

Chapter 7:

“A successful man is one who can lay a firm foundation with the bricks others have thrown at him.”

David Brinkley (American journalist)

This chapter is all about men and for men, about their responses to diagnoses of infertility and how best they can be helped. It features personal accounts from several guys who share their experiences of struggling to conceive, either with fertility problems themselves or as the partner of a woman receiving treatment. However, I feel that it should be acknowledged upfront that it is written by a woman – so I hope the case studies you meet in this chapter speak to you more eloquently and helpfully than I could ever hope to!

We know that men and women are different – but these differences not only remain but often become more polarised when a couple is having trouble conceiving. Under stress, we all tend to cope in more extreme “gendered” ways – women reach out as men become more distant – so it is hardly surprising that fertility treatment highlights the gender divide so starkly.

Pip Reilly, a counsellor at the Bridge Clinic in London with years of experience working with both couples and individual men undergoing fertility treatment, is convinced that the only way to achieve any kind of bridging of the gulf between the sexes is to understand and respect each other’s differences. “The male has masculinity and ego and the female needs to understand her emotion,” he says. “The two opposites, at best, complement each other. At worst, a wedge goes between the two. I would say something like 50% of the couples I’ve seen have

ended up on the rocks because of fertility issues and that is particularly down to inability to communicate.”

In 2009, Pip conducted some research with couples undergoing fertility treatment. During the first cycle, the couples tended to rely on each other for support. When it came to the second cycle, the statistics were somewhat lower but remained largely the same. By the time the third cycle came around, the majority of females had turned to their friends as a first point of support, while the men continued to look to their female partners to help them cope. Tired of “coping for two”, the women forged more diverse external links where their emotional needs could be better met, the men, whether from shame, fear or a combination of the two, closed ranks and tended to isolate.

Sammy Lee, in his book, “Counselling in Male Infertility” (which we will hear from in more detail later in the chapter), notes that, “men are generally reluctant to consider support let alone formal support such as counselling. [They] seem to want to cope on their own, resenting intrusion.” At the time of writing in 1996, Sammy found that men were more receptive to more distanced, one-way communication such as newsletters – in 2010, the first place people tend to go for information is to the internet, which has the added bonus of enabling men to communicate with another person, but retaining a physical and psychological distance.

Pip Reilly founded MENSFE, a website that gives men dealing with infertility a place to get the information they require and the opportunity to ask questions and share stories on the talk forums and blogs. However, for many men, simply

reading other's very personal stories is challenging enough. Pip relates, "I noticed one blogger wrote something on the boards bemoaning the fact that there were very few new conversations and yet he knew that there were more and more men reading the blogs as the site numbers had increased. One guy came back to him and said, 'you have the capacity to tell your story and articulate it very well. It's not that we are not there with you, it's just that we can't do it.' And that was an incredible statement. It is simply very difficult for a male to communicate on this level."

The topics in MENSFE's forum range from "women's reactions to male infertility" to "dealing with doctors" and even "funny stories", further evidence (as we saw in Chapter 1) that humour can be a real lifeline when you're struggling with issues that strike at your very core. The tone of the posts is friendly and supportive, but you would certainly not mistake it for a women's chat site. Other than the "general discussion" topic, the largest numbers of posts are found in the "funny" or "let off some steam" sections, which may be indicative of the need for men to find emotional release anonymously where they feel it would be inappropriate or simply impossible with their partners.

The supportive male partner

While there may be similarities in the ways in which men typically react to the news that conceiving might not be as straightforward as they had hoped, there is of course a huge difference between those whose partners have the issues – and those with whom the "fault" lies.

Men whose sperm test results are satisfactory may feel an initial sense of relief, as their masculinity has not been affected in the way it can be when there are problems with the sperm. However, this relief is often followed by feelings of fear and powerlessness that they are unable to support their partners as they would wish.

In group therapy sessions, Pip reports men being “terrified of saying the wrong thing. Hormones are running high, emotions are running high, and one of the major things they share is their fear of not knowing how to help their partner. They may think, ‘ok I’ll give them a cuddle’. And the cuddle’s wrong. They may sit down over dinner and try to connect – but it’s an inopportune time to talk. So the analogy they use is that it’s like walking on a razor’s edge and they could fall off either side at any time.”

Let’s hear from Will, who found himself cast in the role of “strong supporter” while he and his wife were going through treatment.

Will’s story

The greatest problem at the beginning was that they never found a specific problem as to why we couldn’t get pregnant. My sperm test was fine, and although my wife had a reduced ovarian store, it wasn’t impossible that it could happen naturally. But because we’d been trying for a year and their view was that if we were going to have IVF it would be better sooner rather than later, we went ahead quite early, relative to other couples. There was also quite a lot of pressure and anxiety about wanting to get pregnant and it not happening, so we were

quite keen to do something proactive about it. I think the chances of us conceiving naturally were probably reduced because there was so much tension around.

I think things were different for me, because I hadn't been thinking about having a child for years and years, whereas my wife had. She was more pessimistic about things possibly not happening, maybe because she'd thought about it a lot. I was just hoping she'd get pregnant so I didn't really pay attention to the details, like exactly how long we'd been trying or what might have been all right or not all right.

But we were both keen to get on with what would give us the best chance (in our case, IVF), and that was what the clinic recommended. We didn't want to try other treatments if we would eventually end up with IVF anyway. I'm very glad that we took that approach and began treatment when we did – trying to conceive naturally had become quite depressing.

I didn't really talk to anyone other than my wife about it in any great depth. I mentioned it to a couple of friends but not the minutiae. I had to talk to people at work about it as I would be needing to take time off but it wouldn't have been my mindset to talk to loads of people anyway.

My experience of the clinic was essentially fine but I imagine it's very different if there is an identifiable problem with the male partner. Where there's nothing wrong with the sperm, there's only so much you can do, you just end up supporting your partner more. They did offer us counselling but at that stage neither of us felt we wanted it. Maybe if things had gone on longer, we might

have done. But I know my wife got a lot of support from INUK.

Before each cycle I would stop drinking and take lots of zinc tablets and eat a very healthy diet which got a bit depressing as it went on for a long time.

Mentally, I certainly felt that it was necessary to build up towards the possibility that it might not work, which I guess was important for me but also in terms of me being able to support my wife in case things didn't go well. There were definitely times when I felt that I needed to be strong enough to look after both of us.

It's a very odd thing in terms of the process you have to go through in order to get the necessary bits in the test tube together. They did the sperm tests and then there were two more occasions where I had to provide a sample for the treatment and it definitely became more stressful - you get shown into this slightly grubby room with second hand porn mags lying around...it's definitely not fun! But I acknowledge it's a relatively minor part of the stresses involved in the whole process.

We went through three cycles, one with a frozen embryo, and had decided we'd do one more after that and if it didn't work, that would be it. We had talked about adoption, but as we went along it became more difficult to imagine as we were so focused on the process of having a biological child. But I'm absolutely sure we'd have done it in the end. As it is, the cycle with the frozen embryo was successful and we now have a beautiful three month old daughter.

In retrospect, I think it would have been more helpful for my wife had I engaged more in the details of the treatment. It was probably part of my coping mechanism – if I didn't know much about it I didn't have to worry about it, but of

course it meant she was unfairly burdened with the knowledge. Then again, maybe that distance helped me support her better.

But that is the one thing that maybe with hindsight I could have done a bit more. I honestly don't think that fertility treatment can be in any way a pleasant experience and the most important thing whatever the outcome is to try and recognise that there is something beyond IVF.

The infertile male

The adjective that seems to crop up time and time again when describing the man who has either no sperm or very poor quality ones that hinder conception is "isolated". According to Sammy Lee, "men's right to be supreme is challenged in cases of male infertility, so that not only is the diagnosis a shock, his male ideology as a whole is also challenged. Thus the whole idea of being a man is at stake, effectively a man's entire self-belief system is demolished with one blow, thereby placing him in a state of crisis."

This "crisis" will typically manifest itself in depression, anger, and, sometimes, impotence. Lee estimates that up to 25% of couples experience problems with sex when the male partner's infertility is identified. Feeling less of a man, and with the "reason" for intercourse removed, the libido may fall, causing further anxiety within the relationship. The man may also be affected by his friends trying to trivialize or make a joke of his feelings (apparently a common response is for them to offer to "help out with the wife".) It is small wonder, therefore, that Lee identifies siblings as being a good source of emotional support for the infertile

man – parents may well be too wrapped up in their desire for grandchildren to see the matter clearly, while sensitive male friends are, sadly, quite rare.

My husband Damion was lucky in that he did have good male friends to talk to and, perhaps unusually, was willing to open up to a counsellor. Here's his story.

Damion's story

I first knew there was some kind of problem when we'd been trying for a while and I went to see my GP for a check up. He was pretty blunt when he delivered the test results – basically he said there was no sperm in what they'd tested. He obviously had no idea how to handle it and was really brutal. I felt like I'd been kicked in the gut, it was such a blow.

I'd thought there might have been a problem as I'd had an operation on a torsion (where the tubes in the testicles are twisted) when I was sixteen and they said it might cause problems in later life but I didn't really take any notice at the time.

I'm glad I didn't, to be honest, as that would have really affected my relationships and how I viewed myself – it would have limited me in lots of ways.

From the moment of diagnosis Anya and I went off at different angles. She was very action based and immediately started looking into options whereas I was still very emotional. So at her suggestion we went to see a specialist who had to do a biopsy on me – they said that what had happened when I was sixteen was almost like I'd been given a vasectomy. But the specialist was hopeful as they did find some live sperm they could work with.

I remember I was an emotional wreck and my identity was very much tied up with

being able to have children. Looking back I let it define me, and I wish I'd understood at the time that your identity isn't dependent on your circumstances. I knew how desperately Anya wanted children and I became a bit of a martyr, saying, "we should call it a day, you should go off and have them with someone else". I'd get cards from friends announcing births or they'd tell me about pregnancies and I'd think "you lucky sods". I know you shouldn't begrudge people but I did – all I wanted was for us to have children and it was very difficult to climb out of that situation.

At the time we didn't know anyone else who was going through the same thing. I did manage to find a male counsellor who was very supportive and my friends were really good, but I deliberately talked about different things when I was out with them. My friends helped remind me who I was, rather than just a body with hardly any sperm, but I would have also appreciated the chance to talk to other men in my situation.

It was important for me to actively do things to make me feel better and to focus on our relationship, which is why I'm glad I didn't know about the problem before we were married. It's important to do normal things like go out for a drink or see a band. Not to pretend, "everything's normal, everything's fine", but to remember who you are other than one half of an infertile couple.

It still affects me even today. In retrospect, I think it would have helped to look at ways I'd got through difficult situations in the past as I know that had helped Anya. And I'd say to any women reading this that we men also need to be reassured that the relationship is more than about having children. We love to

hear how good we are at things and how much we mean to you. I needed to hear that our relationship was more important and that we could deal with this together.

I asked Dames if he could think of any advice or coping strategies he could offer male readers of this book. Here are his tips for getting through.

- Infertility is a medical condition. It is not your fault. Please write this down and remember it when things are tough. You may feel guilty, but IT'S NOT YOUR FAULT.
- Try to remember that your partner is with you because they want to be, and because of the man you are. They fell in love with you before you started thinking about children and that love is not contingent on whether you can have children or not.
- Don't punish yourself. Try to redefine yourself by your interests, your beliefs, your friends and family. Learn to enjoy being you and give yourself a break.
- You are allowed to feel the way you do. If things are too painful for you to talk about with your partner then try and find a counsellor or therapist. A stranger with an objective viewpoint and no agenda can be incredibly liberating to talk to.
- Decide for yourself what you can or cannot deal with emotionally in terms of treatment options. Be realistic and honest, whatever you think your partner would like to hear and don't let anyone pressurise you. Some of

those decisions will affect the rest of your life – and potentially others.

- Keep yourself fit and healthy to optimise your chances of conceiving. You'll probably feel better and look better too, which can be important at a time when the ego is taking a battering.

Donor Insemination

Donor Insemination (DI) is most often used when the male has no sperm and it is very unlikely that surgery to retrieve them would be successful (irreversible azoospermia). In terms of fertility treatment it is often considered as a last resort and for some, a step too far on the road to conceiving a biological child. It also has the most significant repercussions, both physically and psychologically and everyone who chooses DI must undertake mandatory counselling. So many questions arise with DI – both for the woman (will my partner leave me and the child if it's not biologically his? Will he consider the donor a rival? How will this affect our wider family and friends, will they understand? Will I feel the same about my partner?) and the man (Will I love this child enough? Will we feel like a proper family? What will my friends/family/colleagues think? How will our child react if/when we tell him/her?). And of course, many others too numerous to relate here.

Sammy Lee's experience in counselling men going through DI is that although some men easily come to a decision, the majority agonise over it for some time. He sees that it is mainly the woman in the couple who initiates DI treatment, and claims, "the vast majority of men have grave reservations about DI although they

may agree to accept the treatment”, viewing it as a kind of “gift”.

Couples (or indeed single people) in the UK looking for information and support about donor conception will find personal case studies and materials on the Donor Conception Network (DCN) website, which also includes information for single women and a section dedicated to men. Lee is one such man who reached out to the DCN when he was confronting the implications of fathering a child through donated sperm.

Lee's story

I'd had a nagging doubt at the back of my mind about my fertility particularly since Kate and I had been trying for a baby for months and nothing was happening. To give a little history I was born with undescended testes and then had a torsion when I was 14 which required surgery to correct. After many months of trying without success I decided to look at the internet for information about torsions. I was shocked to read something about “compromised fertility”. No one had ever said anything about that to me!

I eventually plucked up the courage and went to the GP for some tests, and after a few weeks was told the results by a doctor (with very poor English and an even worse bedside manner) “They're all dead”, he said, referring to my sperm. We asked to see a different doctor and he brought up the test results on the screen. I saw a word there – “azoospermia” – and I thought, “I've seen that word before and it's not good.” He confirmed that they'd found literally no sperm at all and that I should go for another test but shouldn't really expect to be having any children.

And then he packed me off on my way.

We were completely and utterly in shock. I had literally no idea what was happening or where to go next so went back to the doctors that same day to ask if there was anyone I could speak to. He said, "I don't really know, I've never come across male infertility this severe before". We had no help whatsoever and this went on a few months, but in the meantime we'd been to an open evening at CARE in Nottingham, we'd found the DCN and I'd also come across the website Fertility Friends where I posted quite a lot and got support from other people in similar situations.

When I found out I couldn't father my own children without some serious intervention I also discovered that I had a few other health issues that could be passed on, I decided the buck should stop with me genetically. I thought maybe I'm infertile for a reason. I didn't want to go through the trauma and expense of trying to surgically retrieve sperm only to have a child and pass on an illness, I came to the conclusion quite quickly to use donor sperm. It wasn't an easy decision but it seemed to be the logical choice.

I did have some concerns about the donor –I wanted the man who would be providing what would have been my half of the genetic material to be someone I felt a connection with. I got quite angry after I filled in the form that just asked me about my eye and hair colour and build, etc. I felt I was much more than just those simple physical details. Further down the line once you have a basic match you do get told much more detail about the potential donor such as occupation, hobbies etc, which made me feel a little bit better. I've since found out that the

donor sometimes writes a goodwill message to the donor conceived child and the parents that can fill in some of the mystery but this is only available once the child is born.

It did take me a while to come to terms with using donor sperm, you have to grieve for your lost fertility, grieve for the child that's lost in your mind. We went through some tough times. Kate was very, very upset and I felt it was my role to make sure she was ok. Up until we saw a counsellor (through CARE) I didn't focus on anything other than work and the little practical milestones in the process. I don't actually think I fully dealt with it emotionally until Thomas was born. And I can remember being frightened about how I was going to feel at the point the baby was born because I didn't really feel a connection to Kate's bump when she was pregnant, even though I could feel it kicking and moving around. The only thing I did in the whole process was to choose a donor. Once Thomas was born I felt useful again.

Having Thomas has been so amazing I feel that I owe something back. I do some work with the DCN, and I've signed up to being a facilitator for some of their groups. Not one of my friends has even considered being a donor and I don't want to push them but I would be absolutely made up if they did. Kate is going to be an egg donor and we're planning to do egg share IVF using the same donor sperm to hopefully have a full sibling for Thomas. When he was younger I thought I definitely didn't want another as I couldn't imagine loving another being as much as Thomas. However now I would like another child not only to complete my family but also for Thomas to have someone else to go through the

journey with.

If I was to give two pieces of advice it would be to speak to someone as soon as possible about how you are feeling. Demand that the doctor sort out some counselling as you will really need to deal with the emotional fallout. Men generally find it very difficult to talk but try not to clam up. Keep talking to your partner as you will have to make some tough choices together. Second piece of advice is try not to think ahead too far. Bite sized chunks are much easier to deal with.

Pip Reilly describes the experience of counselling infertile men as analogous to working on a jigsaw puzzle. He explains: "You start by examining what's there, all the feelings and fears, then you try to put the jigsaw back together so there's clarity. And through the clarity you can put back some coping strategies for them. That's the end of the process".

What coping strategies does he normally work with? "The typical thing I ask is, 'what do you love doing? What did you last laugh about? When did you last really relax – what were you doing?' So you work out what they love doing and from that you can work out a coping strategy that will take them onto the next level. Whatever works: it's their journey".

