



# A Spring in the Desert: Infertility and Merciful Accompaniment\*

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## Abstract

The mystery of love as it unfolds in marriage is an adventure filled with wonder and anticipation for what the future holds. Such is the excitement and optimism of the couple embarking on family life by actively trying to conceive a child. For the couple struggling with infertility, however, joyful anticipation can soon devolve into anguish as they realize that their hoped-for children might not come.<sup>1</sup> Though the pain of infertility is a shared experience in marriage, it is to the woman that evaluation, testing, and treatment is often directed. She may experience infertility as an assault on her feminine identity, her marriage, and her faith, leaving her vulnerable to reliance on scientific and technological solutions as the only relief for her pain. This turn toward science, if not integrated into the larger framework of overall health and well-being, has the danger of making the natural, good desire for a child into a quest to achieve a single-minded goal. When the child becomes a “goal,” husband, wife, and potential offspring become (unintentionally) objectified, and the woman’s identity and the future of her marriage rest precariously on the shoulders of an ideal. It is within the context of the authors’ lived experience of infertility, as well as hundreds of encounters with women in the Springs in the Desert community, that the authors contend that it is necessary to integrate the pain of infertility into a framework of *merciful accompaniment*. Pastors, physicians, and Fertility Care Providers are all uniquely well-placed to offer support and encouragement that affirm the intrinsic dignity of the wife and her husband, and the truth of their marriage as a witness to Christ in the world. When they meet the woman amidst her pain and longing, they can help her to understand infertility as a *circumstance* and not her *identity*. When the pain of infertility is seen and acknowledged, the medical and pastoral care she receives can positively impact her overall health and wellbeing, help her to turn to her husband, and ultimately encourage her to find God in the midst of the struggle.

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## Into the Desert

[Hannah] was deeply distressed and prayed to the Lord, and wept bitterly (1 Sam 1:10 RSV-CE).

The cry of Hannah in her barrenness echoes down through the centuries in the heart of every woman whose longing for a child goes unfulfilled. Whether she has more difficulty conceiving than expected, has lost a child (or children) in pregnancy, receives a diagnosis that makes pregnancy unlikely or impossible, or is in or beyond menopause, the pain is deep and cuts to the core of her identity as a woman. Infertility affects a woman physically, emotionally, and spiritually, but its effects are even broader. Often misunderstood and mislabeled as “a woman’s problem,” infertility is a shared cross between husband and wife, and they can either experience a deeper bond through it or be crushed by its weight. Because it is a shared cross within marriage, a man’s reproductive health must also be evaluated and treated, as necessary.<sup>2</sup> It cannot be denied, however, that it is the woman who is impacted by infertility in a unique and particularly deep way because it is within her body that new life is conceived.

It is to the woman that doctors often initially turn when diagnosing infertility, leading her to undergo testing, and possibly exploratory surgeries and treatments. The woman typically searches the internet looking for answers or a solution to why she cannot get or stay pregnant. Social media becomes a double-edged sword as she finds both an online “support system” and examples of family life filtered to perfection and a standard that no one could ever attain. Month after month, the continual return of the woman’s cycle can be experienced as a “funeral-type” loss; a loss not only of the potential for

conception but of the dreams of what her marriage and family would look like. She may be tempted by the thought that a child would be the ultimate fulfillment of her marriage and her own purpose as a woman. Challenged by monthly disappointment, the side effects of treatment, and perhaps beginning to wonder where God is in this struggle, she can become vulnerable to the promise that science holds the ultimate solution, having the power to remedy a situation for which she feels utterly powerless. It is in light of this reality that we will consider the female view of infertility and its impact as it relates to the shared experience of the married couple.

Although the cross of infertility weighs most heavily on the couple involved, its impact on the Body of Christ is not insignificant. Pastors are frequently unaware of how prevalent infertility is among their parish family or are ill-equipped to accompany and offer support. Parish and diocesan groups focused on single young adults or families do not account for those struggling with infertility or loss, and therefore do not offer a place for women engaged in this struggle to find solidarity and community. Fellow parishioners, though well-meaning, may ask intrusive questions, make insensitive remarks, or offer advice and solutions. Such responses may cause those dealing with infertility to be less likely to share their struggle and to feel disconnected from parish life, perhaps opting to come for Mass and leave hastily when it ends. All of this is obviously detrimental to the spiritual welfare of the one in pain, but it also leaves the pastor and parish family without opportunities for empathy or accompaniment. Women who are suffering feel isolated and misunderstood, while the parish family is either unaware of the crisis or unable to adequately meet those suffering where they are. Thus infertility is as much a

spiritual crisis as a physical one, and it cries out for *merciful accompaniment*, affirming the dignity of the body (even in its brokenness) and the profound witness to the good of marriage that those struggling with it offer to the Church and the world.

### *The Depth of the Suffering*

This is what prayers arising from the soul's pangs are like: her [Hannah's] mind took the place of paper, her tongue a pen, and her tears ink; hence her appeal has lasted to this very day. Such letters, in fact, prove indelible, dipped as they are in that ink.—St. John Chrysostom (2003, 78)

Infertility is a silent suffering, with those affected hiding in plain sight. To be sure, they benefit greatly from charting their cycles, and availing themselves of testing and treatment, especially from faithful Catholic doctors trained in Restorative Reproductive Medicine (RRM). Care for the physical health and well-being of both women and men is not only important to optimize fertility, but also honors the sacredness of the whole person, body, and soul, created in the image of God. However, undergoing testing (such as blood draws and ultrasounds), enduring exploratory procedures and surgeries, and taking medications (e.g., hormone treatments, injections, medications to induce ovulation) can have physical as well as emotional side effects. The pursuit of licit fertility treatments can uncover underlying issues that will improve a woman's overall health, and may even lead to pregnancy, both of which are highly desirable results. Yet, the woman may view the restoration of her bodily health to be secondary to conceiving, even to the point of pushing her body to its limit. She may focus on her body's brokenness, on the ways it is failing her, thus feeding the false belief that she is not fully a woman if she does not have a child. This attitude, coupled with the psychological pain that accompanies the unmet desire for a child, makes even a faithful Catholic vulnerable to the tempting but

dubious promises of Artificial Reproductive Technologies (ART).

Attending to a woman's emotional and psychological well-being is essential, since testing and treatments (and their side effects), hormonal shifts, the monthly disappointment of negative pregnancy tests, and the onset of menstruation all create stress and emotional distress (Narawane 2022). Added to this are the feelings of inadequacy as a woman, and the isolation and shame she feels when it seems as if everyone around her has children, and she is left with nothing to share in common. Social media exacerbates these feelings, and a woman may be plagued by sadness and longing, as well as anger and jealousy, with no real outlet for her feelings. She may think that to reveal jealousy or sadness over a pregnancy announcement, or to decline an invitation to a baby shower or baptism would be seen as petty, ungrateful, or simply selfish. Such thoughts are often manifestations of fear and insecurity, but they are sometimes borne out in the harsh comments and chiding from family, friends, and even priests in the confessional. Once again, the emotional walls go up, and fear of reproach leads to further isolation and emotional distress.

Apart from the internal suffering experienced in a season of infertility (emotional distress and grief, marital conflict, negative physical effects of tests and treatments, and the test of faith), couples face varying degrees of pressure from without, including from family and friends, well-meaning acquaintances, and even healthcare providers and pastors. Such "pressure" is unintentional since it is natural and reasonable to ask a couple whether they have children and how many. Parents have a good desire to be grandparents, and friends are eager to celebrate with the couple as they embark on the adventure of parenting. Well-meaning acquaintances and strangers may also inquire as to a couple's family size in the course of normal conversation. Again, it is natural to make such inquiries, particularly in Catholic circles, and there is no ill intent present. And yet, women struggling with infertility do endure emotional

pain from both loved ones and strangers whose reasonably expected questions cross the line into prying and hurtful remarks. Such remarks range from asking when a couple will “get started already,” or “What are you waiting for?”; to queries about why, *specifically*, no children have come (e.g., “Which one of you is the problem?”). Parents and in-laws sometimes exacerbate a couple’s pain by asking when they will finally be “given” grandchildren. Expressing such hope is normal but can unintentionally hurt the couple who feels that they are not only carrying their own grief, but are letting down their family. These feelings of disappointing others may even extend to their doctors and to the fertility care providers who examine their charts and create treatment plans that will optimize fertility. If a period of infertility extends for months or years, the woman, for whom testing, surgery, and medications may be prescribed, could feel reluctant to pause or stop treatment entirely due to the pressure to “just keep trying.” She may also fear being perceived by her healthcare providers as unwilling to do what is necessary to optimize fertility and conceive.

Every marriage requires work to make it flourish. Difficulty conceiving and the frustration of their natural desire to start a family after months or years may become one of the couple’s greatest challenges in their marriage. Couples dealing with infertility often find they must work especially hard to nurture their relationship, communicate honestly and openly, and maintain a sense of playfulness and joy in their marriage. They may lose sight of the importance of nurturing their marriage in favor of prioritizing the conception of a baby as their single-minded goal. Those around them (parents and in-laws, friends, etc.), expectantly waiting for a baby announcement, may unintentionally feed the pressure to “achieve the goal.” Spontaneity is often sacrificed so that intimacy can be directed toward the fertile window (the time around ovulation when pregnancy is possible). If the couple comes to approach the marital embrace as primarily *functional* (i.e., that which is necessary

to enter into at specified times in order to optimize the chances of conception), rather than as an expression of love and an opportunity to bond with each other, their relationship can be harmed and the marriage potentially put at risk. Assuming that the couple enters into marriage in love and good faith, consenting to an orientation toward the goods of marriage (Catechism 1994, §1643), a slide into functionality is, of course, unintentional. Yet, the pressure to perform, coupled with the pain of an overwhelming desire for a child, can lead one or both spouses to view their sexual relationship as a means to an end (conception), rather than a gift of self in love and joy. As the unity of the spouses slowly erodes, there arises a threat to their relationship that cannot be understated.

It is important to mention here that infertility itself is a *loss*, even if it is not accompanied by the tangible loss of a child through miscarriage. Yet many women either do not acknowledge it, or they believe they have no right to grieve. This may lead to stifling emotions, which can create greater emotional distress and inner conflict. Grief is a unique experience for each individual person and is generally expressed differently by women and men. Shared grief can unite the couple spiritually and emotionally, or it can become a source of conflict, especially when one expresses it more openly than the other. Oftentimes women experience deep sadness expressed in their tears, withdrawal from social situations, and sometimes bouts of depression.<sup>3</sup> When their husbands show little or no outward emotion, wives may (incorrectly) assume them to be uncaring or indifferent, and lacking in the same desire for a child. In the worst case, conflict ensues as communication breaks down, and neither spouse may feel heard or understood.

Beyond the physical and emotional suffering, infertility can take a spiritual toll, often testing one’s faith and making prayer very difficult. The woman carrying the cross of infertility may fear she is being punished for past sins, feel abandoned by God, or worse yet, believe He is present but simply indifferent

to her suffering. Prayer can become performative and thought of as just one more tool that must be used to achieve the goal of conceiving. Again, this slide into “perfunctory prayer” is not intentional but happens out of the desperation the spouses feel over their situation. Added to this tendency toward prayer as a means to an end (or even a negotiation, rather than a relationship, with God) is the external pressure from well-meaning friends, family, and pastors, who offer a list of specific saints, novenas, prayers, and rituals (e.g., consuming powder from the Chapel of the Milk Grotto) that can border on the superstitious. Those struggling with infertility can and should have recourse to prayer for their needs because God wants their good, and though He knows them better than they know themselves, He wants them to communicate with Him and share their heart’s desires. Though their desires may not always be fulfilled in the ways they want, their prayers never go unheard, and God never withholds His love or gifts from them. With the stakes so high and the desire for a child so great, there is a real danger of prayer becoming a negotiation, and the relationship with God becoming *transactional* or broken entirely. This break in relationship with God, or the experience that God is silent or absent, causes great pain and emotional suffering.

Just as the threat of viewing one’s relationship with God as part of a “transaction,” the spouses struggling to conceive may, over time, come to view their intimacy—and each other—in the same way. Thus, the giftedness of the spouses and their bodies is threatened. To be clear, charting a woman’s cycle and timing intercourse during her fertile window is a *good* which is oriented toward restoring the body’s health and natural functioning, as well as optimizing the potential of creating new life. But when intimacy becomes a necessity rather than a self-gift, it can feel more like a technique and less like an act of love. Perhaps this flawed understanding of intimacy contributes to the decision some couples make to resort to ART in their desperation. If sex has already become to them a kind of “mechanical

process,” and if the variety of tests and medications make the woman feel like her own body is a “laboratory,” the leap toward actually taking conception to the lab (via ART) may be a small one.

## **The Problem of Making the Child the Solution to Infertility**

Recent advances in natural fertility care and the burgeoning RRM field have brought healing to many women suffering from conditions such as polycystic ovarian syndrome (PCOS), endometriosis, premenstrual syndrome, ovarian dysfunction, damaged fallopian tubes, and more. While respecting the teachings of the Church, these approaches help healthcare providers diagnose and treat the underlying conditions that cause infertility, which can help restore a couple’s fertility, so that they are able to conceive and give birth. These treatments preserve the integrity of the union between spouses so that a child may be conceived within the embrace of his parents. The focus of treatment remains on restoring the health of both husband and wife, which upholds the dignity of both spouses, as well as that of the child.

The philosophy behind natural fertility care stands in stark contrast to ART, which seeks not to discover or treat the underlying conditions that may cause infertility, but rather to produce a child quickly and by any means possible. In vitro fertilization (IVF) overrides any health deficiencies by creating embryos outside of the body, bypassing the need for ovulation, healthy eggs, healthy sperm, or even the union of a man and woman. This neglect of attention to underlying health conditions exposes the underlying logic of IVF, which implies that the child is the solution to infertility. When the goal becomes a child, rather than the restoration of health, the slippery slope of IVF opens the door for third-party sperm/egg donations, surrogacy, embryo freezing, genetic engineering, and so on.

In a society of “quick fixes,” the promise of a child is hard to resist as a couple faces disappointment month after month, grief, trouble in

their marriage, and increasing isolation and despair. With respect to most other health concerns, the goal of medical intervention is the restoration of health. In treating infertility, however, there exists a temptation to consider that the goal or solution of medical intervention is a child. This seemingly inconsequential, subtle shift from the goal of health to the goal of a child sets up a cascade of unintentional side effects that can be quite damaging to the emotional and spiritual well-being of the woman, the relationship between the spouses, and their attitude towards a child.

### *The Unintentional Slide into Objectification*

When a couple sets out on the path of trying to conceive, there can be an unintentional, yet insidious, slide towards a fourfold objectification of the woman, man, child, and even God. The woman undergoing treatment can start to view her body as a “machine” of sorts that is broken and needs to be worked on, which can cause her to feel a sense of disintegration between her body and soul. A similar disconnect can ensue between her and her husband, as treatments may also include optimizing her husband’s sperm quality. When a couple’s focus shifts away from loving one another to the goal of conception, there can be a further unintentional objectification of each other, as well as the child. The final objectification can occur between the woman and/or man and God, as their relationship with Him may be seen as primarily transactional. God comes to be known as the “giver” or “withholder” of the gift of a child.

The tendency towards objectification is easier to perceive when a couple pursues ART. A woman, frequently at her doctor’s recommendation, turns to IVF in the hopes of having a child. In all likelihood, she does not realize that she is participating in a technology that runs contrary to her very nature as a mother who wants to protect her children from all harm. IVF depersonalizes and objectifies the child by subjecting him to all

manner of violence, from being conceived in the cold, sterile environment of a laboratory to being scrutinized for “defects” and either chosen or discarded based on particular criteria. This objectification extends to the mother herself as she becomes focused exclusively on the goal of conceiving and bearing a child, likely disregarding her own health and wellbeing in the process. In addition, the mother overlooks the harm done to her children conceived outside of her body, who are either transferred into her uterus, discarded, or frozen.

While the dangers of objectification in IVF are far more obvious and pronounced, surprisingly, even women in the Springs in the Desert community who are pursuing licit fertility treatments regularly express feeling disconnected from themselves, their husbands, and God. Some only recognize this tendency in hindsight after they are no longer trying to conceive. Women desiring to be absolutely faithful to the Church and her moral teachings regarding reproductive technologies may yet end up feeling utterly consumed with their efforts to become pregnant. There are women who complain of being “poked and prodded” as they undergo multiple surgeries, procedures, injections, blood tests, cycles upon cycles of hormones, diets, and medicines. Some women become so fixated on optimizing their fertility by doing all the “right things” that they neglect their overall wellbeing and the health of their marriage.

This leads to the next area of objectification: between the spouses. We frequently think of sex as a “unifying” force in a marriage, but it is possible that unity between spouses can be lost at the expense of single-mindedly pursuing a pregnancy. The objectification can go both ways: the woman may feel that she is the one responsible for monitoring signs of fertility and scheduling sex, while the man may feel like he’s just “doing his part” by providing sperm. When a woman has spent so much time, energy, and money, as well as undergone the suffering of various treatments, she can experience great fear and stress over missing the fertile window each month. Almost imperceptibly, both husband

and wife can experience an unintentional shift: they begin viewing their bodies (their own and that of their spouse) primarily in terms of their functionality, and their sexual union according to a timetable of scheduled intercourse, regardless of their desire. As their union becomes increasingly centered on trying to conceive, the couple is in danger of losing the sense of self-gift which is so critical to a life-giving union. While sex in this context may be physically unitive in the biological sense, from a spiritual, emotional, or psychological perspective, it threatens a lack of true unity.

When the goal of baby-making supersedes the loving union of spouses, it inadvertently leads to the objectification of the child, who becomes the focus of the couple. As Oliver O'Donovan (1984, 17) argues, "The status of the child as 'begotten, not made' is assured by the fact that she is not the primary object of attention in that embrace which gave her her being. In that embrace the primary object of attention to each partner is the other." It fundamentally alters the parent-child relationship when the child intentionally or unintentionally becomes a project of the parents. Our society has become so accustomed to the notion of "planning" our families that we tend to expect children to come or not come according to our desires and timetables. The beauty and novelty of the Catholic approach to parenting are in the acknowledgment that children are persons made in the image and likeness of God and therefore worthy of the dignity of being created within the loving embrace of her mother and father. There is no "right" to a child; he or she cannot be demanded, but only received as a gift from God.

As the couple struggles with reconciling their intense longing for a child with their faith in a God of miracles, there can be an unintentional tendency to objectify God, particularly if the couple has been trying to conceive for some time. Although one's relationship with God is rarely thought of in terms of objectification, most people can identify with the experience of desiring a certain outcome or the fulfillment of a specific need. A person with a strong desire prays diligently,

seeks the intercession of the saints, and pours out his heart to God in hopes that He will heed his pleas and grant his desire. Sometimes, if the need is great, perhaps even a matter of life or death, his prayer intensifies, and he may begin to bargain with God as a way of achieving the desired outcome. This is a normal human response, and part of the mystery of the creature understanding anew that he cannot control the Creator. Yet still, he tries, and while praying for his desired outcome, he can easily come to view God as a kind of "gatekeeper of desires," granting or rejecting them based on how successfully he pleads. When the desire at stake is one as good and natural to the human experience as having a child, months or even years of unanswered prayers can lead one to view God as either someone to "win over" to one's side or as an obstacle to one's happiness. Either way, there is a danger of losing a sense of relationship with God; He can become instead the One with the power to give one what one desires.

There is much at stake in the single-minded pursuit of a child, even through licit means. The tendency towards objectification may lead a woman or man to feel, respectively, like a "defective machine" or a "sperm dispenser," hamper the ability of the couple to give themselves to each other in a loving way, lead to seeing the child as a right, rather than a gift, and result in a tendency to view God as One who must be bargained with. In the end, this objectification can lead a woman to feel disconnected from her own body, detached from her spouse, grasping for a child, and estranged from God. Without a concerted effort to stay grounded in prayer and connected with one another, both spouses are liable to view themselves and each other in a fragmented way, primarily in terms of their ability (or inability) to conceive. As a couple starts to focus on the goal of pregnancy, they must actively guard against falling into the trap of regarding one another as a means to the end of having a baby. They need encouragement that God is with them through the pain they endure and that He has a beautiful plan for their flourishing and fruitfulness.

### ***Obligation to All Licit Interventions? Misunderstanding the Command to Be Open to Life***

A surprisingly common misperception among faithful Catholics struggling with infertility is that, in order for a couple to be open to life, they must pursue every licit intervention within their control to conceive a child. Some women in the Springs in the Desert community have expressed feeling like it is their *duty* to keep taking progesterone and other fertility drugs in order for their bodies to be “open to life.” They fear they are not truly being open to life if they do not pursue every possibility within their control to get pregnant. Many of these Catholic women express that they believe taking a break from or stopping the pursuit of infertility treatments is against the teachings of the Church, and that if they choose to do so, God will not be pleased with them. This attitude can be particularly damaging to a woman who feels that the possibility of her conceiving is entirely dependent on her doing all the “right things.” The ramifications of such a belief might lead her to think of a potential child as a reward for her diligence in pursuing treatments and praying the “right way,” rather than as an undeserved gift from God. On the other hand, if no child comes, she is likely to deem herself a failure who has been abandoned or is being punished by God.

In light of these considerations, it is worth reflecting upon whether the language of Natural Family Planning (NFP), which frequently describes “avoiding or achieving pregnancy,” might be improved upon. Such language has the potential to exacerbate the feeling that a woman who is unable to “achieve” a pregnancy is a failure, and that a child is considered an “achievement” just beyond her grasp. Of course, the purpose of such language is to measure the couple’s intentions of either actively trying to conceive or trying to avoid pregnancy by reserving intimacy for the infertile times in the woman’s cycle. Yet the language of “achievement” implies that conception is in the control of a couple, and, as mentioned above, that a

couple has merited this achievement through their hard work and perseverance. For the couple struggling with infertility, this can lead to feelings of personal weakness and of being denied God’s blessings.

This language of “achieving” in regard to pregnancy may also negatively (even if unintentionally) affect one’s understanding of the child as a gift by carrying the implication that she can be brought into being at the will of her parents. By safeguarding the integrity of the marital act as a loving union of spouses, as well as the gifted nature of the child, the Church protects both the dignity of the act whereby spouses become co-creators with God and the inestimable dignity of the child. We respectfully submit that opening a dialogue around the language of NFP could help improve the experience of those struggling with infertility and better reflect the Church’s beautiful teachings on the marital embrace and responsible parenthood.

In their efforts to help alleviate the suffering of those undergoing infertility, it is easy to understand the desire of pastors and health professionals alike to “fix” the problem of infertility by helping the couple have a child. While this intention is obviously good, there is a danger in making the child the focal point of a couple’s efforts. In attempting to console and guide couples who are aching for a child, those close to them need to guard against inadvertently promoting the underlying logic of IVF, which is that a child is the solution to their infertility. Whether or not he is ever conceived (either in the marital embrace or through ART), viewing the child as a solution and the only fulfillment of a couple’s dreams for their marriage misunderstands the directive to be fruitful and multiply, and places a heavy burden on such tiny shoulders.

### ***Merciful Accompaniment: A New Approach to Infertility***

#### ***Suffering: An Invitation***

[W]e could say that suffering, which is present under so many different forms in our human



world, is also present in order to unleash love in the human person, that unselfish gift of one's "I" on behalf of other people, especially those who suffer.—John Paul II (1984, §29)

Suffering is one of the great challenges to humanity, and so mysterious. It can be experienced on a grand scale through war and tragedy and is as close as one's loved ones and oneself. It is natural to run from suffering, to find any way possible to alleviate it, and to avoid having to touch it at all. Yet suffering is inevitable. It is also a paradox in that it can sometimes be more painful to observe in another than it is to endure it oneself. Most people are generally uncomfortable with suffering, and when confronted by the pain of another—especially a loved one or caregiver—suffering causes one to come face to face with a lack of control. People who encounter the suffering of loved ones generally want to solve every problem, cure every illness, or find the perfect words to make everything better. It is this discomfort with the suffering of others that can further isolate those struggling with infertility, as they seek to protect others from the awkwardness of conversations about family size and difficulty conceiving and to protect themselves from well-meaning but intrusive questions and offers of advice. Yet it is precisely in this discomfort that love can be “unleashed,” opening the way for *merciful accompaniment*.

The merciful response to infertility begins with an acknowledgment of the real suffering that accompanies it. This suffering is felt most intimately by the couple, but its impact is even broader. The sense of loss is felt by their families, friends, doctors, priests, and even their entire community. Parents who long to be grandparents, pastors who desire to baptize their babies, friends who hope to be godparents, neighbors who want to see the family grow, and siblings who hope to be aunts and uncles all experience some measure of sorrow. Sorrow at the suffering of another can be paralyzing, so that one avoids the subject of infertility altogether, unintentionally leaving the one who suffers to feel

abandoned. Alternatively, sorrow can lead to the desire to find a solution, fix the problem, and just make the suffering go away. Though well-intentioned, this latter approach can place even more pressure on those suffering from infertility to keep trying anything and everything to have a baby. Both approaches—ignoring the suffering and desperately attempting to alleviate it—fail to remove the cross; instead, they add to its weight.

It is reasonable to want to avoid suffering or to wish to eliminate the sufferings of others. However, the Christian's response to suffering sets him apart. The desire to help others is certainly a good thing; however, if this desire does not rest on an authentic theological foundation, the helper will become helpless in the face of the mystery of suffering. The British writer Caryl Houselander describes the sense of obligation felt by the “*humanitarian who is not a professed Christian*” to “do something” to take away the suffering before them. He (the humanitarian) believes that doing *anything* is better than nothing and that it is, in fact, his duty. But if all his efforts fail,

[...] his attempt has at all events set him free; where he cannot heal, he can pass by, where he cannot end poverty he can forsake it. His duty is to alleviate sorrow, *not to share it*. (Houselander 2008, 111; emphasis added)

Any Christian who sincerely examines his conscience will recognize himself in this desire to alleviate all suffering. In the case of infertility, this impulse is especially strong, because it so intimately impacts a marriage and the structure of a family for generations. Houselander's reminder about the Christian response to suffering, however, serves as a solid foundation upon which to begin crafting a plan for *mercifully accompanying* those bearing the suffering of infertility.

But just where the non-Christian's responsibility ends, that of the Christian begins. He, like the [humanitarian], has the duty of sharing in the world's effort to break down human misery, but where he fails to heal it *he must share it ...*

That is the essence of Christianity, to follow the teaching of Christ literally, to “bear one another’s burdens”... [to] *set their pace to the footsteps of a crippled world*, and step by step enter into the more delicate sufferings of the mind and spirit. (Houselander 2008, 111; emphasis added)

What Houselander expresses in this passage is that the Christian is called to something so simple yet requiring almost heroic strength: to simply *be present to the one who suffers*. Such presence may strike one as too simple, or as a pointless exercise because it means *doing nothing*. Yet for the woman who is bombarded by thoughts of anger, jealousy, inadequacy, and more; the woman who undergoes test after test, takes medications, and subjects herself to surgeries; the couple who must navigate their shared grief over a problem that seems “unfixable”—for them, the quiet peace of another person who comes alongside them and simply loves them is a welcome respite.

The suffering Christ and his companions on the way to Calvary offer a model for this type of shared suffering. Those along the Way of the Cross—Veronica, Simon, John, Mary Magdalene, the Women of Jerusalem, and His Holy Mother—all desired to alleviate the suffering of Jesus. However, as they were unable to take away His cross, they simply offered their presence and their tears. No one can take away the cross of those struggling with infertility, but anyone can be a companion along the way.

### *The Path of Merciful Accompaniment*

Do we see [Jesus] in using our eyes, mind & heart, as His own? Are we so given to Him—that we find His eyes looking through ours, His tongue speaking, His Hands working, His feet walking, His Heart loving?—Mother Teresa (2007, 231)

In this article, we have presented the unique challenges that infertility poses to a woman in particular, and as it relates to her marriage. We

have discussed the physical, spiritual, and emotional effects of bearing such a cross, and the potential dangers associated with turning the good desire for a child into a desperate quest to achieve a goal. Adding to the weight of the cross of infertility is the pressure and pain felt within the marriage while in pursuit of the fulfillment of their hopes and dreams. The pressure from outside the marriage (from parents and in-laws, friends, and strangers) and the often-insensitive questions and remarks from others contribute to a sense of isolation and failure as “the goal” continues to be just out of reach. While it may seem that this creates a bleak picture for those struggling with infertility and those who wish to support them, there is much reason for hope and optimism. The paradox of the Cross of Christ (a symbol of death, yet the instrument of redemption and new life) may be seen as a model for both those bearing this cross and those accompanying them. When united to Christ, the cross of infertility has the potential to yield unique and life-giving gifts and can become an opportunity for meaningful accompaniment to the ones who suffer. These opportunities for accompaniment include how pastors and healthcare providers—who are often at the front line of care for those struggling and want to *do something*—can offer concrete ways of *merciful accompaniment*.

### *Signposts on the Way*

The way of *merciful accompaniment* on the path of infertility is meant to be shared with the couple who walks it. Like Simon of Cyrene, approaching another in his suffering and shouldering some of the burdens is not always a task one readily embraces. But, like Simon, who walked the Way of the Cross alongside Jesus, walking with those carrying the cross of infertility is an opportunity to be close to Him and to learn that suffering *with* another opens up a path to new life. It can also become an opportunity for those closest to them—especially pastors and healthcare providers—to help bring husband and wife closer to each other, deepen their relationship

with God, and see a way forward in healing and fruitfulness. A comprehensive plan for accompanying those on the path of infertility could easily be the subject of its own article. For now, we simply suggest that merciful accompaniment take shape through *acknowledgment, presence, and a loving care for the whole person.*

The woman struggling with infertility often feels acute isolation and shame, and she craves being seen and understood. She may be reluctant to share her feelings with anyone but her closest confidants and opening up to her pastor is often hardest of all. Sometimes priests may not be aware of the prevalence of infertility, nor understand that those in their pews have difficulty sharing about it and thus suffer silently. While a pastor should exercise discretion when asking a couple about their fertility unless he already has an established relationship with them, there are ways he can approach them with sensitivity to communicate his openness to a conversation. Women, especially, desire his compassion and aid in their walk with infertility and in their walk with Christ. The woman's encounter with a priest in the confessional provides one such opportunity for accompaniment and support. For example, when a woman expresses harboring sinful jealousy and anger, this obviously requires a conversion of heart and a sincere attempt to change. However, the spiritual and emotional pain of infertility can be so intense that she may become caught in a spiral of negativity and despair. Added to these feelings are real questions about why this experience of infertility is happening and if God has truly abandoned her. Within the walls of the confessional, the woman stands as the reluctant Simon, who never asked to carry his cross, and the priest assumes his proper role in the place of Jesus, the merciful physician of souls. It is here that the priest meets the woman and *acknowledges her pain*, assuring her that she is God's beloved daughter, and leading her lovingly toward the process of repentance, healing, and freedom.

Physicians and fertility care providers may have a clearer window into the pain of

infertility than anyone, outside of the couple themselves and perhaps a close loved one. It is a tremendous gift to have healthcare professionals who do not overlook the health concerns of those struggling with infertility by simply turning to IVF, but instead have dedicated their lives to diligently pursuing a holistic approach to healing for those who feel so much pain, confusion, and vulnerability. When a physician acknowledges the effects of treatments and the monthly disappointment his or her patient endures, a woman feels seen and heard. In entrusting the most delicate and intimate part of herself with her healthcare provider, she feels free to share her concerns, her fears, and perhaps at some point on the path, her decision to stop treatment and move forward. When her provider acknowledges that infertility is hard, but that he or she is walking with her to restore her to good health—a worthy and important pursuit on its own—she feels supported, whether or not conception occurs.

As noted above, it is sometimes more difficult to watch a loved one suffer than it is to endure suffering oneself. Perhaps the most difficult, yet significant, aspect of *merciful accompaniment* through infertility is *presence*. Everyone has probably had the experience of awkward silence when someone has shared news of a loss or personal tragedy. One struggles to find words, and desperately wants to make the pain go away. The experience of encountering someone struggling with infertility is no different, and pastors are susceptible to the temptation to offer solutions. They may first feel obliged to direct the woman toward prayer, which is good. There is a temptation, however, to place prayer within the earlier framework described, as a kind of "negotiation" with God and the saints. In his desire to help, the pastor may offer a list of "saints of infertility," suggest novenas or recommend visiting a specific shrine or holy site. All these suggestions can enhance one's spiritual life and bring comfort and peace. However, for the woman longing for a child and having her efforts frustrated by infertility, having prayer and pilgrimage presented in this

way might feed the sense that God can be bargained with, or that if she makes a sufficient effort, and says all the right prayers to all of the most powerful saints, then she will be “rewarded” with a child. Prayer may become another part of the “work” she must put in to achieve the goal, rather than a real relationship with the God who loves her dearly.

A second “suggestion” a pastor may offer is that the woman and her husband consider adoption. Adoption is a beautiful manifestation of fruitfulness in marriage and can bring so much joy to the couple who receives a child and can create a home for him that is safe, secure, and filled with love. Yet it is important to understand that adoption is not a solution to infertility. It must be discerned by the couple and should be considered only when they have acknowledged the grief of infertility and have at least begun to work through it. Regarding adoption as the obvious and immediate “fix” for infertility does not leave space for proper emotional and spiritual healing. Further, it can frame adoption as a “consolation prize,” rather than the beautiful gift it is for both the couple and the child.

As difficult as it might be for him, a pastor can be of great help and comfort to the woman who seeks his care by simply listening and *being present* to her. Resisting the temptation to offer a solution will allow her to set aside feelings of shame and to share her heart more freely, creating a space for him to gently instruct her on the importance of seeing prayer as a way of deepening her relationship with God. Jesus told His followers to “ask” the Father for what they need (cf. Matt 7:9). However, if prayer becomes focused on “results,” rather than a relationship with God, there will be much disappointment and even doubt that God is listening. Instead, pastors may share with the woman about the true fruits of prayer: the grace to persevere in the Christian walk despite setbacks, growth in charity toward others, and a relationship with God in which she recognizes herself as His daughter. When the pastor has established a relationship and met the woman in her

suffering, his suggestions of prayers or the intercession of specific saints may be more readily received by her. When he understands where the woman is spiritually and emotionally, he can help her to see the saints as friends and advocates, not partners in negotiating with God. In any event, resisting the impulse to say the right thing or offer a solution will engender the woman’s trust and free her pastor from the pressure to do more than to simply be with her in this moment.

*Presence* on the part of healthcare providers necessarily looks different than in a pastoral setting. Doctors and fertility care providers are not counselors or spiritual advisors. Creating a relationship with their patients that looks like a *partnership* will allow them to create the same level of trust spoken about with regard to pastors. Apart from the effects of treatments and tests, which we’ve discussed at length, the process of charting itself produces anxiety. A woman may worry that she is not charting her cycle correctly, perhaps misreading or not completely understanding the signs and symptoms of her body that must be documented. If she has trouble with charting, she may feel inadequate, unintelligent, and ultimately responsible for her inability to conceive. She may also feel pressured to “please” her doctor by continuing to chart when she feels exhausted by it, or fear disappointing the person who is working diligently to help her conceive. It is in this case that a doctor (or fertility care provider who examines her chart) who is attuned to the patient can pause for a moment and ask the patient how she is doing. For example, the doctor may ask if she is frustrated by charting and why, inquire as to what might help her become more confident in her ability to read and document her body’s signs, or suggest that taking a break from charting could be helpful. These are all ways of being truly *present* to her, so that she feels heard and understood. It may also open the door for the doctor to suggest counseling to help the woman deal with her emotions and the pressure she feels because of infertility. Taking time to be present to her patient allows the doctor to notice signs of

anxiety and frustration and help her patient to address them in healthy ways.

The final “signpost” along the way of *merciful accompaniment* is *loving care for the whole person*. Thus, it must take into account all of the challenges outlined previously in this article, so that the woman and her situation may be viewed with respect and compassion. As has been noted, infertility is a *circumstance*, not the identity of a woman. To offer her *loving care* is to affirm her as a woman, a wife, and one who is beloved of God.

For the pastor, this loving care for a woman struggling with infertility can become for him a beautiful expression of his spiritual fatherhood. When he comes to understand the rigors of treatment and the anxiety that can be incited by the whole process, he will be less likely to indulge the impulse to “solve the problem” and more apt to be able to meet her in her pain and guide her toward restoration in Christ. The pastor can help a woman to begin seeing herself as a beloved daughter of God, not punished or abandoned by Him. In his expressions of understanding the physical and emotional complexities of infertility, as well as the strain it can put on the marriage, her spiritual father creates a bond of trust with her. The more she sees the face of Christ in her pastor, the more she can come to believe that God is truly with her. Finally, her pastor can help her to understand that *the heart of a mother beats within her*, so that she has the capacity to be life-giving in ways that go beyond the bounds of physical motherhood and are urgent in our desperately hurting world.

Doctors and other healthcare providers can reinforce for the woman that it is important for her to care for her spiritual and emotional health just as much as her reproductive health. This approach already shows that the provider desires to *lovingly care for the woman* as a person, not simply in light of a set of symptoms or a body that is malfunctioning. Certainly, no well-trained professional—much less one who is a Christian—would regard her patient as anything less than a human person. A professional with a scientifically inclined mind, however, can become so

focused on getting to the root of the problem and determining a solution that he or she may miss those signs of anxiety or frustration noted above. Therefore, creating a relationship of trust with the patient is so critical, because if the woman feels truly cared for and loved by her doctor, she will be more likely to express her concerns. Thus, the doctor can be more fully attuned to all aspects of her patient’s life and well-being and better able to help her continue to discern her treatment plan according to her physical, mental, and spiritual state, as well as that of her marriage.

So much more can be said about how a plan of *merciful accompaniment* can be realized on the path of infertility. What is offered here is a beginning and the hope that these reflections will open the way for thoughtful consideration and meaningful dialogue about the ways everyone can support those struggling with infertility with sensitivity and compassion. *Merciful accompaniment* has the capacity to transform the path of infertility, leading those who suffer out of desert barrenness to the spring of the potential for fruitfulness.

### *Fruitfulness: The Spring*

God in his providence has two ways of blessing marriages: one by giving them children; and the other, sometimes, because he loves them so much, by not giving them children. I don’t know which is the better blessing.—St. Josemaría Escrivá (quoted in [Connieann 2017](#))

St. Josemaría Escrivá’s paradoxical quote points to how the mystery of suffering in Christ leads to the hope of redemption. Escrivá reveals that the couple suffering from infertility has not been abandoned by God, but rather is being invited to participate in a unique mission to which He has called them. This mission is linked with the essential call for each person to be a gift to another<sup>4</sup> and invites every marriage to embrace a more expansive understanding of fruitfulness that extends beyond the boundaries of birthing and raising children. In fact, the command to “Be fruitful and multiply” (Gen 1:28

RSV-CE) given by God in Creation reveals the intrinsic nature of fruitfulness within each human person; therefore, it forms a part of the vocation to love and to become holy. “All the laity as a community and each one according to his ability must nourish the world with spiritual fruits” (Paul VI 1964, §38). God, the Creator, and Giver of all life, has made each person in His image to be life-giving in partnership with Him. God’s creative power knows no limits, and as such the union of man and wife that does not produce children is no less called to partner with Him. The union of their bodies, when it is an act of generosity and self-gift, can and must be creative in ways that manifest the love between them to the whole world.

The childless couple is radically available to give of themselves in ways that would not otherwise be possible, and thereby co-create with God in different but significant ways than their counterparts who have children. Colby, a Springs in the Desert retreat participant, explained the reality this way: “Infertility is a burden and a gift. Where it seems like we are alone and not like most families, we are offered a unique opportunity to bear fruit in our marriage and as Christians, that families with children cannot necessarily do.” By God’s grace and mercy, some (though not all) couples will discern the call to foster and/or adopt children. Others will be called to be at the service of life in the Church by assisting with marriage preparation or RCIA, or simply helping around the parish wherever there is a need. Some will find fulfillment in their work and discover opportunities to be a witness to the love of God and an example of virtue to co-workers, clients, and so on. Through these opportunities for life-giving love, the couple will find the fulfillment that only a deep and abiding relationship with Christ can offer. Christ, Himself reveals that *He* is the Source of all fruitfulness and urges His followers: “Abide in me, and I in you. As the branch cannot bear fruit by itself, unless it abides in the vine, neither can you, unless you abide in me” (John 15:4 RSV-CE). Rooted in Christ, the couple can learn to love one another deeply and,

through their love, become witnesses of God’s love to a hurting world.

The pain of infertility is deep, and for many couples, it is the hardest road they will tread in their marriage. Yet, through *merciful accompaniment* and the grace of the Sacraments, couples struggling with infertility can come to know and believe in their hearts that they, too, have the capacity to give life in the world. A marriage that has not been blessed with the gift of children receives many other gifts, which may go unrecognized if the couple’s focus is too narrow. Every couple must recognize that the gift of themselves to each other is a tremendous blessing and a gift to the world. St. Paul describes marriage as “a great mystery ... in reference to Christ and the church” (Eph 5:32 RSV-CE). Infertility does not define or limit a marriage. Instead, it opens up new and unexpected opportunities for God, in His infinite mystery, to invite husband and wife into a fruitful partnership that can change the world. The couple carrying the cross of infertility is no less a witness to the “great mystery” of Christ to His Church. It is in their fidelity to each other that they are witnesses. It is in their courageous discernment to pause or stop treatment for the good of their marriage and their overall health that they are witnesses. It is in valuing and honoring each other’s bodies in their sacred design that they are witnesses. And it is in their radical availability to serve others in ways great and small, that the couple allows God to transform the dead weight of the cross of infertility into a witness of His power to “make all things new” (Rev 21:5 RSV-CE).

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## Notes

1. In general, infertility is defined as not being able to get pregnant (conceive) after one year (or longer) of unprotected sex” (CDC 2022).
2. “Female factor accounted for 46.6% of the cases with polycystic ovarian syndrome (PCOS) being the leading cause (46%) ... Male factor contributed to 20% of the cases of infertility” (Deshpande and Gupta 2019).
3. “Patients who are struggling to conceive report feelings of depression, anxiety, isolation, and loss of control. Depression levels in patients with infertility have been compared with patients who have been diagnosed with cancer” (Rooney and Domar 2008).
4. In *Gaudium et Spes*, Paul VI (1965, §24) affirms that man “cannot fully find himself except through a sincere gift of himself.”

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