated them. I, the oldest of 5 children, always the one who played mother to the world, now couldn't even remember how to change a diaper.
Your letter brings this sharpness back to me, even as I sit with Nicole on my lap, and I realise how true it is that we can't grieve properly with infertility. How every month, even when you are not trying to conceive (and believe me, when you are inseminating, even "try" is a very deliberate affair!) each month is a ritual of hope and despair. I had begun to refer to it as "Damn Hope". (As John Cleese once said, "The despair I can handle; it's the HOPE...!)
Every album of mine has a song that traces the steps through that ten years. God of the Desert, which I wrote as a theological reflection: What if God were a woman in my position? It resonates about the sense of disconnection, betrayal and hopelessness of one's own body (and a faraway call to and from God). There Is A Time, was written to bring me back to hope to put things I long for in my spirit, back into some semblance of peace. It is reflective and spiritual and grounding.
I would love to hear how your weekend goes and how ongoing work on your thesis is taking shape. And if I can be of help, please feel free.

We prepared for the music by laying in the resting pose on our mats. I then played the first song this morning which was called, "God of the Desert" (Good 1993, track 4).

She has walked the desert, with it's dry and hot embrace,
She has known it's furthest corners seeking out a fertile space, but barren is the desert, spreading flat its arid hand and barren is the woman who was first to love the land.

Refrain: **She sleeps, she waits, she sings, she listens,**
yet with each winding cycle comes the pain,
She bleeds, she cries out, as her hope pours out in rivers
by the morning of her rocking, . . . she will rise and start again.

Was a time when green lands clothed this vast expansive plain,

women sowed the seeds of life along its wrinkled terrain,
Covered them with footprints, she danced with heart and feet,
and with her sweat she watered them in summer's gentle heat.

Refrain: **She sleeps, she waits, she sings, she listens,**
yet with each winding cycle comes the pain,
She bleeds, she cries out, as her hope pours out in rivers
by the morning of her rocking, . . . she will rise and start again.

Her blood arrives as always, with its richness made to waste,
The hope she held as always, just as surely leaves her face.
There is blood in every city, there is blood upon the cross
And every rush of blood is part of Gods' conception lost

Refrain: **She sleeps, she waits, she sings, she listens,**
yet with each winding cycle comes the pain,
She bleeds, she cries out, as her hope pours out in rivers
by the morning of her rocking, . . . she will rise and start again.

The Woman does her dances now that she has done for years
Now the cracking furrows, she will water with her tears,
With cries from deep within her, with cries that rock the sea,
She calls out to her children, why have you forsaken me?

Refrain: **She sleeps, she waits, she sings, she listens,**
yet with each winding cycle comes the pain,
She bleeds, she cries out, as her hope pours out in rivers
by the morning of her rocking, . . . she will rise and start, and rise and start, and rise and start, again . . . .

Music in therapy is a powerful strategy to bring us to a place of awareness and connectedness. Each of us experienced a depth of emotion that could not be expressed in the moment. I suggested we listen to the song a second time, with the words of the song in front of us, to reflect and collect our feelings and thoughts. Tears flowed as we each shared what the song called up for us. Grace and Rose provide some powerful insights.

Grace writes,

> The song "God of the Desert," made me feel very sad. A kind of sadness that actually hurt in my heart. I felt as though each word Linnea wrote spoke

> directly to me. I could share her sorrow, her anguish, her hope, her pain, her tears and her anger.
> The words that especially touched me were from the refrain: "She bleeds, she cries out, as her hope pours out in rivers" This is how I feel every month as my hope is snuffed out, yet again. But I just carry on and shove my grief down because how can I hurt about something that never was?

Rose shares,

> when you read the letter from Linnea Good I was so moved and touched. I truly felt every word she spoke. So often I don't quite know what I'm feeling or just how to express it. She did it for me. Her song "God of the Desert" I know will forever play a special part in my life. Each time, my time of the month comes around I reach a real low. At first I would cry and cry. Now I don't show any emotion. I've even considered going on the pill so at least I would not have this "Damned Hope" each and every month. Silly isn't it? The line in the song that really touched my heart and soul was "And every rush of blood is part of Gods' conception lost."

The grief, sadness, isolation, tears were powerful. The pain was evident as our voices trembled with expression. Because each of us were holding the grief so powerfully in our bodies, our voices became low, small, inaudible at times and our throats ached. Our shoulders were slouched forward and our upper chest was aching with a pain that could only be described as heavy on our heart.

We then moved into an exercise which we had to leave out last night. This is the personal journey of infertility that each of us has experienced. In sharing our own stories we shared our physical, social, emotional and spiritual pain of grief. I was cognizant of what working with this exercise would require. I created a "container," a beginning and an end to the grieving experience. It was important that each woman feel safe to give themselves permission to let their emotions flow. Tears are healing and not a sign of weakness. With this in mind we moved forward. These excerpts capture their journey of infertility:

Julie shares,

I belief grief is the most important role in my infertility journey. If I would have allowed myself to feel my grief and my loss much earlier on in my journey I probably would have saved myself a lot of unnecessary obsession and denial. It has only been within the last year that I have not been obsessed with my infertility. I think the reason for that is because I finally let myself feel the pain. In allowing myself to grieve I felt an acceptance that I am not pregnant today.

I remember thinking so often ,why me. Why would god choose me to be a person who will not have children? Am I not worthy? Maybe I don't deserve to have children, maybe I wouldn't have enough patience. There is enough children in the world, my son or daughter would only end up being hurt anyway.

I found it such a struggle to hope. Why hope when all I'm getting is frustration. I found it difficult to try different techniques like taking my temperature everyday. Then when my fertile time of the month came along to have sex with my husband I was very seldom in the mood on that day. I took fertility pills for a period of six months. That also proved very stressful because just the time in the month when I was supposed to be fertile would be the time when neither my husband or myself would feel like making love. This added a strain on our relationship. I got very tired and frustrated with the obsession.

My husband and I chose to go to Halifax to get some information on in vitro fertilization. When we got the letter from Halifax indicating the drugs I would start taking and the procedure and time involved around traveling to Halifax I was very stressed. My husband had never agreed with going this route and I was experiencing isolation and felt that the decision was mine to make. I was very uncomfortable with the fact that I would be taking the drugs and producing an

unnatural number of eggs and traveling to Halifax, staying there for days at a time that I decided, No. It just came to me "No," I don't want to do this anymore. I haven't regretted this decision, it isn't for me. I think that has been a turning point in my life. I did a lot of grieving after that, maybe that helped in finally accepting that I wasn't pregnant and I may never be and what am I going to do with my life now?

My grief process has been difficult and long because I do not give myself permission to feel pain easily. I have been in gestalt therapy for 6 years and during those years I have been dealing with many issues around infertility. Along with going to therapy, I have also been working full time, therefore it has been difficult for me to stay with the grief process. Last year I was forced to take some time off work and allow myself to grieve because I was overwhelmed with trying to function at work and at the same time I was overcome with emotional pain. It was really good to stay with the process of

feeling sadness and loss instead of going to work and facing a work routine. It was in those 10 weeks that I finally let myself feel my losses in life. My infertility was combined with grief around loss of childhood, self worth, self confidence, sexuality, and spirituality. Today a year later from my absence from work I realize that I am still grieving, but I also feel that I am in a healing process and regaining strength.

Rose writes,

Just the thought of never conceiving a child is something I'm not yet near ready to accept. I am in denial. Many times I will tell others we can not have children in the hopes that if I say it enough, I may one day believe it So far it has not worked out as I had hoped, I guess deep down I knew it wouldn't but anything is worth a try when you don't know what else to do.

I've seen myself back out of attending baby showers and kids birthday parties. What I was doing is isolating myself. There are times when it just hurts to much to not have a child of my own; not being able to join in all the baby talk that goes on and all the talks about what their child is involved in and what their child is doing in or out of school. When I do attend I smile and join in the conversation but lately the whole thing seems more like an act. I hardly ever let anyone see how I'm actually feeling.

Last month I even missed a few days of work because I was feeling miserable and depressed. I did not want to see anyone. I've seen myself push my husband away. I know I'm doing it but he does not quite see infertility as I do and it makes me very angry and disappointed in him. I know I have to see his side of it but there are times when I can't.

Going to church is even becoming a difficult task. We have a kids Sunday school who go to the side chapel shortly after mass begins. Seeing all these little ones running up the aisle with tons of excitement just gets my emotions going. I honestly thought I would have to leave mass early. Thankfully, I didn't but what about next time? This is what really scares me!! I no longer have control of my feelings or emotions.

I'm glad I don't have to measure my self worth or self esteem by a scale. Lately, I'm questioning and second guessing everything I do. Since I was a kid, being a Mom was just going to happen and it's what I've always wanted. Now that this dream may never come true, it's really hitting me hard. I wonder if God is punishing me for my past mistakes or my present ones. Sometimes , I feel I just can't do much right.

We have had two failed artificial inseminations. With each procedure I took Fertility drugs. At the time these doctors were offering us hope. We would have done anything. However, after the procedures failed the doctors did not have anything to offer us in the form of any kind of support to deal with the major disappointment. I really had a morale issue to deal with after taking the drugs. At the time it was fine but afterwards I realized that I do not want

my body to mass produce eggs with the aid of medication. I'm also angry at the doctors for not giving us other options. I see my body as broken and my body wears my broken-ness.
When I look at myself I feel like I've aged so much. I'm tired and I just want some relief from this body-ache and heartache. I want to **Laugh** again and Love life again.

Grace shares,

I feel angry because I don't know why I can't get pregnant. Tests have been completed but the answer is always the same "everything seems fine." If there was a "reason" maybe I could accept that and I would have my answer but there is no medical "reason." So, I get frustrated with the Doctors who are unable to help. I get angry because I know my husband and I both would love a child unconditionally forever and would be great parents. I get angry because I want to look at my baby and see the Love I share with my husband. I want to see his big smile or any of his actions or characteristics and yes, I want to look at our baby and see me too! I want to be able to see my son or daughter grow up to be everything he or she would ever want to be.
I m frustrated and angry because so may people know we are struggling to have children. I am angry because its not happening and frustrated because people ask and then say things like "Everything happens for a reason" or "Take a vacation" or "Don't think about it" or "If you just relax." I am frustrated because when someone announces that they are pregnant I can tell people feel "sorry" for us -- FRUSTRATED.
Right now I know 14 people who are pregnant. Some of these are friends, family, co-workers or acquaintances. I find whenever someone mentions that somebody is pregnant, I mentally (never out loud) do the calculation. Did she want this baby? Is she married? Is she happy about the pregnancy? Does she have other children? Can she give this baby a lot of Love? Is she financially O.K.? Will she be a good mother? Will he be a good father? I know this is not up to me and I know that what I think makes not one bit of difference but I find myself doing it anyway.
There is a better person inside of me that I often think I will strive to be when I have a child. This person will go to Church and practice her religion more faithfully. This person will never smoke again. This person will not ever drink excessively. This person will always strive to be kind, gentle, loving, and take the time to see the world through the eyes of a small child. I will strive to be like this because someone else's life will be so important to me (and Don) that I will want to do everything that I can to make myself a better person so that my child grows up with good values and morals. Also, I will always want to be around so I would not want to abuse myself in any manner.
Always there is Hope, the hope that possibly this month we would conceive. The hope that maybe its just not our time yet. The hope that soon it will be

> us. The hope that it will be us experiencing everything that goes with being pregnant whether it is gaining weight early or late in the pregnancy, being sick (morning or night) or not at all, thinking about names, getting baby kicks, seeing an ultrasound, taking prenatal classes, buying maternity clothes, creating a nursery, labor, delivery everything that goes with the hope of getting pregnant. There is always hope and I still have a lot of hope. . . . I think.

During this sharing, there were moments when we each gave in to our grief. To let go, of the heart-bending pain of, "No, this is not happening to me" at the same time your body begins to accept, "Yes, it is happening to me." It was decided that we lay in the resting pose to sooth our aching bodies. We than turned to the yoga position knee rock. This helped to sooth our backs, shoulders and neck, our upper chakras.

If we ignore our grief, it won't go away. All our losses are buried in the psyche, biding their time. The psyche nurses the wound that hasn't been acknowledged and grieved. On this retreat we stopped and held our grief, our truth which was terrifying and in the words of Mary, "It's like a tidal wave that washes over you. But if we can ride the storm we will come out on the other side healthier, more open, aware, and trusting." Julie states, "As we listened to each other's journeys we were all touched emotionally in different ways. It was wonderful to have the emotional support from the group and also to be able to share my emotions openly."

With this journey behind us and our emotions somewhat intact, we moved to our "head work". I shared handouts on grief which included: a definition, the phases, societal messages, myths, cliches, responses to grief (mind and body), short term fixers, and what can we do? The open discussion was full of shared insights and naming what each woman felt was true in her life. We spent considerable time with societal messages each woman has

received from family, mothers, friends, spouses, priests, co-workers and strangers. This proved to be an invaluable lesson. Grace states,

> I know that grief definitely plays a role in infertility. I really believe that one of the very main things about the role of grief in infertility is to accept that there is grief that surrounds infertility. I think it is the sense of loss I feel every month when I find out that I am not pregnant and the other emotions that this feeling brings up in me. Grief can surface in many different ways or grief can be suppressed. I mourn each month when I find out that I am not pregnant. I feel a pain sometimes so sharp that it hurts my heart. At this time, I feel much sadness and a sense of loss. I now know that it is O.K. to feel like this and that I have to honour this grief and not hold it in my body. I have to honour it in ways that are healthy and that help me. To me the grief process is being able to identify the feeling that I am experiencing surrounding my infertility and being able to allow myself to open up and actually "feel" these emotions. I now know that it is very natural to feel different emotions when I am grieving.

We enjoyed a much needed coffee break to collect our thoughts, to reflect, and to laugh. As we reconvened to the circle we sat on our mats and did our breathing exercises to bring breath back into our bodies. Rose shares her experience of this exercise,

> I am starting to feel that all the tension and pressure I've built-up inside is slowly being released. Although, I know there's still so much left inside to come out. The breathing exercises on the mats are so powerful. The complete stillness I felt in my mind and in my body. I haven't allowed myself to be still. I'm always restless and my mind is always wondering, its never at peace about my infertility.

Our next exercise was an introduction to body work. We began with naming where grief is held in our body right now. Each woman named her shoulders, throat, heart, face, sex organs, and back. Julie reflects,

> I have become more aware of my body. The breathing, stretching and movement techniques helps me to realize the ache I have in my body. Sometimes I feel like I can't breathe. I like the stretching because it is not strenuous and I can do these in the comfort of my own home. I like the music Corrine uses when we do our breathing to open our chest area. When I free this area I feel love coming in and going out. I'm not shutting myself down.

> The music is nurturing to me and helps me do the exercises in a loving way with my body.

This was a time to introduce the Chakras of our body. This was an educational and a physical exercise. Each woman stood as I explained and showed the connection of each Chakra in our body. The exercise received many head nods and "aha's" of agreement. This connection of mind and body made sense to each woman.

We closed with the yoga imagery of a Tree Pose. Rose describes her experience:

> doing the tree exercise I was amazed at how my feet got so firmly pressed to the floor just as the roots are in the ground. I felt stable and in control for the first time in a long time. It was such a good feeling! Lately, I haven't felt much control of anything, nor have I felt stable.
> Just having that feeling again and truly feeling that bit of power over my body, my chakras, again is something I've been truly missing in my life.

The experience of our Chakra work is reflected in Julie's excerpts from her journal.

> I have never felt free in my body since infancy. I realize all these areas of my body have pain and there is a body connection to my grief of infertility . I truly believe in this holistic approach to healing. I have been silent long enough and my body is crying for release.

We did a check out to see where each woman was at on their journey thus far. We broke for a one and a half hour lunch break. Corrine and Mary reminded the women of self care- a walk, a nap, practice body work on chakras and breathing, private space with soothing music, with pen and journal close at hand. We gathered in the kitchen to prepare a meal together. This was a lesson in itself. Rose is a trained chef and taught us some new skills and each woman made a dish that was their masterpiece. We blessed our food, gave thanks for each other, and our journey thus far.

As we gathered back to our circle we began by doing our breathing exercise. The rhythm, beauty, and grace of movements created a peaceful, tranquil, ambience in our space.

We checked in to see where everyone was physically, emotionally and spiritually.

Before entering the next exercise, Mary and I described and demonstrated a number of techniques which would be utilized for the remainder of the weekend as a way of expressing, diffusing, or working through our grief or other intense emotions. We demonstrated the knotted towel as a way of tapping and releasing emotion, in particular, anger. The empty chair technique was presented as a way to bring grief more alive and to work toward a possible resolution to an experience with a significant other. The empty chair was described as a process of using an empty chair to engage in conversation with this person, interacting first with myself as facilitator, and then with the other person seated in the empty chair. There would be gentle prompting to move forward and to fully experience the emotions. The similar technique of psychodrama was described. This technique uses props and other people as players in a drama to re-enact the moment, event or image, as a way of working through the associated emotions. These techniques were available and utilized throughout the weekend in our group and on a one to one basis.

More candles were lit to invite a cleansing of our space and a feeling of tranquility. The next exercise was a guided imagery of journeying down. It was emphasized that women utilize their own will within the process, so as not to feel pressured, or unsafe with the images emerging. The women were encouraged to communicate with different elements within the imagery, to bring the experience to life. This imagery was preceded with abdominal breathing and the resting pose to promote a more relaxed state where inner focus could occur. The imagery again was presented by Mary in a quiet, calm voice at a smooth, slow pace, allowing the women time to experience the emotions and interact with the images

more fully.

The imagery was followed by a few moments of silence giving the women time to "come back to the room," to the space we were in and to connect with their inner voice. As the women "returned" we shared our journey down.

This session was lengthier than our last guided imagery session. Our processing of going down to imagine our child involved issues of confronting the loss and accessing what our child looks like, what would we do with our child? And does this free us? The processing began with asking, "What does the visualization call up for us? In the journal excerpts, each woman answers this question.

Grace shares,

> Today I was in a forest, I was surrounded by tall green trees, I could smell spruce. As I turned around I could see leaves covering parts of the floor of the forest. To my left was a path and at the end of the path was an older house. The house was painted white with red shutters it also had a red tiled roof. It (the house) was at least 100 years old and was quite neglected looking.
> I walked up the rickety steps and turned the cold door knob, I was in a long corridor with many closed doors before me.
> I opened the first door to my left and there half way down the stairs standing on a landing was a little girl of approximately four years old. She had long brown hair with ringlets, and brown eyes. She was wearing a pink dress, with a little white apron, black shiny shoes, and white socks.
> She looked familiar, as if I had seen her before. She was my little girl. I was in total awe. I sat on the steps and she sat on a little green stool on the landing. I had so much I wanted to tell her what was the most important thing that happened to me in my life, different thoughts flew through my head what could I say to her, then I decided, I would tell her how much I loved her daddy and how loving him has been the greatest gift in my life. Then we took a nap together.

Julie writes,

> I was a bit scared in the forest. I felt alone. I couldn't see a house from the path but then I pictured a red house. I walked up worn steps and when I

> went into the house and opened a door to go down stairs I saw my self as a child. The child was in old clothes with a safety pin for a top button. The child was sad and lonely looking. She had brown eyes and a round face. She wanted to come with me. The message I gave her was we were going to go on a journey together. I would be there to protect her but I would be able to let her go and have some fun. She and I were both content with that. In the past I have protected her so much that she was not able to have any fun and she could not experiment with anything. She was very isolated and unhappy.

Rose writes,

> The walk in the forest was so powerful. First, tensing certain parts of my body brought back how my whole body has been feeling so tight and cramped. And then going through the relaxation process was just so peaceful and felt so good. I was able to turn off every thought. I actually tried to concentrate on a thought but couldn't my mind was blank. It felt great! I don't think that I have ever felt so comfortable! Upon entering the house I was to go downstairs, however the steps started disappearing on me and I just landed feet first on the floor. Try as I may I could not picture the face of my child. Maybe I didn't want to because I know I won't gave a child of my own. However, Tyson (the baby we had for one year) did come to mind a few times. I know why Tyson was there. It's this buried pain and hurt that I still have and not dealt with. I still feel like it's my fault we lost him. I'm the one who reported his mother to social services. If I hadn't would we still have Tyson. I really hated to journey back out of the forest. I wanted to stay in this quiet, so peaceful mode. I did not want to open my eyes. All I could feel was my breathing.

Our discussions were powerful and in depth. With each woman's sharing, it precipitated another woman's lived experience. I moved the group forward by asking if anyone would like to work pieces that their image brought up for them through a gestalt technique. For example, to speak to their child (empty chair technique), to work with their inner child (empty chair or psychodrama), or to express grief or anger over the losses they expressed (knotted towel). It was Rose who expressed her interest in releasing the anger she felt toward baby Tyson's mother and social services. After a personal demonstration of the knotted towel, Rose initiated a powerful beginning to some untapped pain in her heart and

her body. She writes

> First I had to see it for my own eyes. I was so amazed at how much anger, frustration is actually released. I felt really good doing this exercise. A little scared though. I know I didn't release a 100% maybe a 75% but it's a start. For the past year or so I started getting daily stress pressure headaches. Either a huge pressure above my right eye or a feeling like my head had too much in it and it was on verge of exploding. This was continually, everyday and all day.
> What I released by hitting the couch with the knotted towel was in my head (stinking thinking) and some of it is still there. I'm so thankful my head did not explode with the amount of grief, stress and pressure that I had pushed inside it from trying to deal with infertility. This release today and knowing I can do this on my own is invaluable.

Mary notes, "We all seemed to become kindred spirits which evolved from Rose's feelings about the abuse of a child she loves. I feel Rose was able to get to other anger issues such as the anger around her husband."

Rose allowed her anger to flow at her partner and later put this in perspective.

> What I'm beginning to realize is that I have to get away from me, me, me. My husband I'm sure he is hurting every bit as much as I am and probably more. And just because I don't see him getting mad or crying doesn't mean he isn't hurting. I've been so selfish and so unfair. The exercise with the towel across my back, where I felt an opening up of my insides, was when I started to let my husband feelings come in. I had to release some of the me, me, me stuff in order to allow the most special person in my life back in.

Julie writes,

> I was very surprised at the amount of energy I had around the mother that was abusing and neglecting the child. I thought I would start on my anger towards her then probably more towards my father. But the anger and energy I have surprised me as I spoke out against Christina and all other women who do not appreciate the gift of a child from God. I was angry at God for allowing this to happen when there were four women in this one room who would love and care for children but we are infertile. After I pounded the couch a few times with the towel I screamed from the depths of my soul and slowly slouched to the floor. It was a great release and the support from our group as they held me was healing.

Grace was hesitant,

> at first I wasn't going to take part in the knotted towel technique because I didn't feel any anger particular to me at the time. I decided to take part and let me emotions take me where they may. When I started doing the "Knotted Towel" I let my anger for not getting pregnant go. I screamed at all the people who are pregnant and don't want to be. I cursed the women who abuse themselves with cigarettes/alcohol/ drugs when they are pregnant which is abuse of the unborn child. Doing the knotted towel was a positive way to release some "bad negative" energy and something I will use again.

As each woman processed her knotted towel experience, the rest of the group held her in their hearts. Tears flowed as each woman identified with the anger and grief expressed. When each finished the knotted towel technique, we waited as they caught their breath and expressed how "exhausted", "physically drained", "emotionally spent", and "beyond," they expressed. We all listened and waited for their cues to offer hugs, kleenex or words of support and validation.

Grace was not done with her anger when she sat down. She held the towel and she was moving the towel in a hitting motion toward the cushion. We shared our observations and processed with Grace where the anger was coming from. She shared what she could but she needed to reflect on this more.

This session meant allowing the release of some intense grief, anger, and for others the experience brought deeper thoughts and emotions. For each woman their grief and anger had become clearer, more meaningful, more accepted and understood. The Gestalt techniques brought the feelings to life and the knotted towel helped to diffuse the intensity of the emotion they were feeling. Passionate discussions emerged where we found connection, similar experiences, and a knowingness of the lived experiences expressed.

Themes emerged from our collective experiences during this session. The infertility

experience involves grief; there are past experiences from society's messages that hurt us; talking and doing body work eases the pain; letting it go is a conscious decision.

Mary writes we were "all truly fatigued." We reorganized our space and laid back on our mats in the resting pose to ground our bodies energies. As each woman was ready they were invited to checked in to see how each was doing. When we felt we were ready to move out of our space we began preparation for our evening meal. It was eight o'clock when we blessed our food and did a round robin of prayer blessing where each woman offered up her thanks for her journey today and we each gave thanks for the group of women who are a part of this journey. It became evident to me, the powerful force of caring for each other. We laughed and shared more stories of our struggles to make trough this afternoon and evening. By 9:00 p.m., the dishes were done and Mary and I introduced our plans for an evening of fun. Our re-birth exercise was meant to be intentional and fun. We settled on two groups to do this exercise. We would have the three participants in one group and the two facilitators in another. The participants were to come up with a skit, poem, or fun activity that spoke to the question: What can you do to re-birth your grief, your own woman-ness? Our role as facilitators was provide what care was needed for each woman.

Suffice it to say we had fun, we laughed, we cried, we hugged, we ate ju-jubes and we experienced a re-birth. We experienced what we can do in the next year to honour our new birth - a rebirth of being a woman will be for us. In the journal reflection from Julie,

> I enjoyed this re-birth exercise tonight. It was a time to have fun and work together. At first I was at a loss, then I remembered my faith- there's three of us, three people with ideas- we'll come up with something. It didn't take any time until the three of us were excited and brainstorming. It was nice to be able to use the techniques we learned to help heal such painful issues and turn it around into some fun, laughter, and excitement.

> I was quite aware how comfortable we were together and for myself I realized our re-birth skit didn't have to be perfect. It really would be okay if we made mistakes. I also enjoyed being taken care of by Corrine and Mary. It is a humbling experience to let go and have someone else take care of me for a change. For a lot of women we tend to be caretakers, taking care of others and neglecting ourselves. So it was nice to have Corrine and Mary massage my forehead and massage my hands with peppermint cream. It is also very spiritual to share a blessing using blessed oils. This experience made me realize how important it is to care for ourselves – What a re-birth for me! To let go!

Rose captures her re-birth experience and exhaustion as she writes,

> I am very tired, not because of the day being so fully occupied. The days events were laid out perfectly. It's all my growth changes, "Rebirth," that took place through-out the day that really and truly drained me. I guess I have to say it's a good kind of tired.
> I know have a better understanding of "Rebirth" and you know I've been doing so many things that fall under Rebirthing my woman-ness: taking my niece and nephew to the Ice cream Parlor; sitting and watching a movie with them; taking them to the park and beach; being a big sister to a great 12 year old, bringing joy to a senior; and loving my wonderful family. All of these are important to me but the fact that I was grieving about infertility (this grief and sense of great loss)
> I lost who I was or that I was! My focus on my infertility took over all the things I enjoyed doing with family and friends and made it seem so less important.
> After today I realize that the things I do are a part of, what I do is birthing some beauty into the lives of other's and most importantly – me. Look out world, Rose is born.

Mary and I ended our re-birth exercise with a poem by Maria Harris (1989, p. 203) called, The Vision of Transforming. This poem is used for the ending to a ritual which embodies what our spirituality is now and can be in the future.

The Vision of Transforming

And then all that has divided us will merge
And then compassion will be wedded to power
And then softness will come to a world that is harsh and unkind
And then both men and women will be gentle
And then both women and men will be strong

And then no person will be subject to another's will
And then all will be rich and free and varied
And then the greed of some will give way to the needs of many
And then all will share equally in the Earth's abundance
And then all will care for the sick and the weak and the old
And then all will nourish the young
And then all cherish life's creatures
And then all will live in harmony with each other and the Earth
And then everywhere will be called Eden once again

We checked-in to share and affirm what each woman would need for self care tonight. To close our night, we held hands in the circle and offered a prayer or blessing in thanksgiving. Each offered a hug and we slowly headed to our rooms for some much needed sleep.

Sunday

Sunday morning was a bright, beautiful, sun shiny day. The mood was lighter this morning but there were expressions of sadness, fear, and joy. Sad to be leaving Bishop's House and the warmth, comfort and memories we had created within the group. We also felt happy to go home to see our husbands who we missed and loved. Julie shares her fear,

> I am experiencing some fear about going home. I would love to have a week just to savor and reflect on all the work we did together, do some reading and just be. In hindsight, I would have booked a week off from work to have slow time and quiet.

The kitchen was a bee hive of activity. Breakfast was started and plans for lunch were in preparation. We took some time to tidy our rooms so our exit later would be smoother. As we gathered to eat we blessed our food and gave thanks. We shared the new insights we had as a result of this weekend. By group consensus we decided to reconvene in our retreat room at 9:00 a.m. to begin our final part of our journey.

At nine o'clock I welcomed each back to the circle. With candles lit and Enya's

music playing, we began our circle with our breathing exercise. The first exercise for the morning was a second song called, "There is a Time" (Good 1993, track 10).

There is a time.
A time to birth, a time for dying,
A time to plant, a time to pull up what is sown,
There is a time.
A time to kill, a time for healing,
A time to build, a time to cut down what has grown,

There is a time, when each will lose a dream most dear,
When searching through the rubble of a life that seemed so clear.
A time will come for keeping what has surfaced in the sun,
And a time will come for letting go of that whose time is done.

There is a time. A time for tears, a time for laughing,
A time to mourn, a time of dancing for the day.
There is a time. A time to join, a time for breaking,
A time to gather <u>stones</u> — a time to throw those stones away.

There is a time, when each will rant the Temple's veil
And from its shredded pieces, sew a new and brilliant sail.
The time for keeping silent will burst seaward as the wind,
and words of truth and <u>comfort</u> --- shall be spoken from within.

There is a time .
A time to birth, a time for dying,
A time to plant, a time to mow the budding ground.
There is a time.
A time to love, a time for hating,
A time for war, a time for peace to circle 'round

To this is added nothing, from this subtract we none,
What God shapes under heaven is beginning and is done,
What is has been already; What will be is here <u>today</u>.
All things will find their season; All creation find its way.
There is a time . . . .

Our discussion evolved from the question: what does this song brings up for us? The women's journal reflections sum up their experience. Rose writes,

> "There is a Time" is just the song and words I need to hear before leaving. What really stood out for me were the words "When each will have a dream most deal". This is what infertility has been for my husband and I. It's been a lost dream and one that may never come true. So why am I still hanging on to it and grieving over it? I have to let it go. Not saying I will forget about it but my husband and I have to focus on other dreams or goals, we have many of them.

Julie writes,

> Linnea Good's songs touched me emotionally in different ways. Today I appreciate this song because it does reinforce that there is a time, "What will be is here today. All things will find their season; All creation find its way." It was wonderful to have the emotional support from the group and also to be able to share my feelings.

Grace shares, "Linnea's songs are just so powerful. She knows how I feel, Her words - it's like I am the person she wrote about."

In the closure of the weekend a "Holistic Model of Self Care" was introduced. This was opportunity to discuss these important questions: How do we move forward in hope and healing on our journey to honour infertility through our grief process? How will we hold the seeds of life? What seeds will we plant? What will we birth this year? How will we celebrate our woman-ness? We explored and shared our choices and options available, to care for ourselves physically, emotionally, mentally, socially, and spiritually. From this, each woman developed her own personal plan of self-care (Appendix 10). Time was provided for personal reflection and for writing in their journals. The intended end result was that each woman would have their own personal action plans of self care, ultimately rituals, to bring into their lives.

The retreat closure was threefold. First, each woman offered one another the gift of positive feedback and sharing something they felt they had received from one another.

Creativity was the key and their hearts and spirits were the vehicle. As we stood in the circle, each woman gave her personal gift of words she wished to share with each one of us. It was a beginning to our closure which was powerful, moving, and insightful. Second, Mary and I offered our gifts to each woman. Each woman received personal words of thanks and appreciation for their commitment and trust to journey on this retreat weekend. We then gave each woman two roses which were now in full bloom. It was noted that on Friday night they were closed. Each woman received a personal gift of an infertility pendant honouring our woman-ness and in honour of our journey. They also received copies of Linnea Good's music. Each received and returned hugs. The final phase of our closure required that each woman retrieve from their welcome gift bags the pink envelope that had written on it "Do not open" and they were to meet in the entry way to go down to the water as a group. As we left the house it was breathtaking. The sun was shining and the snow was gone. The water before us and the landscape in the horizon were beautiful. We laughed and chatted on the way down yet there was an underlying sense of peace. When we arrived at the waters edge, Mary opened her envelope and shared the symbol of the items inside. "This coral rock symbolizes all the pain, grief, anger, frustration, negative messages, and societal structures that take so much out of our journey to honour our infertility." We were asked to hold the rock and when we were ready we could cast it out on the water. As we each took our turn, we supported each other to let go. Next, Mary took out the seeds, and she stated, "These symbolize our new birth, our new journey, our new role as women in this world." Again we were instructed that when we were ready, we could throw them out over the water. Julie struggled to let her seeds go, but with support from everyone she was able to let some seeds

go; and then in a final moment she threw them all out over the water. We rejoiced at our power to claim back what is ours and to let go of what was weighing us down. We formed a half circle and looking out over the water, we read a poem blessing by Maria Harris (1989, p. 205) called, "Spirit of the Dance" from, Dance of the Spirit: The Seven Steps to Women's Spirituality. Before we read this poem I shared the words of Maria Harris,

> as we come to this resting point, it is fitting to offer benediction for ourselves and all those others that the dance might continue. As we pause both to give and receive blessing, let us imagine the voices of millions chanting with love and tenderness as well as with power that crosses continents and centuries. . . . And let us pray the benediction that heals and restores a bruised, broken and battered world as we sing:

May the Sprit of the Dance be with you.

May the Spirit of Awakening touch you, that you in turn may touch one another, in your celebrations and your woundedness, in your going out and your return.

May the Spirit of Dis-Covering find you, that you in turn may find one another, in your listening and remembering, in your brokenness and your connection.

May the Spirit of Creating fashion you, that you in turn may fashion one another, in sensitivity and in gentleness, in artistry and awe.

May the Spirit of Dwelling quiet you, that you in turn may be quiet resting places for one another, in the desert and the garden, in the city and at home.

May the Spirit of Nourishing feed you, that you in turn may feed one another, in your hungers and your yearnings, in your neediness and your losses.

May the Spirit of Traditioning inspire you, that you in turn may inspire one another, as lovers and teachers, as mentors and models.

May the Spirit of Transforming re-create you, that you in turn may give new life to one another, and to all of Earth's creatures, and to the Earth itself.

We all shouted Amen! This signified our closure to this retreat weekend. We returned to Bishop's house with a feeling of peace. Than the work of dismantling our centerpiece,

gathering and packing belongings, clean-up and making plans to stay connected over the next week, as support, that only those present through this retreat experience could provide. All were encouraged to use their supports and I was available for phone calls and emails during the next few days if they felt a need. My role was not to replace the women's counselling support outside the retreat weekend. As established in the participant consent form, one criteria for participation is that the participant would be engaged in a process of healing and have supports available to them upon completion of this research (Appendix 3).

We closed by sharing a final meal together. As we blessed our food there was joy, happiness and a sense of peace – "all will be well" (Myss, 1996, p. 257).

CHAPTER 6

WOMEN'S JOURNEY TO HONOUR INFERTILITY: A GRIEF PROCESS

This chapter presents a synopsis of the individual journey of each participant. I will introduce the women of this journey to honour infertility through the grief process. It should be noted here that, in the interest of confidentiality, pseudonyms are used in the presentation of data and the inclusion of any identifying information is avoided.

Julie

Julie's family background has played a substantial role in her life as an infertile woman. She states, "I am from a dysfunctional family of sexual, physical, and emotional abuse. I have had to struggle to honour my grief of infertility."

Julie explains that she spent her childhood and youth "trying to hide my body, trying to hide my being, trying to hide my sexuality." When Julie discovered her infertility, she formed a belief, "I don't have the right to want children." Through her therapy Julie changed that cognitive pattern to a new cognition "it is okay for me to want children."

As we talk Julie shares how ironic it is that she can not have children but her mother was pregnant every year. "I feel a little bit of resentment now. If she wasn't pregnant she was actually losing a child every year. She was hardly even well from the last one and she was pregnant again. I find that almost disgusting and sad at the same time because I know it wasn't her choice." Julie quickly covers her emotion with a qualifier, "It was just what they did back then. That's probably all I can say about my family for now. " Women with infertility can experience a tension in their relationship with their mothers who took their fertility for granted and then find it difficult to believe or accept that their daughter (or son)

is not able to have children. Julie has two nieces who have children, "they're not married and I found it very difficult at the time when they were pregnant." The joy of other family members giving birth adds to women's grief and suppression of infertility.

Julie has experienced low self worth, resentment, denial and has not given herself permission to grieve the loss of bearing a child until the past few years, with the help of her gestalt therapist. It was one year ago when Julie was forced to quit working and as she states, "for me it wouldn't happen any other way because I would still go to work, as long as I was able to go. I'd go because I didn't quite understand what it means to be sick and when it is okay not to go to work." Julie went to her doctor and asked for two weeks off. The doctor gave her six weeks off. Julie expressed,

> It the was best thing she could do for me. I used the time therapeutically. To journey where I needed to go with my emotions, feelings, and grieving. I wasn't ready to go back when the six weeks were over. I went to see [my doctor] again and almost begged for more time but she wanted to put me on antidepressants. I tried not to disrespect her knowledge and make her think that I knew more than she did. But, I was in therapy for a long time and I knew that I didn't want or need medication, I just needed some more time. She gave me four more weeks. I think with grief you need time, to stop doing . . . . I know at that time I was full of grief, and I know I'm still grieving. I'm not quite done. Maybe I never will be, but I think I'll know when I'm finished of some aspect of it."

Julie chose to participate in this research because, "I felt that it would be healing to be with a group of other women who shared the same pain and loss. Also, I felt that with all the therapy and grieving I have done in the past couple of years, I may be able to help someone else."

Julie did bring with her a wealth of knowledge and experience. She adds, "A year ago it would have been a lot more traumatic for me. I'm interested to see what unfolds."

When I asked, "What is your present experience of grief in your life?" Julie replied,

> I've done a lot of work around my infertility or my not having a baby, not experiencing the carrying, the whole thing. I went through a lot of different aspects of it in therapy. I did physical work around it which was very good for me.

Julie goes on to express her isolated feeling of grief around her infertility,

> I just remember at one point when I was in the depth of my grief really not knowing how to grieve. I knew that our dog Cosby . . . was safe and I could cry and hold him and lay beside him. I've seen myself lay beside him and just cry. I went down to the basement one night where the dog was sleeping and I felt freer to grieve with him than with my husband. It's just that you're always okay in their eyes no matter what you do.

Grief for Julie is,

> the most important role in my infertility journey. If I would have allowed myself to feel my grief and my loss much earlier on in my journey I probably would have saved myself a lot of unnecessary obsession and denial. I couldn't give myself permission to feel the pain. It has only been within the last year that I have not been obsessed with my infertility. I think the reason for that is because I finally let myself feel the pain. In allowing myself to grieve I felt an acceptance that I am not pregnant today.

Julie did reach a point in her journey of infertility when she asks herself "what is my role? Because you think that's what's suppose to happen, you get married and have kids and you run around here and there with the kids the rest of your life."

Julie was seeking a role of motherhood or nurturing. She turned her attention to a niece and a nephew. "I saw them quite a lot on the weekends." Her strong emotional attachment scared her, "I got really scared of my feelings for my niece, especially because I knew I was getting hooked. Well, I was falling in love with her." Julie feared she would get lost in her love for her niece and nephew. It was her therapist who shared with her "there's no such thing as loving someone too much" which gave Julie the permission and

freedom to love even though they were not her own children. Julie was able to put her love in perspective, "It's okay to love. Maybe I can give them something they can't get at home or in society . . . I really experienced a new role."

She talked about "taking a slower pace and respecting myself for what I've been through, because I didn't respect myself in the past. I got into a whole lot of things. I'd start something, stop it, start something, stop it - I wasn't ready. I'm trying to build a support system based on my decisions, for me . . . ."

Julie has five years of therapy with a supportive therapist whom she respects, trusts, has faith in and feels safe with. As the retreat weekend nears Julie shared with her therapist,

> I'm getting nervous. Perhaps you'll never know what I'll uncover, and he said 'well it could be the opposite maybe you'll get some more peace . . .' even if I don't get peace and I get something else, that's okay too, because if it's to be worked on, I want to do it, that's just the type of person I am.

The retreat weekend was an opportunity for Julie to continue her grief work and to experience healing.

> It was a very healing process. We shared pain, tears, and laughter. It was rewarding to share similar feelings and it was wonderful to be with women who could relate to me. I did not have the support, connection or group experience during my grieving of infertility earlier. My therapeutic work has been one to one.

Julie participated in all aspects of the retreat weekend. Julie took on a leadership role of sharing her experience of grieving infertility and she was an invaluable support emotionally and spiritually for each woman.

Julie shares on the retreat,

> Rose and Grace, I envy you for having this experience so early in your infertility. I spent so many years in denial and without seeking outside help.

> I was in isolation and denial but still suffering the loss of not being able to get pregnant. I had so much pain, confusion, inner conflict, I was caught inside myself.
> Today it feels good to look outside myself, at my life, the people in my life and wonder what I need to do to be happy. What will give me inner peace and add to my self worth. What can I give others to make a difference in their lives. For me, this helps me feel grounded in the universe with some purpose for being here as a child of God.

Julie shared "It is okay for me to feel sad and to let myself feel sad for as long as I need to feel that sadness." The weekend focused on emotions of grief and on the physical experience of grief that is held in our bodies. Julie writes,

> This weekend showed me the importance of grieving, to let go of my pain and at the same time taking care of my body. I have to improve on taking care of my body. My chakras are unbalanced. I have decided to make a commitment to sign up for yoga classes to help me feel grounded in my body. At the present time I do not have any exercise routine. I also hope to continue to verbalize my frustration by just letting noises come out of me or screaming when I need to. I have been silent long enough, and my body is crying for release. It was great to do the exercise with the towel [knotted towel] to get my anger out. The energy that came out from many, many years of holding things inside. I have become more aware of my body. I also learned breathing, stretching and movement techniques that I will practice. The body exercises are not strenuous and I can do them in the comfort of my own home. I hope to do some therapeutic exercise on my chakra. I am aware that each of those parts of my body need freeing and nurturing.

Julie's therapeutic focus has been gestalt techniques to assist her in a deeper self awareness of her feelings. This is invaluable but as she states there are body connections that are missing. "The retreat weekend helped to enforce the importance of taking care of my physical body. I was able to leave with the desire to take care of myself physically, mentally, emotionally, and spiritually."

Julie is a spiritual being. She has a strong faith in God. Her spiritual journey has been nourished with spiritual retreats and alcoholics anonymous retreats which have a strong

spiritual base. A goal she has set is, "to seek out people who love me unconditionally."

Julie's support system from childhood was her family. She shares,

> Some family members started counselling then quit and I'm disappointed at that but I constantly work at respecting them for where they're at. That's all they chose to handle at the time. There's a lot of grief work there with my family and I am doing that now in my therapy. There is a small group of us supporting each other. The greatest lesson for me has been working at realizing that my family is not my support group and finding my support in other ways. I have stopped looking for support from family and that's a relief to stop looking. I am trying to build a support system for myself in other ways -- healthier ways.

There are fears in finding her own place and voice in her journey with her family. She shares,

> I went through an experience with my sisters. We have been getting together since 1992. We decided at the time, let's get together weekly, Wednesday or Thursday nights and sing, so we had been doing that, the four of us. All of a sudden, last year when I was going through a lot of grief and I wasn't up for singing, the girls were wondering "when are you coming back." I thought to myself, I don't want to do that right now. Then I had a lot of fear, what are they going to say when I say I'm not getting together with you anymore or for now. They were okay with it. I was scared but they were okay with my decision. But what a burden lifted from me when I made that decision. They still meet on Wednesday nights yet I'm relieved I don't have to go. It's interesting in my life right now (pause) the music. We grew up with music in my family and right now it's time out from music because we were forced to sing just because we could sing well and right -- I'm not going to.

Julie believes her experience of this journey has increased her awareness of, "how important it is to be open and honest with people. To share our ideas and learn from each other."

After the weekend, Julie reflected,

> As I leave this weekend, I want to digest and remember what I have experienced and what I have learned. I do regret not planning to take some time off from work. Maybe I'll take a couple of days at the end of the week. It is nice to write about the weekend because it reinforces for me and helps me remember the value of the weekend. We have learned, shared and done many things together as a very supportive group. I will be forever grateful for being involved in this research.

> I felt that the techniques used on the weekend were very appropriate. It provided us with an introduction and experience in the different forms of connecting healing methods and our bodies. We were able to deal with some of our grief, which enabled us to search within for new ways to rebirth. Sometimes I was not aware of the amount of energy behind my emotions such as anger and pain behind my grief. The variety of methods of counselling gives us knowledge to use when we choose to seek outside help. It also gave me methods and ideas to use on my own when I need to express my grief or emotions.

The follow up meeting was in Julie's words,

> Emotional! I realized that since we had our retreat weekend I had put my emotions on hold. I realized how tired I was of feeling grief and I had a lot of frustration around my sexuality and how everything seems to be interconnected somehow. I was also overwhelmed by the coding of the material and determining the themes. I am aware of a lot of my resistance almost to the point of being physically sick. If I read my notes and tried to determine which theme or idea my thoughts represented, I felt as though in some way I was trying to dissect myself.

Julie and I traveled together to Grace's house for the next follow up meeting. During this time Julie shared her therapeutic journey of working through her participation in the data analysis of this research. The end result was an honest, emotional, and respectful consensus that Julie could participate at the level she felt comfortable. Her presence and support were valuable.

Grace

Grace grew up in a lower class family with parents who have strong values and morals that were passed on to her. Her parents both came from large families which Grace was pleased to share,

> I grew up with 85 first cousins from my Dad's side of the family and 20 first cousins from my Mom's side of the family. We all grew up on the Island except for two of my first cousins and we all lived in approximately the same area. Of course, there is quite an age span with all these cousins but it was

> always comforting and a very normal feeling to know that I was part of a large extended family.

Grace identifies her younger years as quite normal. She graduated from high school in 1983, went to College for one and a half years, moved to Toronto for six (6) months and then moved back home to PEI because as she states,

> I was very lonely for my family. I arrived home in August of 1985 and the following January I moved to Prince County where I have lived ever since. I met my husband Don at work in 1991 and we started to date in 1993. I knew after three months that he was "the one" for me and I fell very much in love with him. He is everything that I ever wanted in a husband and a partner for life. He has many wonderful characteristics that I admire and love and besides being a great husband I knew he would be the best dad. We were married in 1995. We are both very secure and happy.

Grace chose to participate because she explained,

> a very dear friend of mine called me and asked if I would be willing to meet with Corrine to discuss the possibility of being part of a group of ladies (a study) that would be willing to share their experiences with infertility. I felt that this would be an okay thing to do since my friend thought I would really like Corrine. I felt that it might be helpful to me because right at that time I was deeply involved in my quest to get pregnant and having some very strong feelings of despair.

Grace also participated because it would help her in her grief of infertility and she felt she would benefit from talking with other women although, she was scared.

> I figured it would be helpful knowing that other women might be able to say "Yes, I know how that feels like," or "Yes, I've had that happen to me." I also felt very scared, I remember saying to my husband 'I don't want these women to think that I have given up on having a baby because I am doing this. The retreat weekend with five ladies was powerful. We spent the weekend together honoring our journey of grief surrounding infertility. When I met the other participants I realized that they have not given up their hope to have a baby either, they are just like me still hoping to conceive and that they too wanted to find ways to help with the grief that they felt at different times in their journey with infertility. I was glad that I had said, "Yes".

Grace expressed,

> I felt safe with these women. I shared my emotion at a deeper level and through their support I am stronger. It also made me realize that there is grief that surrounds infertility. Grief is very normal and healthy especially if we learn healthy ways to deal with it. Shoving grief down was not honouring our infertility.

Grace describes her participation and experience of the retreat weekend,

> We joined together on Friday night and started on our quest. Most of our time was spent in group participation. I found Group participation was very therapeutic. Each time we did an exercise, whether it was guided imagery, listening to a song, or stretching - breathing, we would have the opportunity to describe/explain to the other participants how the exercise made us feel or what our bodies felt like. We were not pressured to explain our feelings, it was a sharing of our stories, or experiences. I wanted to take part in. When we were in the group, we could just talk about anything that was on our mind at the time relating to our journey. All aspects of group participation were not planned. At the beginning of the weekend, we all took part in setting guidelines to live with for the weekend. We did this to ensure that we all felt comfortable. Some of the things that we set as guidelines were confidentiality, respect for each other's feelings and space and to have fun. This gave us another opportunity to share things from our lives, past or present in an open, safe way. We soon realized that even though we were all at different stages in our journey and we all had climbed different paths. We were all very much alike in many ways, especially in our journey to honor grief in infertility and to know that we are not alone.

Grace had not experienced a retreat weekend since her teenage years when she attended a Teen Encounter Weekend, which is a short course in spirituality. Her experience of this group was positive and healing.

> Group processing was good because it not only allowed me to share my feelings or emotions, it also gave me a chance to hear the other ladies feelings, thoughts. I could get a different perspective and I could relate to their feelings because of my own journey in the past year. I am new to this journey. There were lots of tears, laughs, smiles, hugs and kindness, and there was also some anger, pain, hope and sorrow; our hearts ached, our bodies ached.

Grace writes *her reflections after the retreat weekend.*

> *I know that grief definitely plays a role in my infertility. I really believe that one of the very main things about the role of grief in infertility is to accept that there is grief that surrounds infertility. I think it is the sense of loss I feel every month when I find out that I am not pregnant and the other emotions that this feeling brings up in me (I describe these feelings further down). Grief can surface in many different ways in my mind, my body, my chakras, or grief can be suppressed. I mourn each month when I find out that I am not pregnant. I feel a pain sometimes so sharp that it hurts my heart. Today, I feel sad and a sense of loss. I now know that it is okay to feel like this and that I have to honor this grief and not hold it in my body. I have to honor it in ways that are healthy and that help me.*

Grace shared her grief process, "To me the grief process is being able to identify the feeling that I am experiencing surrounding my infertility and how important it is to 'feel' emotions. I now know that it is very natural to feel different emotions when I am grieving."

> One of the counselling strategies we used on the weekend was the knotted towel. To do this you take a towel and tie a big knot at one end. You then take the towel and pound it on something like a chair. You continually hit the chair with the towel and yell out what you are angry at.

Grace felt the power of the counselling strategies on the retreat weekend and at our follow up meetings.

> The knotted towel is quite effective in getting negative feelings out. I feel very drained when I use this method. Guided imagery - concentration on my breathing and my body was a very relaxing form of therapy. It is quite amazing how this can be so effective in letting your mind see things that you have never experienced - tapping my unconscious. Another form of therapy that we applied was yoga. I loved yoga. This allowed us to stretch out our bodies and concentrate on our breathing and it showed us how to take a few moments whenever we need it, to let the grief go from our bodies.

Grace has some plans for her holistic self care.

> Physically, I am going to continue to take good care of myself, walking, stretching, breathing exercises, yoga. I am seeing a homoeopathist.

> Emotionally, I will voice my feelings about my grief and around my infertility. I will do this by allowing myself to feel sad, angry or despair. I will talk to people who are closest to me and I will be very honest with my voice. Mentally, I will put positive affirmations in by telling myself things like "I am a kind and caring person, I will let my little light shine, I am loved and I give love, and I will hug myself daily."
> Spiritually, I will try to discover my true spirit and allow my spirit to be part of the person I project to the world. I will continue to read inspiring, motivational books. I will read and apply all the good I get from these books to myself.

Grace has been in the hospital on three occasions since our meeting in May. Our group wrote a spiritual bouquet of prayer and blessing and purchased a candle for her. We have continued to remember her in our prayers and we have sent her spiritual energy to give her strength in mind and body to endure this lengthy grief process. I last visited Grace in late June. Her spirit was strong but her physical body was enduring the weight of medical diagnosis and treatment procedures. Her body had been bleeding for 52 days and the drugs (clomid, estrogen shots, iron shots and the highest dosage of birth control to stop the bleeding) were taking their toll. A cyst had been discovered which will be removed when and if the bleeding stops. Grace holds on to her hope that her infertility will not be permanent.

Rose

Rose describes her childhood as,

> very good, a great Mom and Dad and three younger brothers. I don't remember any family conflicts when growing up although I always felt closer to my Dad. Daddy's girl I guess. Our family is not one that hugs very much nor do we say I love you all that often. Yet we are still very close. My family means the world to me. I don't take my time with them for granted, any more.
> I never had a lot of close friends. I spent my time with older women rather than kids my age. In particular, I spent time with my grandmother. My grandmother conceived three children of her own but loved children so much

> that she adopted two very young boys besides and raised all five children so wonderfully even with the passing of my grandfather shortly after the adoption. Growing up I was extremely close with my mother's mom. She is my best friend. I see so much of her in me. I love her dearly. Throughout the years we have done so many things together and have shared so many special moments. I believe I get my strong Christian belief and faith from her, for she is my pillar of strength.
> I graduated from high school with honours. Finished college the top of my class. It seemed I always received praise from others for what I had accomplished at such a young age. I had never failed at anything or so it seemed. Maybe that's the one big reason why this struggle with infertility has been so difficult. I failed to conceive a child and the thoughts of failing was more than I could bear. How does one handle failure or loss when one has never had to go through it before?

Rose chose to participate in this research because she was "desperately searching for something. Dealing with infertility had got the best of me and I was losing ground. I prayed for help and I believe this was my answered prayer from God."

Rose shares her reflections after the weekend retreat,

> The weekend has helped me in so many ways. I still have days when I get down and depressed but in the past it would last forever. Now grief does not keep me down for very long! I can finally see some good through this infertility journey of grief. I'm not as negative as I use to be; I'm not angry at my husband because we can not have children, anymore. A lot of healing has taken place in me since the retreat and is continuing to take place. I just can not THANK everyone enough for what the weekend has done for me. It came at a point in my life when I needed it the most.

Rose has received a powerful healing of her grief since the retreat weekend. Julie, Grace, and I have noted this and shared this with Rose.

> I've listened to my "special" tape quite a few times. I was even humming "There is a time" at work. When I got home, I was very excited to see my husband. I however, did remain a bit reserved. I've learned from past retreats not to rush home and expect miracles and expect all these great wonderful changes to happen right away. This time I want to take it slow. I really want to spend more time alone sorting things out in my own spirit and in my own spiritual time.

Rose shared her recent reaction to children,

> I'm amazed at all the different feelings and reactions I get with every baby situation I encounter. At times I'm happy for others and so very sad for me because I don't have a child of my own. And there are times when I'm just happy for me. I'm content and I've accepted our infertility. I think the most frustrating thing for me is I go from feeling at peace, to wondering how I am ever going to make it if I can't have a child.
> Just having recently had a death in the family has really brought out the grieving issue again for me. My goal is to reach the stage in my grief with infertility to have the strength and will power to continue on and face each new day with Joy and Thanksgiving. It's accepting what is and moving on with my life.
> Growing up I use to hear people say, 'when someone dies a part of you also dies'. That's exactly how I feel about infertility. Even though I have not actually given birth to a child and lost that child, I truly feel a part of me has died through this process of infertility. I heard it said before - we have to die to our old self, to our old beliefs to be re-born. I am trying to clean out my closets in my mind - to get the clutter out, or as Julie would say, to stop being a "packrat."

Rose shares her holistic model of self care,

> Physical: I will continue working out at the gym. A lot of the time I have to force myself to go but once I'm there I start feeling so good. I walk early in the morning before work. The fresh air in my lungs is such a great way to start off the day, with nature and God. The breathing exercises, along with the chakra exercises are such powerful ways to release the build up of anxiety, stress and grief. I am using the great handouts (visuals) to keep these exercises in my weekly routine - rituals.
> Emotional: I have also used the knotted towel exercise, which is a super way to let out negative garbage and anger. I also use the Chakra four (heart) exercise [resting pose] or a ball at the centre of my back and letting my voice speak out. Just jumping up with my arms extended is good for me. I have to get excited more and let my good emotions show through. Keeping a Positive Attitude!
> Mental: Definitely reading. There are so many wonderful books out there. Music for me is healing; it is the time when I'm most in touch with myself and with God. Finding my own space and the breathing exercises to calm my mind and my racing thoughts.
> Spiritual: The guided imagery exercises were very good for me. Music has to be the most powerful for me. My own spiritual space and complete silence. Books also help me get in touch with my own spirituality.

The follow up meetings have been powerful for Rose. Her enthusiasm, insights, support, commitment, and love are recognized by all of the women in this research. Rose continues her yoga classes and has shared many insights with us about homoeopathy medicines and techniques to heal her body.

Rose has expressed, "I have a renewed energy and a sense of peace, and a healthier body. There is less toxic buildup in my body from my past 'medication journey' and less toxic buildup in my mind."

Rose ends her journal with,

> It's now time to put my holistic plan in action and go for it. It's time to move on. Wahoo!!! This weekend has enabled me to look deep inside and explore. Now I will begin to put new beliefs and thoughts back in and start a new life with Excitement and Hope and Faith!!

Mary

Mary was asked to co-facilitate the retreat weekend. Mary is a licensed counsellor and during her Master of Education in Counselling program she researched death and dying and the grieving process. The month of the retreat weekend was the fifth anniversary of her mother's death. Mary's father had recently died in October of 1998 (4 months before the retreat weekend).

Each woman is honest in her journey. The retreat weekend provided some valued exercises and strategies to grow, change and to create new ways of Be-ing. The journey is not perfect. Grief still comes back into our minds and bodies - this time we have knowledge and experience on our side to re-create new definitions of our woman-ness.

CHAPTER 7

THEMATIC PARTICIPATORY PROCESS

At our first follow-up meeting we had a place from which to start. We poured over pages and pages of data and offered suggestions and insights which were recorded on flip-chart paper. More questions were posed: What does it mean to be a woman with infertility as opposed to a fertile woman? This question sparked the theme of grief suppression. The issue of grief suppression ran throughout the data and was manifested in many forms. We pinpointed every instance that women mentioned: grief suppression, body grief, past pain that requires exploration, people who feel sorry for us, resentment, hope, faith and the healing process of grief for women with infertility. There was excitement as we were seeing some common themes emerging. I drafted, redrafted and redrafted the themes. It was a revelation when we decided on a plan of how to make sense of it all. We chose to cross reference the data by answering this question: Do we speak to these possible themes in our journal data? Each participant who could, cross checked their data for these themes and put a number beside the quote that corresponded with the theme. After each meeting I mapped out an analysis of our themes. We had a consensus that grief was suppressed, our bodies held our grief, there were social and cultural links to our grief around infertility, and we did have healing. Finally, the theme that is grounded in the diversity of these women's experience centred on hope and faith which sustained them in their journey to honour infertility.

Each woman stayed in touch between the post retreat meetings by telephone, email, and snail mail. Any new insights, suggestions, or reflections were included and linked to the

themes identified. Seven themes were originally identified, then six themes which were compiled into five major themes. The original seven themes were a result of our first follow up meeting, they include: women with infertility suppress their grief -- are afraid to grieve; suppression of grief leads to negative impact on our bodies; we need to understand our needs "fatigue, therapy, time off" that confirm we have grief in our bodies; our infertility is linked to our past and we need to explore this; when infertility is accepted we can begin healing; society and family feel sorry for infertile women; women have resentment towards society (i.e., abusive moms, unwanted pregnancy, drinking moms, social service system); and we have hope and faith which sustains us. During the time between meetings, which was approximately four weeks, each participant reflected on these themes and their presence in their own journal entries. Our next list included the following six themes: women with infertility suppress their grief; women with infertility carry resentment; people feel sorry for infertile women, for example, society, family, friends, and co-workers; our grief is held in our bodies (i.e., shoulders, chest/heart, sex organs) and women with infertility need to get in touch with their physical being; when infertility is honoured and grief emerges the process is healing; and we have hope and faith which sustain us because we are spiritual beings.

What begins to emerge is a process of discernment which involved reflection-action-reflection (Park et al., 1993). First as individual women on this journey and second, as a group processing the data for analysis. There was a flood of e-mails, phone calls, and two more meetings to collaboratively reach a final consensus of five powerful themes that resonated for us during this journey to honour infertility through the grief process. The analysis was ongoing and each participant had a valued voice in the process. The data

supporting the five themes were examined for content, as well as the language women used to describe their experiences.

These themes reveal some striking findings which can provide useful insights into the way in which women perceive the emotion of grief and the needs that they have in order to allow the reality of grief in their lives to be embraced and used in a positive way. Each theme was developed directly out of women's experiences and opinions expressed in the data collected. The women's quotations are presented in italics to differentiate it from quotations by literature authors. Rejoicing, we collaboratively reached a consensus on the following five themes:

Themes

1. **An infertility diagnosis begins the suppression of the early phases of grief in particular, denial and frustration.**
2. **Women with infertility suppress grief.**
3. **Suppression of grief leads to a negative impact on women's bodies.**
4. **Women with infertility link grief to societal and cultural expectations.**
5. **When infertility is honoured and grief emerges it is hope and faith which sustains women on their journey toward healing -- a Re-birth.**

What follows is a discussion of the themes, including verbatim quotations from interviews, journal reflections, and the follow up meetings with participants. Their voices are inserted in italicized print within the text. Relevant literature is included within this discussion to support these themes. Past research has concluded that infertile women need

counselling and support (Cook, 1987; Mahlstedt, 1985; Menning, 1982; Seibel & Taymor, 1982) therefore, it is important that counsellors familiarize themselves with the experiences of women's infertility. Most importantly counsellors need intervention strategies that serve to augment the infertility experience as an opportunity for psychological and holistic growth. Therefore, I also included relevant counselling strategies at the conclusion of each theme. This is the unfolding journey of women honouring infertility through their grief.

Theme 1: An infertility diagnosis begins the suppression of the early phases of grief, in particular, denial and frustration.

Only 5% of the world's married or coupled population choose voluntarily to remain child free (Veevers, 1980). Of those who attempt to become biological parents, approximately one in six couples (17%) experience problems with their fertility in terms of conceiving and/or carrying a viable pregnancy to term (Corson, 1983). In spite of successful intervention for 50% to 60% of the couples accessing specialized medical care, it may be years before a couple receives a definitive diagnosis. In most cases, the couple must undergo extensive and invasive medical testing. Following diagnosis, they may be required to make decisions regarding controversial and costly forms of treatment such as artificial donor insemination, embryo transfers, or in-vitro fertilization (Daniluk, 1991).

The response to an infertility diagnosis depends on one's previous level of emotionality (Halman, Abbey, & Andrews, 1992). Basically, if we are anxious and depressed before a treatment process we will be anxious and depressed after unsuccessful treatment (Halman et al., 1992). Negative emotion's rise to the surface for women

(Andrews, Abbey, & Halman, 1992; Newton and Houle, 1993). There is a loss and with any loss comes grief.

Grace knew something was wrong, she states that after one and a half years of marriage.

> *We stopped being careful and tried to get pregnant. Well, of course, I thought that the first time we 'officially' tried to get pregnant that we would-- it didn't happen. We were in denial. As the months turned into a year, I decided I should see my doctor to make sure that everything was all right with me.*

"Women know and worry even before they seek treatment, that something is wrong," (Nachtigall, et al., 1992, p.120). A visit to a gynecologist and many tests later on both Grace and Don confirmed everything seemed normal except for the fact that they were not conceiving. There is a five percent chance of an unexplained infertility diagnosis which is emotionally painful (Menning, 1988).

Infertility treatment suggestions begin with the basal body temperature. This provides information for the doctor and ourselves to determine when or if we are ovulating. A hormonal problem can also be detected which can affect conception. A woman measures her temperature each morning while she is still in bed and before eating, drinking, or going to the bathroom. This morning temperature is recorded on a chart. Men are asked to include comments, such as lack of sleep, drinking alcohol, a fever, any illness, or emotional upset because these may affect women's temperature. Julie writes, "*I found it difficult to take my temperature everyday. I got very tired and frustrated with the obsession of charting and I was always hoping for a pregnancy.*"

Treatment regimens for women often involve the prescription of ovulation induction

medication such as clomphine citrate and human menopausal gonadatrophin (hMG) with known somatic and emotional side affects (Daniluk 1995, p. 36). It is difficult to differentiate between the infertility stress and the use of medications (Berg & Wilson, 1991). Julie states, *I took fertility pills (human menopausal gonadatrophin) for a period of six months. This proved very stressful. My emotional ups and down added a strain on my relationship with my husband. I began to blame myself for all the things that just didn't go perfect: my infertility, my marriage, my relationships.* Women blame themselves and feel more responsible for their infertility (Abbey et al., 1991).

Grace's journey during this research included hospitalization on three occasions. Each time she was bleeding excessively. Grace was bleeding for 52 days consecutively and on late June she was on a high dosage of a birth control pill to stop the bleeding and she had received iron and estrogen shots to try and regulate her hormonal imbalance. Grace also took clomid. She states, *I'll do this because I don't want to lose the chance of having a pregnancy."* The risks are the adverse side effects for women who are using this drug: ovarian enlargement, abdominal bleeding, nausea and vomiting, dizziness and depression (Daniluk, 1995). Grace states,

> *The lowest dosages are not being used but they are monitoring me and my new doctor seems wonderful. There is an abdominal cyst in the centre of my ovary so they will hopefully operate and remove it. This is probably the reason I'm not getting pregnant. It's frustrating to sit here but I feel fine.*

Denial is a powerful emotional and physical tool as Grace continues on her infertility diagnosis journey.

Assisted reproductive technology is a final medical option and treatment failure at this stage can be emotionally difficult. Women who were studied had reported clinical levels

of depression (Baram, Tourtelot, Eberhard, & Huang, 1988), anger, guilt, anxiety, sadness and emptiness before and after in-vitro fertilization (IVF) (Newton & Houle, 1993; Leiblum, Kemman, & Lane, 1987). Each participant could share the grief associated with IVF treatment. Julie writes,

> *My husband and I chose to go to Halifax to get some information on in vitro fertilization. When we got the letter from Halifax indicating the drugs I would start taking and the procedure and time involved around travelling to Halifax I was very stressed. I was anxious about this step into new reproductive technology. I was very uncomfortable with the fact that I would be taking drugs and producing an unnatural number of eggs and travelling to Halifax and staying there for days at a time. I decided No. It just came to me -- "No." I don't want to do this anymore. I haven't regretted this decision. It isn't for me. I think that has been a turning point in my life. I did a lot of grieving after that. . . .*

Rose shared she had two failed artificial inseminations.

> *We would have done anything. With each procedure I took Fertility drugs. At the time these doctors were offering us hope. The trip to Halifax was so difficult to coordinate last fall. My husband worked in the valley and we met in Lunenburg to travel to Halifax for IVF. We would then travel back to Lunenburg together where I would leave for PEI; alone, sad, hopeful, frustrated; only to go to the bathroom and see all the sperm leaving my body. I cried from the depth of my heart, I cried...*

Grace began temperature charting and travelling to Halifax to see a fertility doctor to discuss artificial insemination. Grace offers her voice to IVF frustration,

> *Getting information at that meeting with the doctor did not go that well. I felt confused, anxious and angry. I also felt that the doctor didn't see that we were people with feelings and emotions. I was feeling quite upset about the whole ordeal. I felt we really didn't find out anything that was of any help medically to us or that would make our decision about having artificial insemination. There is an emptiness when I reflect back to this moment.*

Women are the focus of medical procedures from investigation, diagnosis, treatment and are negatively affected. Women take responsibility and are emotionally connected to succeed

in conception. Grace shares her recent journey in these words,

> *I am angry because I don't know why I can't get pregnant. Tests have been completed but the answer is always the same "everything seems fine." If there was a "reason" maybe I could accept that and I would have my answer but there is no medical "reason." I slip into denial all the time. I get frustrated with the Doctors who are unable to help. I get angry because I know my husband and I would love a child unconditionally forever and would be great parents. I get angry because I want to look at my baby and see the Love I share with my husband. I want to see his big smile or any of his actions or characteristics and yes, I want to look at our baby and see me too! I want to be able to see my son or daughter grow up to be everything he or she would ever want to be. My obsession and my depression are overwhelming.*

Rose shares how desperately she struggles to find herself as she comes out of the medical maze,

> *I know I'm obsessing with having a child; wondering will the next procedure work, what's wrong with me that I can't have a child? I know I have the power and qualities in me to be the best, the best I can be, however always having the infertility issue on my mind has somehow overshadowed all that I am as a person. I've shut it all down because not having a child has taken over. I know this is not how I want the rest of my life to be. I really don't like who I've become. I really want my good qualities to shine through again -- how does one communicate this?*

It is only in the latter stages that men become involved in the treatment process because they see how infertility has impacted on their partner and they see how seriously infertility has impacted on their marriage (Abbey et al., 1991). Communication drops and our most valued person to communicate with, our partner, does not communicate with us (McEwan et al., 1987). It is women who initiate discussion of a fertility problem with their spouse (Greil et al., 1988). Men appear to be more accepting of childlessness, more willing to end treatment, and more reluctant to consider more involved forms of treatment. For women this is interpreted as a lack of agreement to have children (Greil et al., 1988; Ulbrich

et al., 1990). Rose expressed her journey with her husband as she writes,

> *My husband, it's like pulling teeth trying to get anything out of him regarding infertility. He keeps everything bottled inside. I don't think he's in denial. If anything he has accepted our situation. Maybe, that's what's frustrating for me is that he has accepted it and I have not. I want him to be at the same grieving as I am. I know I'm selfish but at times it just seems like I'm grieving alone. I think if we were sharing the same emotional grief phase it would be such a great healing process for the both of us. I've also seen myself push my husband away. I know I'm doing it but he does not quite see infertility as I do and it makes me very angry and disappointed in him. I know I have to see his side of it but there are times when I can't.*

Reduced emotional intimacy occurs when one partner is unwilling to view infertility as a shared problem or where one partner does not communicate about it (Greil et al., 1988). Julie shares, "*My husband had never agreed with going this route of infertility drugs and IVF. I was experiencing isolation and felt alone in making the decision, I tried to convince myself that in the end it was mine to make and I lost something in the process.*" Women need social contact, support and open communication to honour infertility.

It is necessary for health professionals to distinguish between functional sorrow and dysfunctional grieving in response to infertility (Unruh and McGrath, 1985). Functional sorrow for childlessness is neither abnormal, nor pathological (Mazor, 1980; Olshansky, 1987). It is a normal response to a life event that seriously jeopardizes women's feelings of self-worth, restricts their personal ability to feel in control of their lives, compels them to undergo sometimes intrusive and sometimes painful procedures, and withholds from women and their spouses the desired child.

Women will present mood swings, episodic depression, heightened interpersonal sensitivity, emotional lability, sleep disturbance, lack of sexual desire, headaches, and somatic complaints. In rare cases, women who are psychologically vulnerable may

experience a psychotic reaction, characterized by paranoia and delusional thinking. Daniluk (1995, p. 40) indicates, "stress is greater for infertile individuals in the early stages of medical diagnosis and again near the end of treatment." It is important for counsellors to assess the client's medical and psychosocial history, to be aware of reproductive medications that women are taking to treat or enhance their infertility, and to be aware of the physical and psychological side affects of these medications.

Counsellors must encourage clients to consult their treating physician when symptoms manifest in regards to their treatment or medications; be aware of the difficulty for a woman to relinquish options to achieve a pregnancy (women have been socialized to assume a motherhood role and her body reminds her of this on a monthly basis); be aware that women put their doctors on pedestals and find it difficult to challenge the wisdom or opinions of their physicians (Daniluk, 1995).

The focus for counsellors is to help, support and empower women to assume control and responsibility for the course of their treatment; empower women to communicate the limits and their right to be an active participant in the decisions of achieving pregnancy; support women to take the time to explore their feelings about motherhood; support women in accessing information about alternative parenting options; and most importantly supporting women to grieve the loss of fertility. This is layered with the importance that counsellors be aware of their own beliefs and values regarding reproductive medications and assisted reproductive technology that infertile women pursue to become a mother.

Theme 2: Women with infertility suppress grief.

Mahlstedt (1985) states that infertility leads to the loss of self-esteem, confidence, security, health, close relationships and even hope. Julie writes, "*My infertility added to my loss of identity, low self worth, my anger, frustration, and hopelessness.*"

Infertility is the loss of fulfilling an important fantasy, and the loss of something or someone of great symbolic value (Mahlstedt, 1985). It will not change things. Grieving in infertility is a response to the loss of a child, the loss of a chance to experience pregnancy or to breast-feed, and the loss of genetic continuity (Menning, 1977). All of these goals are made unattainable by infertility (Menning, 1977).

Common reactions to the infertility experience reportedly parallel the phases of adjusting to death and dying postulated by Kubler-Ross (1969), progressing from initial feelings of denial through various degrees of isolation, anger, guilt, and depression (Cook, 1987; Mahlstedt, 1985; Menning, 1982). Regardless of the infertility problem it is the woman who fails to conceive, and the monthly disappointment and hope is played out in a woman's body (Greil, 1991). Julie shares,

> *I used to cry at times when my period would start, then I stopped. There is always disappointment and lost hope. Each month I felt as though I cut my feelings off. I spent so many years in denial and without seeking outside help. I was in isolation and denial but still suffering the loss of not being able to get pregnant. I had so much undealt with pain, confusion, and inner conflict. I was caught inside myself.*

Rose expresses,

> *after the procedures failed the doctors did not have anything to offer us in the form of any kind of support to deal with the major disappointment. I moved into other self blaming behaviour. I had a moral issue to deal with after taking the drugs. At the time it was fine but afterwards I realized that I do not want my body to mass produce eggs with the aid of medication. I'm even*

a bit angry at the doctors for not giving us other options at the time. The shock that we failed to conceive after all my efforts was a deep black hole.

There can be an intensity of many emotions or a seeming lack of emotion as women grieve their infertility. In this research women suppressed their grief and were afraid to grieve. Contrary to concepts of grieving which see it as a time-limited phenomenon (Kubler-Ross, 1969), evidence suggests that major life stresses such as birth of a disabled child, placing a child for adoption, stillbirth, infant death, miscarriage and infertility lead to states of chronic sorrow in which the grief is not forgotten but is periodically remembered (Menning, 1988). To access the emotions in our repertoire is a worthy goal, one that leads to a healthier mind, body, and spirit. For women with infertility our emotions have been blocked, unblocked, re-blocked, and the cycle goes on. Our expressive emotional role models are few and our expressionless heroines are many. Without role models in our life we can't expect to have insight into our emotional patterns or to understand the limitations in expressing our emotions. We were never taught to express our emotions. If anything, we were taught to suppress anger, sadness, fear, joy and depression.

There is sadness, frustration, anger, depression, and cognitive disturbance for infertile women (Wright, Duchesene, Sabourin, Bissonnette, Benoit, & Girard, 1991). Depression is the most suppressed and denied emotion for women who experience infertility. Rose shares,

I'm young and active yet so often I am so exhausted for no apparent reason. I had a very difficult time just doing the very basic of housework duties. I would go home from work and just lie on the couch, sleep, getup, and go to bed. Curling up on the couch or bed was all I wanted to do; I just wanted to close out the outside world. I would often unplug the phone or not answer it. I just wanted to be alone – totally alone. As much as I hated to admit to myself I was in a deep depression. A state I said, I would never allow myself

> *to be in. I was much too strong of a person and this was not happening to me – total denial. When I realized I was depressed because of infertility, it was such a blow to my self esteem. Just the thought that I was depressed and so down and out made me even more depressed. Not a very good situation...*

Once the reality of their situation has been realized, women who experience infertility find themselves angry. This anger may be directed at the medical profession, at other pregnant women, friends or family members who seem to make insensitive and intrusive comments, or at an unjust God (Menning, 1977). Grace shares, "*I screamed at all the people who are pregnant and don't want to be. I cursed the women who abuse themselves with cigarettes/alcohol/ drugs when they are pregnant. I'm mad as hell at the doctors.*" Julie writes about her anger,

> *My anger surprises me when it creeps in. I get so angry at the other women who do not appreciate the gift of a child from God. I am angry at God for allowing this to happen to me. I have screamed many times about my loss, especially in therapy.*

Such angry responses open wounds and women will further isolate themselves from their available supports. Rose writes, "*I was so angry and frustrated. I feel scared though, to release my anger, alone. What if I don't come back from this angry place?*"

Another often debilitating emotion for women who experience infertility is guilt. When faced with the reality of their situation, women will commonly ask themselves, "Why me?" and assess their pasts for perceived transgressions that may help them make sense out of what feels like a senseless situation. Julie writes,

> *I remember thinking, "why me?" Why would God choose me to be a person who will not have children? Am I not worthy? Maybe I don't deserve to have children, maybe I wouldn't have enough patience. There are enough children in the world, my son or daughter would only end up being hurt anyway. I must have done something wrong.*

Rose closes Friday night of the retreat weekend with these thoughts,

> *We are trying so much to have a child and no matter what we do we just can't. I keep asking myself why? What have we done that is so bad that we don't deserve the blessings of a child in our home? I can't sit around wishing and waiting while my insides turn inside out. I have to get myself back on track. I truly want to feel happy and healthy again. I need to feel some peace. Lately all I've been feeling is a constant inner and outer struggle and turmoil. I have been feeling guilty about not looking after myself, not having children earlier, not doing something right...*

Grace had not identified grief in her infertility journey during the interview. As she talked she began to identify the phases of grief in her life.

> *Grief? (pause) The crying or sadness? I do cry about it but I shove it down and I have been depressed lately because this is too unbelievable. I keep, (pause) well, denying that I'm infertile. I guess, well I (pause) I never believed I had a right to grieve because there was nothing to grieve. I just carry on and oh my God (pause, looking to the floor) shove my grief down (pause) I do shove it down.*

> Women with infertility suppress grief because it is painful and women fear the potential disruption if they grieve, and there is the mystery that maybe you will get pregnant and then there is no need to grieve which results in women suspending their grief and anger (Domar and Dreher, 1996).

Rose states, "*I have been stuck in grief for so long that it has really stopped me from moving on -- I just don't talk about it. I have to go out and do my job. I don't allow my grief to come up.*"

It often becomes necessary for the counsellor to assist women in working through feelings of guilt and shame associated with past events; separating the biological reality of a woman's fertility status from the concept of punishment. Forgiveness rituals are powerful in facilitating the process of self-vindication.

Music in therapy is a helpful strategy for expression of affect (Daniluk, 1991). Rose shares her experience after the song, "God of the Desert" (Good 1993, track 4),

> *Often I don't quite know what I'm feeling or just how to express it. Linnea helped me, she was at the emotional desert too. Her song helped me touch my pain, sadness, and lots of tears. Each time, my time of the month comes around I reach an emotional low. At first I would cry and cry, at other times, I don't show any emotion -- I was blocked. I've even considered going on the pill so at least I would not have this "Damned Hope" each and every month. Her song "God of the Desert" I know will forever play a special part in my life.*

Rose also writes in her journal on Sunday morning after listening to the song, "There is a Time" (Good 1993, track 10)

> *This is what infertility has been for my husband and I. It's been a lost dream and one that may never come true. So why am I still hanging on to it and grieving over it? I have to let it go and let God.*

Having clients keep a journal from the outset of the counselling process may also prove to be valuable in providing a vehicle for the uncensored expression of thoughts and feelings and in facilitating the grief process between sessions (Daniluk, 1991).

Grace shares a powerful insight for her as a result of journal writing, "*I realize it is okay to be sad about being infertile, it is okay to express how I am feeling. I should not force my grief down. I should deal with it and let it have a voice.*"

In truth, women can feel and function better if they share and acknowledge their emotions of grief. A day may come when a child will replace the disappointments but until this happens women suffer by bottling their grief. Domar & Dreher (1996, p. 249) state,

> A constructive outlet for anger and grief tends to be hopeful and energetic . . . . Releasing the anger, [depression] and sadness can smooth out the [emotional] roller coaster, so the dips and sways are less drastic. Women who work through difficult feelings are better able to maintain a positive attitude.

As a counsellor it is important to facilitate an appropriate expression of emotions while acknowledging the injustice of infertility and validating women's feelings.

Theme 3: Suppression of grief leads to a negative impact on women's bodies.

Rose shares her strong connection to her root chakras,

> *The tree imaging exercise amazed me at how my feet got so firmly pressed to the floor just as the roots are in the ground. It made me feel stable and in control for the first time in a long time. It was such a good feeling! Lately, I haven't felt much control of anything, nor have I felt stable. Just having that feeling again and truly feeling that bit of power over my body again is something I've been truly missing in my life. Wow, Yoga, Chakra's, my body... where have these hidden gems been?*

The first chakra is the support of our body which includes feet, legs, bones and spine. The emotional and mental issue Rose relates is in regards to standing up for herself, group safety and security, and a feeling of being home. For each of the women the imagery of the tree grounds the first chakra - the root chakra and their physical experience of this was powerful. They expressed a sensation of being "lined up from earth to heaven." Myss (1996, p. 118) states,

> the connection of the root or tribal chakra is honour. Every tribe's code of honour is a combination of religious and ethnic traditions and rituals. Rituals such as Baptism... bond new members to the group's spiritual power. A sense of honour radiates strength within us, align us... While honour is not usually considered a component of health, I have come to believe that it may well be among the most essential, equal even to love. A sense of honour contributes a very forceful and positive energy into our spiritual and biological system, and our bones and legs. Without honour, it is very difficult, if not impossible, for an individual to stand up for [herself] with pride and dignity, because [she] lacks a frame of reference for [her] behaviour and choices and thus cannot trust [herself] or others.

The power of Myss's words resonated for each of the women as they journey to honour their infertility. It is in honouring who we are as infertile women that we can move forward or in root chakra terms, "stand up for self."

Rose quickly correlated her mind and body connection to grief held in her body as she writes,

> *I become so tense and sore. My shoulders and neck at times feel so tight and painful. It feels like my bones and muscles are shrinking and tightening up. I recall a whole week of putting a heating pad on my neck and shoulders every night and all night just to relieve some of the pain. I would tell my husband, "I don't know what's wrong because I didn't strain or pull a muscle." Looking back, this was the time when I was going through the toughest time with my grief of infertility.*

What Rose describes is grief held in her shoulders and neck which is connected to chakra four. For Rose, the emotional and mental issues of grief, anger, resentment, bitterness and hope were blocked energy. The physical symptoms were manifested in the upper body for each of the women.

The relief for Rose was Yoga. Using the resting pose exercise opened her upper body. Rose would often comment on the difference this position made in her emotional grief and her body.

The fifth chakra (throat) held the emotional and mental issues of losing their choice to have a child, not voicing their pain which created a blockage. They related the body sensation of not being able to swallow, a feeling of choking or tightness around their throat. The physical symptoms they related included a raspy voice, swollen glands and chronic sore throat.

Learning to relax our bodies has a very positive impact on our mind. Domar and Dreher (1996, p. 242) reported that women with infertility, who are taught techniques, such as, progressive muscle relaxation (PMR), breathing, and meditation (visualization and prayer) experience less back pain, IVF procedures were less frightening and uncomfortable,

and menstrual cramps were less severe, to name a few benefits. These results occurred after two to six weeks of consistently using these techniques for women with infertility.

Each exercise on the retreat weekend began with breathing. To bring breath back into our bodies became a ritual each of the women incorporated into their daily lives. Breath focus or breathing exercise is universally used to elicit the relaxation response. Using the breath as an anchor for our physical and mental relaxation is central to many secular and spiritual traditions. Domar & Dreher (1996, p. 47). state, "like the ebb and flow of the oceans, breathing represents the heart of our natural biological rhythms . . . . Breathing can loosen the strictures we have on our emotions."

Years of riding an emotional roller coaster can be eased through progressive muscle relaxation (PMR) which is a technique of instructing, the tensing and releasing of muscle groups from head to toe. Rose was able to slow her mind down while we did the progressive muscle relaxation exercises. She became aware of her body,

> *Tensing certain parts of my body brought back how my whole body has been feeling, so tight, cramped and tense. And then going through the relaxation process was just so peaceful and felt so good. I was able to turn off every thought. I actually tried to concentrate on a thought but couldn't. My mind was blank. I don't think that I have ever felt so comfortable!*

The beginning phases of PMR immediately alert women to tension in their mind and body. Yoga is another useful method to elicit the relaxation response, and is a powerful method to help women tune into their bodies. Grace stated on the last day of the retreat weekend, *"I am going to enroll in a yoga class which I have been planning on looking into."* At the next follow up meeting on March 20, 1999, Grace had attended three Yoga classes and she led us through two floor techniques called the cat and the child. It was powerful for

each of us to connect and ground our mind and body.

Margaret Ennis (cited in Domar & Dreher, 1996, p. 73) explains,

> Many women feel they are not complete . . . because they can not have a child. The experience of relaxation they get from Hatha Yoga includes a sense of completeness, fullness, of being enough, of being okay. And that is really their basic state. . . . It has the power to change thought structures, because it takes [women] to an expanded yet firmly grounded experience of themselves. With this understanding they can create their lives anew.

Meditation nourishes a calm centeredness that progresses toward a healing resolution (Proto, 1994, p.8). "Meditation is useful for many infertility patients . . .[but] it requires discipline [and] regular practice" (Domar & Dreher, 1996, p.243). Meditation for Rose released the tension and pressure in her body in particular her sixth chakra in the centre of her forehead. Women with infertility have lists and anxious thoughts running in their heads. Rose shares,

> *For the past year or so I started getting daily stress headaches. Either a huge pressure above my right eye or a feeling like my head had too much in it and it was on the verge of exploding. This was continually, everyday and all day. I'm so thankful my head did not explode with the amount of stress and pressure that I had pushed inside it from trying to deal with infertility and other issues. I am starting to feel that all the tension and pressure I've built-up inside is finally being released. Although, I know there's still so much left inside to come out. The meditation exercises were so powerful. The complete stillness, almost worry free, in trying to deal with infertility. I haven't allowed myself to be still. I'm always restless and my mind is always wondering, its never at peace.*

Our unconscious is constantly trying to get through to us via this chakra, for example, "having vague feelings that all was not well with our health and that we are 'going down with something'" (Proto 1994, p.14). Myss (1996, p. 257) explains, in the sixth chakra

> we need to 'become conscious', so many people struggling to find their way are in that necessary but confusing state of waiting. A part of [us] is eager to allow the Divine Will to direct [our] lives, yet [we] remain tormented by fear

> that [we] will lose all comfort on the physical plane [if we] actually surrender... to release that fear and embrace the deep truth that 'all will be well'...

Sex is an area of great confusion for many people, but for women with infertility it is in chaos. Understandably so, for we are given so many double messages about our bodies and sex, not only in the process of growing up (assuming sex is even mentioned at all and is not a total taboo in the family circle), but in the hypes with which we are bombarded daily by the media, films and novels. For women experiencing problems of infertility, this second chakra is an area which needed work (Proto 1994, p. 4). Our balance in this chakra needed correcting because we do not validate our own sexuality and we do not give ourselves permission to express sex in ways fulfilling to us, to go over the top and make it the centre of our life, because as women with infertility, we have seen our sexuality as damaged, shameful, and negative. The penalties for our unawareness and confusion can have critical consequences (Proto, 1994).

Julie shares her early experience of her blocked second chakra (sexuality) as she writes, "*In this struggle called infertility, I have lost love for my body. My sexuality is damaged and I feel the pain of not having a child.*"

The link between fertility and sexuality needs to be replaced with healthy sexual paradigms (Daniluk, 1996, p. 12). At present, women who desire children but are unable to have a child experience sexual failure because their bodies fail them in reproducing (Daniluk, 1996). Layer this with sexual abuse or fear of sexual abuse and women with infertility hit a wall regarding their right to sexual boundaries (Daniluk, 1996, p. 12). Julie shares, "*I have never been free in my body since infancy. I had a fear of being sexually abused by my father*

all my life. Even after he died, and yet today, I suffer from that fear. He is dead 15 years." Julie realized, *"there are areas of body pain that have played a role in my grief and infertility. . ."*

Using the following affirmations for sexuality can assist us in knowing when we have "hit a wall or a block" in two ways: if we feel a resistance to verbalizing or if we experience a subtle resonance in our body (Proto, 1994 p.5-6).

> God wants me to enjoy my [sexuality]. I am an interesting, attractive, sensitive and feeling person. . . . I have learned from my experiences, even if sometimes they were painful. I respect myself enough to say yes only when I mean it. I am not interested in relating to anybody who does not respect me as much as I respect myself. I value myself enough to settle only for the best.

Chakra three (self esteem) and chakra seven (spiritual) were discussed and addressed at various times throughout the weekend. Each woman talked about her low self esteem as a result of infertility and grief. The mental and emotional issues of trust, fear, self confidence, sensitivity to criticism and making decisions were layered throughout our discussions.

Rose states, *"I'm glad I don't have to measure my self esteem by a scale."*

Julie writes, *"My body needs healing... on areas such as my resistence to love, to trust and my self worth and self confidence... all these areas of pain have a role to play in my grief and my body."*

Grace shares *"I just don't know if I have the self esteem to keep going through this grief - this pain."* (The seventh chakra is discussed in Theme 5).

Rose will try to breathe to release her grief in her body and her chakras.

> *The breathing exercises, along with the chakra exercises are such powerful ways to release the build up of anxiety, stress and grief. I'm so glad to have*

> *been shown these new method of exercise this weekend. The chakra four exercise (heart, shoulder, throat) with a towel rolled and placed in the centre of my back and letting my voice speak out was powerful for me. Just jumping up with my arms extended was good for me because I really have to let loose and release my body grief and pain. Not just when I am stressed but also when I am excited. I have to get excited more and let my good emotions show through my body. Keeping a Positive Attitude!*

Grace shares her plan to look after grief that is held in her body.

> *I am going to continue to take good care of myself. I will do this by walking, stretching, and breathing techniques. I was not aware of how anxious my body was until I started to breathe. I mean really breath. The music by ENYA was so helpful in slowing me down to breathe.*

Proto suggests in counselling we can ask women to, "ask the part of you that *knows* the answer to the following questions: What is the message of my [infertility grief in my body]? What do I need to do to heal myself?" (Pronto, 1994 p. 45).

The second chakra refers to how we relate to the earthier energies that come through us (especially sexual energy); what we do with our 'gut feelings' about ourselves and other people; how we feel about our body and bodily functions; how fully we allow ourselves to enjoy the pleasure these can bring (Proto, 1994, pp. 40, 5, 6).

> I am free to express my sexuality as I choose. I enjoy my sexuality . . . . Being attractive, loved, and physically close feels totally SAFE. I forgive all those who tried to make me feel guilty about sex and my body. I care for myself enough not to expose myself to physical risks or emotional damage.

Theme 4: Women with infertility link grief to societal and cultural expectations.

Socialization and biology serve as constant reminders that most men and women approach adulthood with the expectation of one day becoming parents. Yet many women with infertility experience the patronizing comments by family, friends, and community

when they don't conceive. Grace shares,

> *I m frustrated and angry because so may people know we are struggling to have children. I am angry because its not happening and frustrated because people ask and then say things like "Everything happens for a reason" or "Take a vacation" or "Don't think about it" or "If you just relax." I am frustrated because when someone announces that they are pregnant I can tell people feel "sorry" for us -- FRUSTRATED.*

Rose shares her attempt to deal with her communities questions regarding her infertility,

> *Many times I will tell others we can not have children in the hopes that if I say it enough, I may one day believe it. So far it has not worked out as I has hoped. I guess deep down I knew it wouldn't but anything is worth a try when you don't know what else to say. Sometimes I will ignore they asked or made an insensitive comment, but they are putting pressure on me.*

Women experience and perceive greater pressure to assume a motherhood role (Daniluk, cited in Leiblum, 1997). The present conceptualization of mature womanhood leave women with infertility in a no-win situation (Daniluk, 1996). Society needs to value life without maternity as an equally moral and valid life choice and path (Lisle, 1996). This can be done by listening to the stories and honouring the lives and choices of infertile women who are attempting to construct meaningful lives outside of the role mandated by society and imposed by biology (Ireland, 1993). A powerful study conducted by Ireland (1993, p. 156) involved interviews of 105 childless women who were asked, if they were to look back, how would they have liked to have lived their lives:

> ... to have loved and been loved, to have been a contributing member of their community and been socially acknowledged for it, to have learned how to be playful and enjoy, and last but not least, to have lived an authentic life.

Women who escape by avoiding social activities appear to be more vulnerable (Stanton, Tennon, Affleck, & Mendola, 1992).

Rose shares,

> *Going to church is becoming a difficult task for me. We have Sunday school where the children come forward to go to the side chapel shortly after mass begins. Seeing all these little ones running up the aisle with tons of excitement just gets my emotions going. I honestly thought I would have to leave mass early. . . . I no longer have control of my feelings or emotions. Last month I missed a few days of work because I was feeling miserable and depressed. I did not want to see anyone. I just wanted everyone OUT!* I reach a *peak when my anger and depression seem to overflow into everything I do. My only recourse is to walk away; hide in my house where no one can intrude on my need to just sit with this numbing mental and physical anguish.*

Promising to make major lifestyle changes such as leaving a rewarding job or eliminating social activity reduces the quality of life women once enjoyed, blaming themselves and bargaining will not make infertility go away. Women begin to withdraw from emotional and social supports. Women slip into denial, isolation, depression and wear the societal mask that all is well. Rose shares her denial mask, "*There are days I will face the world with the mask -- all is well. I'm okay. Hey world, what's new and exciting but the mask falls off with one comment, question, or conversation about children . . .*"

Grace struggles to find herself as she alludes to the societal messages which overwhelm her,

> *I believe there is a better person inside of me that I will strive to be when I have a child. This person will go to Church and practice her religion more faithfully. This person will never smoke again. This person will not ever drink excessively. This person will always strive to be kind, gentle, and loving. I will not abuse myself in any manner because I will always want to be around for my child; because someone else's life will be so important to me (and Don) that I will want to do everything that I can to make myself a better person so that my child grows up with good values and morals.*

Women need to stay connected to express their grief in order to honour their infertility. A choice to foster or adopt brings more societal pressure and insensitive comments (you will be pregnant for sure; having a child in your home will be the best thing -- you will be

pregnant in no time; God would not want you to not have children). The research on getting pregnant because a child is in an infertile woman's home has not been confirmed. Only society, family, friends and neighbours have developed this theory. Rose shares her experience,

> *We took care of a two month baby boy about 3-4 days a week until he was a year old. We loved him, fed him, clothed him, and we just adored him. All these things he was not getting from his mother. Thinking we were doing the right thing we reported her to social services with a nine page letter stating all the neglect and emotional abuse we could identify. However, we were not his parents and have no rights. Our report resulted in us not being able to see this boy since. The injustice of losing him is enough but the messages and advice from family and friends was devastating. I needed a hug, a shoulder to cry on, a listening ear – I did not need personal insights, past stories or experiences, or other people to put closure to something that was my right to own . . . .*

Rose has deep emotional loss and anger toward societal intrusions as she writes,

> *I'm scared to feel joy and happiness because lately whenever I've felt these wonderful emotions they've been followed by some kind of disappointment, sadness, and emotional pain. It's as if I've been let down for feeling happiness and excitement. Has it gotten easier to deal with this infertility loss? No. People will make such insensitive comments when my reproductive life gets into the conversation – I just want it all to stop. People don't mean to be insensitive or intrusive. It's my buried pain and hurt that I have still not dealt with. I still feel it's my fault that we lost him. I don't need any more insights or opinions. This pain is enough! I need privacy – boundaries.*

The counsellors role is to offer support and to help women create identities based on new beliefs about women's lives and creative labours; to redefine the term motherhood without invalidating motherhood as a valued and meaningful avenue to self fulfilment; to create positive and inclusive female identities (Daniluk et al., 1996; Lisle, 1996). Outside the role of mother, counsellors need to be cognizant of the use of language. It is important not to use words that define and position clients without children which infers absence or

inferiority (Ireland, 1993) - words like "childless" or "non-mother". One strong example (for Rose and myself) is the bias (which is common practice) of referring to the biological parent of foster children or adopted children as the child's "real mother." It is also important to use language that portrays infertile women as individuals, capable of making choices and living full meaningful lives. Remember that maternity and motherhood is only one single option.

Myss (1996) speaks about the language of woundology. She encourages counsellors to support women in a new language of self love in which it is okay to express healthy self esteem. "I am really good at this," or "I really like myself" (new cognition patterns). Woundology was based on expressing our victimization or pain to become closer, connected or intimate to others. In the new model, women would not exchange weaknesses but instead exchange positive spiritual energy.

Counsellors can support women in developing other nurturing relationships. Relationships that validate our role in life. This does not necessarily include other women with children. Infertile women need to find varied and satisfactory outlets for their relational and nurturing needs.

Theme 5: When infertility is honoured and grief emerges it is hope and faith which sustains women on their journey toward healing -- a Re-birth.

When we cut off the flow of emotion such as grief, we create a bottleneck where a positive emotion such as hope will have difficulty getting through to our consciousness. It is the emotions of anger, isolation, and depression that prevent healing (Domar & Dreher, 1996). Once women with infertility go through the emotion of grief, they can heal. For many

women who are infertile hope is an important emotion for healing. Grace shares her hope as she writes,

> *I have Hope -- the hope that possibly this month there was a fertile connection. The hope that maybe its our time. The hope that soon it will be us. The hope that we will be experiencing everything that goes with being pregnant whether it is gaining weight early or late in the pregnancy, being sick (morning or night) or not at all, thinking about names, getting baby kicks, seeing an ultrasound, taking prenatal classes, buying maternity clothes, creating a nursery, labor, delivery, everything that goes with the hope of getting pregnant. There is always hope and I still have a lot of hope.*

Rose, Grace, and Julie have struggled to keep their hopes alive: a hope that was based on worldly expectations of motherhood. Each woman realized that hope focused on healing their bodies and spirits. This meant letting go of old beliefs and creating new beliefs. "A belief of learning to love ourselves, awakening our spirituality to our own depths is learning to accept and love and awaken to our sexuality too, instead of going the way of denial and [suppression]" (Harris, 1989, p. 11).

The retreat weekend was a spiritual awakening through the shared journey for women grieving infertility. Women "removed their make-up" (Harris, 1989, p. 15), awakened to the sound of their own voices in their stories of grief and infertility.

Harris (1989) invited us to dwell in the gardens (beginnings) and the deserts (pain of loss) and to enter the presence of a spiritual companion - God or Higher Power which brings us to a place of nourishment (prayer and meditation) and transformation (silence; listening to what is not said).

Rose struggles during the retreat,

> *I want to stop grieving and accept this infertility. I have hope but I guess what I'm scared of is accepting - it might mean the end. I just don't want to*

let go even though it's turned my world apart. But as one lady mentioned, it's not the end - think of it as a new start, a new birth to a journey. I had never once thought of it like that. Today I already feel I've awakened.

Julie writes: *"I let my inner spirit - my intuition guide me. My spirituality continues to grow and nourish my mind and body."*

The seventh chakra governs intuition and is the headquarters of mind and soul in the waking state (Proto, 1994). Intuition is a direct line to the unconscious. When women let their intuition guide them and act on the basis of their feeling about reality, "trust our hunches," then women won't go wrong. This is very true of the healing process. At some level we always know what is right for us, even though others (or our minds) are telling us something else. We need, however, to cultivate the ability to listen to the subtle messages, otherwise we will not hear them. In order to hear the "still small voice" of our Inner Wisdom, we ourselves need to be still, receptive, wanting to know rather than thinking we know already (Moore, 1994). This is a journey toward healing.

The healing properties of allowing grief to be embraced, explored and voiced was instrumental for personal and spiritual growth and inner harmony of mind and body - feeling whole. Julie provided insight to what she needed to do to let go and heal. *"I am a 'packrat' in my mind and in my house. As I continue to journey, I try to be aware of negative thought; I try to replace these negative thoughts with positive thoughts of gratitude."*

Positive affirmations such as: I trust that I have the power to heal myself; I have learned the lesson(s) I needed to learn; I am letting go of any mental pattern that has been producing negative effects in my life; provide a base to access inner power for healing (Hay, 1982). Grace shares her positive affirmation, *"I will tell myself I am healing with each new*

day, I am healing. I love my body and my mind and my spirit."

Rituals are important to each woman. Julie states *"I want my home to be my sanctuary with rituals that are important to me."* Rose also made a commitment, *"I will also create my own space and rituals. To take time for total quiet to hear the small voice. I will let myself have solitude in total darkness knowing it is okay to relax and be in the presence of God."* Grace will *"give thanks daily for the many, many wonderful things in my life. I am definitely going to start writing a spiritual gratitude journal - now!!"*

Each woman valued books, music, exercise as a source of nourishing their spirit. Rose: *"There are so many wonderful books. Each lady has given me a great list of new resources for meditation, prayer and mini retreat breaks. This helps me get in touch with my own spirituality."* Grace: *"I will continue to read inspiring, motivational books. They give me hope and healing."* Julie:

> *I read daily meditation which are very spiritual and positive. As I leave the group today I will take the names and authors names of some highly recommended books with me. I plan on purchasing at least one before we meet again in a few weeks time. I love healing books.*

Rose states,

> *Music is healing. The Solitudes music, with instrumentals of nature - no words could be more soothing for me, or more powerful and grounding. Music is most powerful for me, spiritually, it's the time when I'm most in touch with myself and God. I also find my walks early in the morning when all is so new and fresh give me a strong presence of God.*

Rose shares, *"I now have a better understanding of "Rebirth." After today I realize that the things I do with my family and friends are part of my Rebirth."*

To cultivate tranquillity and spiritual connectedness, some women with infertility turn

that the things I do with my family and friends are part of my Rebirth."

To cultivate tranquillity and spiritual connectedness, some women with infertility turn to prayer, using words or phrases that are meaningful based on their religious belief systems (Domar & Dreher, 1996, p. 244). Julie closes her Friday evening with a prayer. She writes,

> *Dear God, Thank you for today, thank you for putting each woman in my life just at the right time. Thank you for giving me courage, hope and excitement about the things I am doing in my personal life. Thank you for the healing power in our sharing of similar pain around infertility. Amen.*

Each woman offered prayers in closure to experiences, in blessing our food, when others needed prayer because they were grieving, when they needed spiritual strength to get through a difficult time; and in thanks giving. Julie writes Saturday night, *"Dear God, Thank you for the weekend of sharing and awareness. Amen."*

Grace will *"try to discover my true spirit and allow my spirit to be part of the me that I project to the world. I am going to slow down and take my make up off.*

Julie shares,

> *Today it feels good to look outside myself, at my life, the people in my life and to ask what will give me inner peace and add to my self worth. What can I give others to make a difference in their lives? For me, this helps me feel grounded in the universe with some purpose for being here as a child of God.*

Rose shares,

> *My journey to honour infertility will plant new seeds now - seeds of life with our Lord's guidance. I thank God for the gift of this research and I thank God that my heart (chakra four) was open to be a part of this journey.*

CHAPTER 8

REFLECTIONS

The focus of this research was to engage in a participatory inquiry drawing on phenomenological and feminist research frameworks. My experience of infertility shaped the direction of this inquiry into women's grief and has served to describe what is, rather than to search for solutions or conclusions. Our participatory research process was a reflection-action-reflection cycle. Our action emerged from consciousness raising, not by analyzing our grief process, but by engaging in actions in order to transform our journey -- to come to a place of honouring who we are as women with infertility. The participants of this inquiry became participants in the research process rather than objects or targets of research, through their individual journeys they influenced this inquiry.

Phenomenological inquiry supports the belief that we can never completely come to know the full meaning of this lived experience. Therefore, the descriptions and interpretations can only serve to deepen our understanding which is always filtered through a reflective lens of our own knowledge and experience. Dana Jack's words of wisdom helped me to keep my focus, as researcher, during the data analysis,

> phenomenological inquiry [is] a descriptive approach that assumes that women are reliable witnesses of their own psychological experience [and] listening to women's reflections about themselves, paying attention to their words and recurring themes, can help us to restore their experience from invisibility, to bring it out from behind the screen of traditional interpretations (Jack, 1991, p. 23-25).

Research of this nature required an environment of trust, openness, and support, whereby reflection can occur and the theoretical foundations can be tested in dialogue

between participants and researcher. As women journeyed they felt safe, as both participants and readers, to speak and examine transformative possibilities which lead to consciousness raising. Drawing from a feminist approach, I anticipated this research would encourage deeper reflection which would illuminate the invisibility and distortion of our grief experience in society, as well as unmasking and validating our truths as infertile women. Each woman did explore, reflect, voice, and act upon her own subjective realities, lodged within a societal structure built on values which have historically suppressed her grief. This forum supported women in generating insights which added to their existing body of knowledge, through shared stories and empowerment.

Feminist theory supports the development of new language. The language used by each woman in this research honoured their unique voice and their unique journey. Their language resonated in their grief process. Identifying and addressing the use of language was a valuable component: to allow each of us to name our experience, to caution society in their exclusionary language and to remind others to be cognizant of the use of language.

The retreat forum provided the space and time for women to engage in self-exploration, without their process being interrupted by day-to-day life. This provided a sense of safety and validation which allowed grief to emerge. The common themes of suppression provided validation of how grief has consumed our lives. The support and connection experienced by the women grew as the weekend progressed, and this, I believe, further contributed to the sense of safety and validation which allowed for the deeper origins of grief to emerge.

Within the retreat weekend ritual, mind and body exercises which included chakra,

yoga postures, imagery, and journalling promoted a deeper exploration, where women could be encouraged, assisted and supported to engage in, and stay with, their own process of understanding their grief more fully. The counselling strategies created a personal and group experience which increased each woman's self-awareness of their own subjective reality as it related to the emotion of grief. Feminist counselors use experientially based counseling strategies which view healing and change as stemming from awareness and experience of self. Hence, feminist therapies have continued to seek experiential exercises and dialogue which encourage the development of deeper emotional awareness.

Trust is an important component in participatory research. Trust-building began from the initial telephone call, and continued through the individual interviews, the weekend retreat, and the follow up meetings. I believe that my attention to issues of safety, as well as exploring group guidelines and personal needs, validated each woman's journey as they shared their grief process.

My self-disclosure, as well as the co-facilitator's, was integral to the process of trust building. As a participatory researcher I respected each woman as co-researcher. I stated up front my experiences and motivation for doing the research and shared my journey along the way. Self-disclosure is an important component of any counselling relationship; the lesson for me was to set parameters for myself around the level of self-disclosure which would foster a therapeutic process. I attempted to maintain parameters throughout the research, though at times during the retreat this became quite challenging as the intensity of emotions and the strength of our connectedness as a group unfolded. I felt the grief and anger of the other women which touched my own grief and anger. I experienced an

overwhelming sense of humility as each woman shared her journey and insights. There was a connectedness and closeness with each woman which comes from a place of knowing. Through journalling, debriefing with my co-facilitator and my thesis supervisor, I was able to process what emerged for me.

Although my own experience has informed and shaped this inquiry, I have learned from it. Being a part of this process has tapped new insights and awareness for me about women's grief as they journey to honour infertility. This served as the basis for this thesis; grief is an ongoing dynamic process for women with infertility. I use the metaphor of peeling back an onion in which there are many layers and dimensions we must encounter and the tears flow with each new awareness. We pick up the next onion and try to create new ways of peeling back the layers (dealing with our grief and society's definitions or lack of a definitions) which involves less tears. Soon we can see what our path ahead looks like. We explore and talk about how we can hold the onion and value the tears it offers us because of its uniqueness. In this process we change our belief and we reach new levels of awareness.

My own personal experience throughout the process of this research was brought forward several times as I prepared the retreat weekend. My grief was no longer all-consuming. I had become aware of creating, constructing, and weaving changes into my life which gave voice to my own experience of grief which brings me to a place of honouring my infertility. The greatest insight for me has been learning to integrate grief into my life and to allow my grief a voice when it rises to the surface.

Counsellors may choose a retreat weekend, weekly group work, or individual

counselling as a way to support women in their process of grieving. We will undoubtedly be asked in our counselling work to "be with" people in their grief. Being present and supporting women through their grief requires that we are comfortable with the intensity of grief, moving beyond intellectualizing, or dialoguing about grief, to actually supporting people to feel the emotion of grief and be with their grief. This will require a determination of boundaries and safety (containers) for people to express their grief. It was my intent that the insights generated through this research will assist counsellors in helping other women to embrace and honour the experience and teachings that grief can provide women with infertility in their individual and collective journeys into Be-ing.

Grief is associated with death, which explains why society does not recognize grieving for women with infertility. Consequently, there is very little support for women to approach grief work as part of their healing process. This perpetuates the suppression of grief and shuts down the power of women sharing their infertility journey through grief.

I ended my introduction with this focus and I end my thesis confirming that the social definition of motherhood is strong and we live in the social margins. We are viewed with suspicion, pity, and are stigmatized as we struggle to create an alternative path. Our reminders are played out monthly in our bodies. For many females, conception is successful and they are welcomed into the journey of motherhood. On our journey we have risked moving past the fork in the road, moving past the medical profession, and travelling to a new destination. We are taking back our physical, emotional, mental, social, and spiritual bodies. This research project provided an in-depth understanding of the experience of grief for women who live on the path less travelled – grieving infertility. In my experience as

participant and researcher, we met these objectives. We have touched our grief and found our voice to say no to the societal structures that have suppressed our grief as we journey on a new road to honour our infertility.

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first another day!
Yet knowing how way turns into way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence;
Two roads diverged in a wood, and I –
I took the one less travelled by,
And that has made all the difference (Frost, 1986).

We have passed through many places without a map or a compass in our hand. We have many more roads to journey and in this process we will have given birth to ourselves.

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APPENDIX 1: LETTER

December 1, 1999

Dear _____;

As a graduate student in the Master of Education in Counselling program at the School of Education, Acadia University, I am currently engaged in research for my thesis on the subject of "Women's Journey to Honour Infertility: An Inquiry into the Grief Process." The results of this inquiry are intended to provide readers with more insight into the meaning and experience of women's grief and ways in which women's infertility can be honoured as a healing force for change.

Methods of data collection to be employed in this inquiry include an individual semi-structured interview, followed by a group process in the form of a weekend retreat, where a sample of four women will engage in an exploration of grief within the context of their own subjective experience of infertility. As researcher, I will facilitate with the research participants, a process of self awareness in regards to their grief, through dialogue and experiential exercises, in a collaborative approach to generating knowledge and meaning. The weekend retreat will be a shared facilitation. Myself and two professional therapists, one trained in the use of bioenergetics and the other trained in psychosynthesis. I am aware of the fact that your clients participation in this research could have therapeutic significance for them. I have therefore established as criteria for participation, that participants be engaged in a process of healing and have supports available to them upon completion of the research, in the form of a professional counsellor or therapist.

I am seeking referrals of women who are infertile and see grief as an issue currently impacting on their lives, to participate in this research project. Should you be aware of clients who might be willing and able to participate in this project, and may personally benefit from participation, I am requesting that you consider discussing it with them and offer my name and contact number if they are interested.

The confidentiality of women who volunteer their participation in the project will be respected, through a signed participant agreement including a release of information to communicate with therapists or counsellors with whom they may be involved, should myself and the participant deem it necessary.

Thank you for your consideration of this request and please feel free to contact me should you have any further questions or concerns regarding this research project. My phone number is 902-961-2795 in Prince Edward Island and 902-542-4897 in Nova Scotia. My email address is: cmeldershaw@pei.sympatico.ca.

Sincerely,

Corrine Hendricken-Eldershaw, B.A., MED Counselling (in proviso)

APPENDIX 2: INTERVIEW GUIDE QUESTIONS

Demographic Information
Name, age, socio-cultural background, marital status, occupation?

Exploration of Grief and Infertility
When did you discover your infertility?

What role has infertility played in your life?

What prompted you to want to explore participation in this inquiry into the grief process?

What is your present experience of grief in your life? What are your earlier recollections of infertility and grief? How do you presently deal with grief?

What does grief look like for you? What do you see as the impact that grief has in your life?

Can you briefly describe your family life, past and present?

Group Participation Screening Questions
Who are your present supports (therapist, family, friends, peer counsellors, community)? When do you need support? How do you access this support?

Can you talk about a time when you were in crisis? What does that look like - feel like?

Are you currently using any prescription or non-prescription drugs? Is alcohol use a concern for you at this time?

Have you ever been involved in a group experience with other women? If so, would you please describe?

If you were to participate in the proposed group as part of this research, what would you need to feel safe and comfortable for you to explore your grief more fully?

Describe proposed retreat and planned activities.

Are there any of these proposed activities with which you feel particularly uncomfortable?
Which would feel most comfortable to you, an outdoor space where we would be camping or a private, indoor space in a rural part of Queen's County?
Can you contribute a small amount of food for the retreat weekend? (Breakfast, casserole, sharing table)
Do you have specific transportation or childcare needs?
Which time frames fit best for you?
Explain confidentiality.
Would you be willing to share your personal journal reflections with me as a source of data for the research?
Would you be willing to have non-identifying information presented in the thesis report in the form of your voice texted?
Can you be available for a followup group meeting approximately two weeks after the retreat to participate in the data analysis?

APPENDIX 3: PARTICIPANT CONSENT FORM

My thesis research, entitled "Women's Journey to Honour Infertility: An Inquiry into the Grief Process", is conducted in partial fulfilment of requirements for a Masters of Education in Counselling Degree at Acadia University. My study seeks to understand women's experience of grief within the context of their own lives, through the participation of four women, participating in a semi-structured interview of approximately one and a half hours, followed by a weekend retreat. The results of this inquiry are intended to provide readers with more insight into the meaning and experience of women's grief and ways in which women's infertility can be honoured as a healing force for change.

As a participant in this study, your confidentiality and anonymity will be assured to the best of my ability. As a participant, it is important that you are aware of and agree to the following:

1. The interview session will be audiotaped and transcribed verbatim to be used as part of the data for analysis. A copy of this transcript will be made available to you during the course of the research.

2. Personal journals, written during the course of the research, will be made available as part of the data for analysis.

3. A final group session, to be held approximately 2 weeks after the retreat, may be audiotaped and listened to by myself as researcher.

4. Verbatim text may be used from the transcripts, journals or audiotaped observations and may become part of the text for my thesis report.

5. All effort will be made to ensure that any identifying information will be omitted from the text of the thesis report.

6. All journals and audiotapes will be heard only by myself, as researcher and will be destroyed upon completion of this research project.

7. You will be involved in the compilation of data for my research . You will have an opportunity to read any direct quotations and the analysis of data, as well as the final thesis report, to ensure that you have been quoted correctly and that only non-identifying material is presented in my thesis.

8. As criteria for participation in this research, I require that participants be engaged in a process of healing and have supports available to you upon completion of the research, in the form of a professional counsellor or therapist.

9. You have the right to withdraw form this research at any time.

I agree to participate in this research and understand and agree to all of the conditions as outlined above.

_____ **Date:** _____

Signature of participant

_____

Signature of researcher

APPENDIX 4: WEEK-END RETREAT: THEME RE-BIRTH

Friday

1. Welcome Gift Bags: candle (safety and spiritual light), journal books, education-kit, song sheets, fruit, water.
2. Forming the circle Introduction to "**rituals.**" An altar, celebration table (spoken, written, or visual gifts for self care)
3. Introduction to each other and the Weekend Process
4. Create **guidelines** (for safety light a candle)
5. Discuss choices to diffuse emotional pain.

First Exercise: Counselling Strategy: Progressive Muscle Relaxation.
Share what we bring and what we wish to take from our time together.
Individual Process:
Introduce journals. (In solitude and individually within group.)
Group Process (flipchart):
Share our offerings and our needs for the weekend.

Break

Second Exercise: Guided Imagery: Journey up the Mountain
We go up to find our wisdom to do the work this weekend.
Individual and Group Process:
What did the visualization call up for us?
Art Therapy (always available: pastels and paper)
Journal Writing (poetry)

Psycho-education: Bring handouts on Grief

Second Exercise: Plan B
Share our stories of infertility and grief:

☆Grief: denial, anger, isolation, depression, despair, hope, sorrow. . . .

☆social, physical, emotional, mental, and spiritual pain (holistic wellness)
Group Process ?:
Education: social, spiritual, emotional, physical, mental...
Individual Process:
☆What has kept us from grieving and releasing?
(Journal or Art)
☆Where is our voice held?
☆How can we unsilence our voice to get in touch with our held place of Grief?
Don't be afraid of the labour.

Check out:
☆Where are we at? ☆What do we need tonight?
Closure: Hold hands in circle offer gesture or sign to each member.

Saturday

Breakfast:

Bring Journals for first session. Corrine rolled towels and pillows. Resting pose

First Exercise: Music in Therapy: God of the Desert

Individual Journal Process in Group:
Please, bring in our Journals for this exercise
What does this song call up for us?

Play Opening Song: God of the Desert
Group Process:
What does this song call up for us?

Break

Psycho-education: Bring handouts on Grief - revisit.

Second Exercise Part A: Ground Chakra - Tree imagery
☆What calls up our grief? Grief process. Last night we discussed Grief.
☆Where is our grief held in our body? Talking about Chakras/Body
Group Process:
Educational: Grief and body work.
Individual Process:
Privately Journal about where our grief is held in our body.

Break

Second Exercise Part B: Doing Body Work – Chakras
Introduction to
Group Process:
Now, get in touch with the holding of grief in our bodies.

Break

Group Process:
☆Group Question: What happened to us physically, emotionally, spiritually, mentally ?
☆How has holding our grief been affecting our life?

Lunch 11/2 hours Self care: eat, pray, meditate, walk, sleep, journal writing time

Third Exercise: Guided Imagery: Journey Down

☆We go down to imaging the child, naming, holding -- to confront the mystical child and the loss of self.
☆What would we like to do with our child? What does it free us for doing?

Individual and Group Process:
☆What did the visualization call up for us?
(Art Therapy/Journal Writing)

Two Routes:
1. We are Liberated to do Gestalt work to clean up past pain.Gestalt
2. We are Liberated to experience re-birth -- to get in touch with our creative forces and re-birthing.

1. Gestalt:
Group Question: Would someone like to work on a particular issue?
- speak to the child they wanted to have
- draw room they wanted for their child
- what part of them was not birthed
- what their birth ideal is – experience what it is
- I would be a real person/ mother if ....

Individual/Group Work:
Empty chair (many chairs because we are more than one being)
Knotted towels
Movement to music
Psychodrama

2. Rebirth Process:
☆How can we integrate our re-birth this moment?
☆What is the one thing we can take away?
☆How do we move forward with hope and healing on our journey to honour infertility?
Visit our Holistic Model of Self-care – Rituals

Supper 11/2 hours:

Prepare celebration food for tonight
Individual Process: Journal writing

Fifth Exercise:
Any unfinished work???

Re-Birthing Celebration -- Emergence of Self (intentional and crazy)

Group Preparation:

Tonight we prepare for our re-birth of new ways of being in the world. Our journey this weekend through awareness, experiencing, and honouring our infertility in the grief process has brought us to a new re-birth. We honour our process through ritual(s) of re-birth. This is intentional and fun.

Individual Groups:

Group 1: Facilitators	**Group 2: Participants**
we prepare what the care will be like for each the woman born. Rose water Huge blanket Pillows Holding them Rocking them	Create and express re-birth. Write ritual. Tubing to go through Blankets to land on,

Group Process:

☆Holistic Model of Self-care.

☆How do we continue to honour our infertility journey through our grief process? Physically, emotionally, mentally, spiritually – Rituals.

☆What seeds will we plant? and

☆How will we hold the seed of life?

Celebration food **Fun music**

Check out:

☆Where are we at? ☆What do we need tonight?

Closure:

Hold hands in circle offer gesture or sign to each member.

Sunday

Breakfast:

Bring Journals for first session.

First Exercise: Music in Therapy: There is a Time

Individual Journal Process in Group:
Please, bring in our Journals for this exercise
☆What does this song call up for us?

Play Opening Song: There is a Time

Group Process:
☆What does this song call up for us?

Break

Second Exercise:
Re-visit our Holistic Model of selfcare that we discussed last night.
☆How do we move forward with hope and healing on our journey to honour infertility through our grief process?

Individual Process:
Personal Action plans – Rituals

Group Journal Writing:
☆How will I celebrate my woman-ness -- my aliveness?
☆What will I birth this year?

Break

Closure Third Exercise:
Any unfinished work???

Closure Fourth Exercise:
Group Closure Ritual

Group Process:
☆What will our closure be today? Group decision -- Termination ritual.

Next meeting date:

Lunch:
Soup and sandwich, sweet, fruit. . . Clean-up

APPENDIX 5: GUIDED IMAGERY
The Journey up the Mountain - Wisdom

INTRODUCTION

PROGRESSIVE MUSCLE RELAXATION

Make yourself comfortable.....you may place your feet flat on the floor with your hands on your lap. An exercise of this type often works better if you close your eyes. You can try with your eyes either open or closed, and if you find that you can't concentrate, you can always change your mind anytime along the way. Now let yourself become very quiet. Breathe in your nose slowly and breathe out your mouth, slowly. Become aware of your breathing. Breathe in your nose and out your mouth. Take a few deep breaths becoming slower. Beginning with your forehead, crunch your eyebrows together to tighten your forehead. Tense and relax. Moving to your neck, slowly move your head in a circle to the right . . . And now to the left, slowly coming to a comfortable position. Now, your shoulders - tense your shoulders by squeezing your shoulder blades together. Your hands, abdomen, bum, legs, angles, curl your toes and push your feet into the floor and release. Now, tense your whole body beginning with your face, arms, bum, legs, and feet. Tense all these muscles and relax. Breathe in your nose slowly and breathe out your mouth, slowly. Become aware of your breathing. Breathe in your nose and out your mouth. Take a few deep breaths becoming slower. Let all the thoughts of today leave you as you breathe in and out. You're becoming more and more quiet inside. The only thing you are aware of is your breathing more and more slowly.

GOING TO THE MOUNTAIN

We are going to climb a mountain where there is a special place.....a place just for you. We're getting ready to climb. Decide what you are going to wear.....what kind of shoes you will put on....running shoes or heavy boots....what are you going to wear? You might want to bring something for lunch with you.

TOWARD THE MOUNTAIN

Now we are on a road that is taking us directly to our mountain. And as you walk it comes early into view. Take a good look at it. Have you ever seen it before? What does it look like? Is it tall and steep? Or is it relatively low and easy to climb? What is the weather like for you as you begin your climb? Is it sunny?.....foggy?....raining? What season of the year is it? What time of day is it?.....morning?.....evening/afternoon? The road has become a path. Take a good look at your path. Is it rough and steep? Is it greasy? Is it well beaten down, or are you the first to come to it? Is it straight and narrow?....or is it winding? Are you alone or are there other people with you? And now you begin to climb.....is your path smooth or do you have to climb over big boulders and rocks? Look around you.....are there any trees? Are they dead or full of life? Or is there just rock? Are there any birds? Flowers? After you have taken a good look, just keep on climbing until you reach the halfway mark. Notice everything as you climb.

HALFWAY

We are halfway up now. It's time to take a rest. While you are resting, you can enjoy your lunch and look back at the scenery. See how things look different from up here....houses, fields, rivers, people. Look back at the road you have traveled. How does it look now?

And now we are ready to continue our climb. Just remember that you are going up for a purpose. You're going up to find wisdom. Is this second half of the climb any different from the first half? Notice the path, the scenery, the rocks, the steepness of the mountain. Are you getting tired or full of energy?

THE TOP

The top is just ahead of us. We're going to stop for a moment before our final steps to the top. Just sit down for a while and see if you can see anything: a bird, a flower, an insect, an animal, anything at all. And when you see something, ask it this question, "What wisdom do I have for this weekend journey?" Take time to listen to the answer. Are you surprised? Do you agree?

Now that you have your answer, you climb to the very top. . . look around. What does it look like from here?

LEAVING

Take a few more moments to look around you and remember what this place looks like.... this is your place. You can come here any time you want, and as often as you want. It is a sacred place for you. And now as you come down from the mountain, become aware of how you feel.....just being silent for a while? What is the path like as you come down from the mountain? In a few moments we will be returning to this room, but before you open your eyes, take a few moments to just stay with the meaning of the whole experience for you.

FOR SHARING

Describe your path; the mountain you climbed. What answer did you get to your question, What wisdom do I have for this journey? Anything else you would like to share?

Guided Imagery
The Journey Down

*Progressive Muscle Relaxation and Breathing from first visualization

You are in a forest with trees all around you. As you make a 360 degree turn you take in all that is around you. In the distance you see a path to a house. You follow the path. Notice the color of the house as you come to it. Notice the steps. You are now walking up to the steps and you open the door. Inside is a long hallway with many doors. You open a door and it leads downward.

ENCOUNTER YOUR CHILD
You look around and you see your child is standing waiting. When you are ready you show them a sign that you recognize them. What do they look like? How are they dressed? Look at their face....their eyes....and now you invite them to sit down....and you sit facing her or him.....and you look at each other.....you look into their eyes. . . . Become aware of how you feel when you look at your child. You decide to share your deepest moments with her or him.....a hurt....a decision....a disappointment....how does your child receive your words? Just stay here for a moment. Is there a question you need to ask? . . . . Listen to her or his answer. Is there something else you need to say? (Pause 2-3 min.)

THE FAREWELL
In a few moments your child will be leaving. Think of a way that you would like to say good-bye. And now you say good-bye. How do you feel as you watch them go away? Do you feel that they are gone far away? Or do you feel that somehow he or she is still with you? You go back up the stairs and out of the house. You return to the path. You are now standing in the forest with the trees all around you. It will soon be time to come back to the room, before you open your eyes, take a few moments to just stay with the meaning of the whole experience for you.

FOR SHARING
Describe the forest, your path, the house, where did you go down to? Share what you wish about your encounter with your child. What happened when they left? Anything else you would like to share?

Guided Imagery
Grounding Chakra Visualization - Tree of Life Meditation

Standing feet shoulder width apart
Feel the gravity moving through your body
Feel the weight of your body on the souls of the feet
Tune into the sensations in your feet and legs as your roots grow down into the earth and anchor this strong tree.
As the roots go deeper feel the strength of the tree
Gradually bringing awareness up to your arms notice your branches growing out to the sunlight seeking further growth and nourishment
Feel the nourishment and vibrations emanating up from the roots of your tree
in through your feet, up through your legs, to your genitals, to your belly, up to your heart, and through your spine, up to your head
Now become aware of the light in your own being - in your belly, in your heart area and moving upward, see the golden light or the great sun emanating down through the crown of your head, your spine, and feeling these three balls of energy meeting through your body.
Become aware of the heat and the energy, vibrating and emanating within your body like a candle on fire. *FEEL THE FULLNESS OF OUR EMPTY WOMB!

Guided Imagery
Opening/Grounding Chakra - Molten Earth

Standing feet shoulder width apart
Feel the gravity moving through your body
Feel the weight of your body on the souls of your feet
Tune into the sensations in your feet and legs
Gradually bringing awareness down through the earth into the molten core of the earth
Feeling the heat and vibrations emanating up from the center of the earth
in through your feet, in through your feet, up through your legs, to your genitals, to your belly, up to your heart, and through your spine, up to your head
Now become aware of the fire in your own being - in your belly, in your heart area and moving upward, see the golden light or the great sun emanating down through the crown of your head, your spine, and feeling these three balls of energy meeting through your body.
Become aware of the heat and the energy, vibrating and emanating within your body like a candle on fire.

This is your innate wisdom. Your body has such great power to heal.
In a wound eventually it heals over in a few weeks without our help - no matter what we do.
We have a choice:

1. We can nourish our body.
   Or
2. We can keep ripping it open.

APPENDIX 6: AUTOGENIC TRAINING
Yoga Breathing Exercise - Open and Ground Chakras

1. **Inhale** through your nose **Exhale** through your mouth
   Arms rising up over your head Arms coming down
Nice long cleansing breath Try to count slowly "in" for 6 counts than "out" for 6 counts...

2. Move both arms out from your **chest/heart area**
Again, Inhale through your nose, exhale through your mouth

3. Resting your left arm on your lap. **Open right arm** – palm open to front. Turn your head in the opposite direction looking over your left shoulder.

   Resting your right arm on your lap. Open left arm – palm open to front. Turn your head in the opposite direction looking over your right shoulder.

4. Nice huge **sunshine circle**:
   Inhale through nose arms rising up
   Exhale through mouth arms coming down.

5. Now roll your **shoulders** backward and up toward your ears and back (opening your chest) and down. Now in the opposite direction.

6. Stretch your **arms in front of you** and Interlock our fingers. Press forward nose to ward your chest to **stretch your upper back.**

   Interlock your fingers **behind your back** pushing away from your body. **Open up your chest** and lift up from your sternum.

7. Sit comfortably: **Left knee up** **Right leg out** and flex your foot
   Cross left foot over right knee
   Left arm down to support your weight and Right arm wraps around your knee turn your trunk to the Left and look to the Left over your shoulder

   Opposite side:
   Sit comfortably: Right knee up
   Left leg out and flex your foot
   Cross right foot over left knee
   Right arm down to support your weight and Left arm wraps around your knee turn your trunk to the Right and look to the Right over your shoulder

8. **Lie flat on your back** Extend your body stretching from head to toe.

9. **Roll to your side and gently raise yourself up** to a cross legged position.
   Take a nice deep **breath** in nose and out mouth and again

APPENDIX 7: ATLAS.TI CATEGORIES

HU: New Hermeneutic Unit
File: [C: Appendix Categories Codes]
Date/Time: 1999/03/17 - 04:32:33
Codes-Primary-Documents-Table

PRIMARY DOCS
CODES

Interviews

G: age 33/married 6
G: baby
G: baby/ do others?
G: bargaining/won't
G: doctor's appointm
G: family/ four/ sec
G: infertility yea
G: Librarian
M: afraid of Father
M: antidepressant
M: children
M: children/nieces/n
M: denial/grief
M: doctor/emotions+f
M: family not suppor
M: family/4/ 3broth
M: grief experience
M: Grief freer/pet v
M: grief/time
M: Grieve How?
M: grieving
M: Group/share pain
M: making decisions
M: married/4
M: Mother/disgust
M: Niece + Nephew/ n
M: no baby
M: Role?
M: sad/grief/let go
M: scared/voice/sing

M: therapist/grief +
M: therapist/nervous
M: time/therapy
M: verbal/sexual abu
R: age 30/ married 6
R: Bank Teller
R: comfort others wo
R: denial/grief
R: faith in God
R: family/only girl
R: fostering crisis/
R: fostering loss/ l
R: how? access suppo
R: infertility grief
R: infertility role/
R: infertility strug
R: infertility suppo
R: male support grou
R: marriage relation
R: Mom/not sharing i
R: other children/gr

First Journal Entry

G: anger
G: frustrated/at peo
G: Hope
G: play God
G: procrastinate/be
G: question other's
R: aged/tired
R: body image/morale
R: denial/grief
R: depression/anger/
R: God punishes
R: isolation/grief
R: kids/emotion/no c
R: need love/laugh
R: self esteem/lost

Retreat Journals

G: anger/grief
G: emotion/voice
G: God of the Desert
G: grief/down
G: journey down/my girl
G: mental care
G: mountain
G: physical care
G: sad/grief
G: share women's journey
G: spiritual/gratitude journal
G: wisdom/share care
J: anger/God
J: anger/grief
J: brendon/preoccupied
J: Child/lonely + sad
J: children/don't deserve+enough
J: congratulate self
J: Dear God
J: Dear God Message
J: Emotions Voice/scream
J: Emotions/music+support
J: envy/grief+denial
J: fear leaving
J: grief/let go+move on
J: holistic/ all me
J: hope/grief+frustrated
J: infertility journal
J: infertility journals/grief+disappointment
J: infertility/grief...
J: inner peace+selfworth
J: Mental/packrat Mind+Home
J: music+open chest area
J: peace/beauty/bond/Grief
J: physical body/free+nurture
J: rebirth/healing pain
J: receive care/humbling
J: resistance to retreat
J: rituals
J: Spiritual/daily meditations
J: time off
J: wisdom/freedom of choice

J: Wisdom/new risks
M: Gestalt /Anger
M: grieving
M: hope
M: journey down
M: nervous
M: peace
M: purpose/wisdom
M: rebirthing
M: termination
R: acupuncture/back and head pain
R: afraid/grief hurt husband
R: anger/grief
R: anger/husband grief
R: emotional care
R: emotional health/husband better
R: hurting/husband/grief
R: let go
R: Linnea Good/song grief
R: mental care
R: new life/ecite+hope+fait
R: no child/fear/grief
R: no strength/encourage-motivate
R: physical care
R: physical/grief
R: quiet/music
R: rebirth/changes
R: relaxed/peaceful
R: sad/husband alone
R: scared/acceptance=end
R: scared/grief
R: scared/unknown
R: self blame/bad
R: song/there is a time
R: Spiritual care
R: stress and pressure/grief
R: tension and pressure/grief
R: through grief/Love Jesus
R: tree/grounding

APPENDIX 8: THEMES

1. An infertility diagnosis begins the suppression of the early phases of grief in particular, denial and frustration.

2. Women with infertility suppress grief.

3. Suppression of grief leads to a negative impact on women's bodies.

4. Women with infertility link grief to societal and cultural expectations.

5. When infertility is honoured and grief emerges it is hope and faith which sustains women on their journey toward healing -- a Re-birth.

APPENDIX 9: GROUP GUIDELINES

1. Confidentiality: What is shared within this group will remain here; it is okay to acknowledge and greet one another outside of the group; non-identifying sharing can occur outside of the group; our own experience of the weekend can be shared with another outside of the group.

2. Safety: Crying is okay: Our boundaries around crying- don't offer support, words, or touch unless invited by person.

3. Respect the principles of the Sharing Candle.

4. Be open to the triggers and the process of grief. When experiencing grief, it is not okay to hurt ourselves, or to hurt someone else.

5. Try to stay with the circle. If you have a need to leave, please share this with us. Let us know if you need a break.

6. Ask questions at any time.

7. Share the rocker in the kitchen with others.

APPENDIX 10: HOLISTIC PLAN FOR SELF-CARE

Today, I am making a commitment to myself to care for myself in the following ways:

Physically: I will . . .

Emotionally: I will . . .

Socially: I will . . .

Spiritually: I will . . .