



Psychosocial and Emotional Aspects of Infertility and Infant Loss (Part II)

Psychotherapist Helen Adrienne is back on CureTalks to discuss how mind-body therapies can help heal and overcome the emotional trauma usually associated with infertility. In the [previous episode](#), the panel discussed how tested mind-body techniques can help with the guilt and depression of infertility. We continue our discussion with Helen, with a focus on **infant loss** and discover ways to kill the emptiness that comes along with infertility or with loss of a baby, and move on to bring out the creativity in us while waiting for the miracle to happen.

Full Transcript:

Shweta Mishra : – Good evening and welcome to CureTalks. I am Shweta Mishra, your host, joining you from India; and this evening on CureTalks' 95th episode and our fourth talk on fertility and reproduction, we are discussing dealing with infertility and infant loss. The National Survey of Family Growth conducted by the CDC's National Center For Health estimates that there are more than one million fetal losses per year in the United States. Stillbirths affect about 1% of all pregnancies, and each year about 24,000 babies are stillborn in the US. Grieving the loss of a child or loss of a pregnancy is unique to every parent. It is hard for other people to understand the attachment that prospective parent feels to their unborn child or to the child that they lost just after birth, and so the grief of a miscarriage or infant loss is a silent one, making it more painful. As hard as it is for the parents to deal with the situation, equally hard it is for the caregivers, partner, friends, and family who struggle to find the well-meaning words to make their loved ones feel better. Today, to honor October as infant loss awareness month and to discuss about ways to deal with the immensely emotional issue that infertility and infant loss brings along, we are talking to our very distinguished guest, Helen Adrienne, who is a 37-year experienced mind-body therapist and called the master of her craft. On our previous episode, Helen discussed tested mind-body techniques to help deal with psychosocial and emotional aspects of infertility. Today, we continue our discussion on..., with Helen with a focus on a yet more difficult situation of infant loss and discover ways to kill the emptiness that comes along and move on to bring out the creativity in us while waiting for the miracle to happen. Helen specializes in working with men, women, and couples dealing with infertility and conducts mind-body stress reduction classes for the New York University Fertility Center. She is a charter member of New York City Resolve and educates mental health professionals on the parameters of infertility. She also teaches hypnosis and is an approved consultant for the American Society of Clinical Hypnosis. Helen has authored many articles on infertility which are available on her website and on her blog. Her book, *On Fertile Ground: Healing Infertility*, is a #1 best seller on Amazon and is available there. I welcome you to CureTalks, Helen. Its a pleasure to have you here again.

Helen Adrienne : And thank you so much for having me back. I really appreciate it, Shweta.

Shweta Mishra : Thank you, Helen. My co-host this evening is Fran Meadows. Fran is an author and infertility advocate and became a mom through IVF to her one son. Meadows struggled with infertility and devastation of a late pregnancy loss; and now she works with women fighting infertility by providing hope, inspiration, and a friend to lean on. She has authored the book titled "The Truth Behind The Secret Infertility." Supporting us on the panel is Candace Paul who became a mother through the gift of surrogacy after seven long years of struggle. Candace and her husband own a blog called Our Misconception, and they were also featured on MTV's True Life: I'm Desperate to Have a Baby. Candace volunteers for non-profit organization Resolve and has written many articles featured on popular online sites such as Huffington Post, Still Standing Magazine, fertilityauthority.com, and many more. I extend a hearty welcome to all the panelists and to all our listeners; and before we begin, I would like to remind our listeners



that we will be discussing questions sent in via email at the end of the show..., sorry, end of the show. You can also email your questions to priya@trialx.com; and if you want to ask a live question, please press 1 on your keypad and we will bring you live on air to ask them.

Shweta Mishra : Helen, I would like to begin our discussion by sharing a bit of my struggle with infertility with you here. You know, my first pregnancy, which was a natural one and was a very much wanted one, ended in a miscarriage in June 2009 and I was advised to go through a D&C procedure to remove the fetus which was about 6 weeks at that time and, you know, I was really not sure to do that then and until this date, I can't wrap my head around why did I have to do that and I know that the doctors took that decision based on all the medical tests and did everything that they could do, but I still sometimes think that I should have requested them not to go..., not to do the D&C and let nature take its course. In a way, I really still feel guilty about it and in my case, it was just a month and a half of attachment, right, but many women have to deal with a situation very, very late in their pregnancies, like in the second or the third trimester and I cannot imagine the pain and trauma that they have to go through. So, Helen, what do you have to say to those who are going through this pain, something which will sooth their soul and help them move on? I mean, are there any magic words that can heal?

Helen Adrienne : – Well, just in terms of what you said about yourself, I think that it would be important to acknowledge the feelings that you had that in some way perhaps you were hoping that this baby would be viable or whatever and the idea that you would have preferred a natural miscarriage to a D&C is completely understandable..., completely understandable. You know, this is such a gigantic topic. Stillborn is one thing, miscarriage is another. You know, there are so many different ways of..., of..., of having this kind of misfortune. The one thing that I would say is that there is not a one..., there is no one size fits all, that there are so many considerations to basically what you are talking about is managing grief. I remember when I was in my very first class in my social work program, we had a series of articles to read, one of which was about grief and it was about a woman who..., who lost her husband and then about 10 years later, her children insisted that she move out of her home into a smaller apartment and she went in to the bottom drawer of the almira in her bedroom and in there was all of the memorabilia that was connected to her husband and it was at that point that she was able to cry, that she was able to grieve and who is to say that that..., that particular style of grieving is wrong. Its not wrong. It was her way. For whatever reason, she couldn't deal with it at the time, but when it was provoked in a very natural way, then she was able to get into what the feelings really were. So, you know, I..., I am not an advocate of giving, this is the way to grieve and even the book that was written that said, you know, there are five stages of grieving, oh, yeah, but sometimes people do them in an opposite order from what was written in the book. So, I..., I think everybody has to be allowed to have enough space around them to feel whatever they are feeling or even not feel what they are feeling until the time is right.

Shweta Mishra : Right. Right. Thank you so much, Helen, for responding to my question, that was really comforting and with this, I now hand over the discussion to Fran Meadows and she will take the discussion forward. Fran, over to you now.

Fran Meadows : – Great! Thank you for having me again on the show tonight and for continuing the conversation on this most difficult topic. Helen, thank you for being here to answer the questions and try and help others maybe cope with the loss or infertility that we are talking about today. As I know, there are many high emotions that couples hold with experiencing a loss. I lost a child at 25 weeks pregnant and I remember after my loss, my thoughts were clear..., were very foggy. My husband was so concerned about how I was doing that I initially didn't realize his pain until we returned home lost and confused, with no child. What kind of support can be offered to have the men open up about this discussion and feel supported after an experience like this? We always, you know, think about the woman, but we never really think about the husband, the man that is experiencing the loss as well.

Helen Adrienne : Well, you know, its very common, Fran, for the man to be concerned about the woman and I think that's primarily because its largely the woman's body except in cases where the man has gone through all kinds of imaginations because of a compromised sperm, but for the most part, the focus is on the



women and I think to a certain degree that is logical and legitimate. I think to a certain degree its because women are the ones who are pretty much the..., the harbingers of the emotionality of not only fertility but so many things in relationships, that largely men are not accustomed to expressing their feelings and that if your husband was feeling a certain amount of pain, he was on some level really focused on you. As far as what you are asking, is there any way to offer a program for men to honor their pain as well, I think the main question is what kind of men are we talking about? Your husband may have been somebody who could have responded to a program. I don't know that he would be in the majority. I really don't know.

Fran Meadows : Right and I..., I truly believe that every case is, you know, different. Its individualized, like you said, each man deals differently with loss and grief and pain and sometimes its more of a silent pain where they don't want to show their emotions....and they kind of like open up maybe to a friend, not really knowing that they are actually having a support type of conversation. So...you know, I thought maybe there was something... I mean there's always not one thing where we could say what's right..., right and wrong. Its just kind of trying and making other people heal at their own pace.

Helen Adrienne : I..., I don't know that..., that there could be a program that men would sign up for because they do tend to be, you know, back here with their emotions, but I do think the best advice I can offer is for the couple to be offered a kind of a little nudge in the direction of something that's very simple that they can do with each other in the privacy of their home and that is to take the word "label," "label." All right? Can he label how he's feeling and can she be available to just hear that word or that sentence? Can she capture whatever it is that's going on and just say it very simply and the idea that there's..., its not about what can you do to fix, you know. Often men who are disinclined to speak their emotions are very inclined to want to fix, which is great if you are a car or a toilet, but when it comes to this kind of thing, I think that men need to be encouraged to do two very simple things. One is, to listen despite asking what do you need right now and maybe its, I need to be left alone and the other is to communicate nonverbally by just saying something like, let me hold you or let's.....hold each other and the same thing, you know, as far as the woman is concerned, you weren't aware until you were aware that your husband was feeling all kinds of pain as well, but if in the medical facility or if in online blogs or wherever it is that people are going these days to get advice what to do with their very high emotions, I think the simple word of, you can support each other best nonverbally with..., with a loving touch and being held. You can support each other lovingly by asking what is it that you need right now and to communicate in a way that doesn't require answers because... ..there are none. There are none.

Fran Meadows : Well, thank you for that concept, maybe....

Helen Adrienne : I hear you, I hear you, I hear you and that's it. Ummm...

Fran Meadows : Yeah. No... Thank you for that. I think it might be helpful for others to hear, you know that men..., men do suffer this pain as well and with that, going on to another question, as most of us do or do not know, infertility affects one in eight couples and....miscarriage, pregnancy loss affects one in four and with these statistics, why do you feel that these two topics are still such taboo and not openly spoken about and secondly, do you think that if a couple opens up in private therapy, if you give them the power to open up to others and what are some tips that might help?

Helen Adrienne : Well, you know, this is such a personal kind of an experience. I don't know that its a topic that people would want to, you know, stand on a soap box and say, you know, we just miscarried, we just lost a baby and I don't think that its necessary to go public. I think its up to the couple to decide and I have seen this where they only want to keep this between themselves. Sometimes he or she or both have a dear close friend, but I..., I've seen people isolate and that's how they recuperate. I have seen people who..., who are the opposite. They..., they do need to, you know, tell everybody in the world. That's not anything that can be legislated. I think its about who are these people, what makes the most sense to them. There's a very big difference between somebody hiding their loss because they want it to be personal and private and you have a sense, let's say, as a friend that you knew they were pregnant and now you don't hear from them and this and that and the other thing. It..., its not going to be welcome for you to intrude into their



loss. If you sense that somebody is needing something, the best thing to do is to think of it as an inquiry, not as a prescription. Well, you should, you know, try to get pregnant right away or no, no, no, no. Rather, I sense that you are having some trouble right now. Is there anything I can do? I sense that you are having some trouble right now. I just want you to know I am here if you need me. Then, the person has a choice whether they reach out to you or not.

Fran Meadows : Right. Right. Well, thank you for sharing that because sometimes I think for myself when I did struggle with the loss, it was kind of hard for me to decide what I wanted to do. So, it..., it will be very helpful for others who are listening in to hear these, you know, tips and other ways....that other people could open up. With that, I am going to hand it over to Candace Wohl for her questions for Helen.

Candace Wohl : Thank you for having me on the panel and covering a topic that needs more awareness. Just like Fran said, infertility is taboo topic as is miscarriage. So, Helen, I sincerely thank you for all of the work that you do for this community and these couples and also the advice that you provide for those who desperately need to hear it.

Helen Adrienne : Yes. Thank you, Candace.

Candace Wohl : Absolutely. So, one of my questions was, you know, the..., the new incumbent generation, the new millennial generation, is really starting to reach primary productive age now. They too are not immune to the disease of infertility or miscarriage. Have you found that this group manages their grief differently and have you had to change your interactions or methods of counseling to this next generation?

Helen Adrienne : All right. Well, first of all, I think that no matter what the generation, people are people and this is a very profound set of experiences and circumstances and I don't know that the..., that the people are different. I think that the circumstances are different. Everybody is crazy busy and everybody has what the generation before didn't have, which is easy access to the internet. People have something going on in their life, the first thing they do is put it into google to get answers. This is both a boon and a bane as far as I am concerned because you can get a feeling of camaraderie, but at the same time there is nothing that comes close to person to person as far as I am concerned. I am working with somebody right now who..., who has a real agonizing number of months, that she has been disappointed over and over and over again and her words to me just this past week were, I feel seen and I feel heard, and that's something that you can't get if you are only seeking answers or connection online. So, its..., its really, really important to..., not so much to label this generation that generation but to really look at how human a tragedy this is that, you know, we are..., I guess if you reduce it down, you could say, you know, we are born, we grow up, we pay taxes, we reproduce and we die and, you know, the one thing that is so engaging and done with such a loving heart and with such excitement is reproducing and the universe says no to that, its..., its an ordeal. Its one of the worst stressful situations that anybody can go through and especially if there's an infant loss in the story. The one thing that I would like to add is that one of the things that guides my work person to person with whatever the generation is, this new generation in their 20s and 30s and I certainly see plenty of people who are in and around their 40s, its my own experience with a 14-week miscarriage and it was, to me, a very real baby because I already had a child, so I felt the flutters and I knew exactly what was growing inside me from having been through this before. The loss was totally spontaneous. There was never any rhyme or reason given for it and it bugged me and just the same way that Shweta said, it took her a long time to let go. It didn't incapacitate me, but it went on for years where I kept thinking about it until I did something that I think is very important for anybody who has a miscarriage or an infant loss. I created a ritual and I wrote about it in the prefix to my book because it was just so incredibly healing. What I did was I wrote a letter to the child that..., the unborn child. I had an intuitive sense that it was a little boy. I told this child in a letter that I..., how I would have felt had he been my son and what I would have looked forward to in being his mom and a whole song and dance about what it would have meant to me to have another child in my family and this was with..., in my home, where I had the fireplace going. I had candles lit. It was very heartfelt. I was very inside of this experience. I then read the letter out loud and then I put it in the fireplace and I cried and it had been a number of years, quite a number of years since that miscarriage and it was only when I created that ritual that I could actually get up and say okay, its over. I am not going to be, you know, really preoccupied



with the way Shweta was, should I have done this, should I have done that, what if this, what if that, and I think basically what we are talking about here is that part of the process of grieving is letting go and moving on but not in a cavalier way, oh, well, lost that one, you know, what's next, which is sort of what was expected many, many years ago when I went into this business, they... You had a miscarriage or a stillborn and they took it away from you and that was the end to that. Now, the hospital allows you to see and hold the baby and I went to the funeral of one of my patients who lost a child at 24 weeks and there was an actual funeral. That's a ritual and it is the ritual that I think really represents the way to heal a broken heart.

Candace Wohl : Absolutely! I think you..., you made a lot of really good points there and..., and excellent advice and then actually, you know, I wanted to share with you this, so I..., with Resolve, I host Peer-led Support Group and every October, we..., we raise money and we purchase memory boxes and we put them together and usually its about 20 to 30 women, all of which have either had a miscarriage or had a stillbirth and they put together these boxes and they have blankets and journals and a necklace and just these little small things that they can have a lasting memory to honor their child in such a very tragic moment. So, you know, for those parents, its very healing, but the other really sad part is every year, I am often contacted by mothers who experienced stillbirth 20 to 30 years ago... ..and they have been holding on to this grief alone for decades... ..years upon years. So, at that time, there was just..., just like you mentioned, there was very little..., there was little healthcare provider education on grief counseling. There was minimal access to support and there was definitely nothing that was gifted to the parents to recognize that their child not only exists, but, you know, that..., that was their baby and that was honored other than an empty hospital bracelet. So, you know, how would you offer help to these couples in that situation to begin healing process of a loss that has happened and impacted them for years?

Helen Adrienne : Well, the... I guess the most distinct way to say it is it is never too late. I began by telling about the woman who was widowed and 10 years later was the time that grieving made sense to her and these are people who are contacting you, so they have the same feeling for, you know, longer than I did, that they have the same feeling like I had, like, wait a minute, you know..., just an intuitive sense of something is not right. In my case, it was the need to connect with the soul of the unborn child, with the soul in this case of babies who were stillborn and to let the feeling float up into the universe and be captured in whatever mysterious way this happens that then results in feeling better. So, just to be in your heart with what's real but to..., to be able to do something ritualistic that lets it go, maybe these babies were never named and they need to be named, maybe they were never allowed to hold the child which is what happened 20 or 30 years ago. Well, you know, if..., the way I work with..., if somebody like this were to come in to my office, since I am trained in clinical hypnosis, I could work with them hypnotically to be at the time of birth and to redo whatever it is, the baby being ripped away from you or whatever it is that happened, to go back to the actual moment of birth even though it was a stillbirth and to allow the parents to hold that child and name that child and be with that child and express whatever needs to be expressed to that child so that they can feel that, you know, whatever happened, who knows why, but its now in the past and how are we going to get it so that it never..., it never goes away, but it doesn't have to be biting, you know, nipping at your heels for all those years.

Fran Meadows : Wow! Thank you for that, Helen, and..., and, Candace, some great questions because I mean..., I just want to add to that last thing there. I think that's really great what you did, helping, you know, people who have a loss and, you know, creating memories for them, even though, you know, it might not have been a great, you know, experience. It just gives them their own type of memories and for me, I..., I did not opt for any type of memory box. I didn't hold the child, name the child and this is like, you know, a long..., this is almost nine years later. Sometimes I feel like I did the wrong thing, but then I said, you know what, that was my way of healing myself.....not looking at what happened and kind of creating my own memories of, you know, being pregnant and just creating my own thing and acknowledging for what it is and honoring now here, right here. So, I think that's really great and, you know, I like..., I like the way that, Helen, you expressed that everybody is different. So...And with that, I am going to hand it back over to Shweta and she is going to go in with her questions now. Thank you.

Shweta Mishra : – Thanks, Fran. Thank you so much. Helen, I so much agree with your statement that you

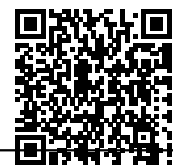


just gave in..., an answer to Fran's question, that there is a need to communicate nonverbally in a way..., in a way that that does not require answers and I..., I really..., I felt the need of such kind of a communication in my struggle. I mean, the stress of infertility may be so huge that it may badly impact the intimacy and understanding between the partnerseither because one of them is depressed that he or she stops sharing or because he or she is not just self-aware and as confident as he or she was before. So, I wanted to ask, do you see a similar cases among your clients where this loss of self-awareness and loss of capability to share is a common phenomena with..., among the people in depression due to infertility and what advice do you give to such couples who are at the verge of losing their relationship to this?

Helen Adrienne : Well, I am not sure that its loss of awareness when you think of something as gigantic as a stillborn or a miscarriage. I've had experiences through my life that have been emotionally profound in addition to the miscarriage and its not uncommon for..., when any of us are in that situation to feel as if you are walking into walls. You can't..., you know, you..., you don't know where you left your keys, you don't know what day it is. You know, its a very normal phenomenon. The idea that it impacts the..., what you are calling the intimacy relationship with the..., with your partner, that..., that really boils down to he has his way of coping and she has her way of coping and they may not be compatible, but let's not forget that this whole thing, making a baby, is a quest that is driven by your love for one another and any relationship is unlikely to remain completely in parallel through the duration of the 40 to 50 years, you know, of an ongoing relationship together. That's unlikely and so for..., for him to go left and her to go right, the presumption is that they are going to come back together again. They may need some professional guidance for that, but its not..., its..., its uncomfortable, but at the same time, you have to leave room. If we leave room for everybody grieving individually and then you have two people grieving the same thing, who will just say they are going to be doing the same thing at the same time, but to be able to know that you need to reach out for help would be an important part of this. I..., I don't think that there is any couple who goes through a fertility struggle who is on the page the entire time. There is just so much involved and, you know, who are your friends, who..., what is your family, who knows, who doesn't know, what is the challenge medically, what if I am fertile and you are not, you know, I mean the list is..., is biological, its psychological, its social, its spiritual. All the different components of all of that. So, the likelihood of everyone being, you know, on the same page when you most need it, if you are, you are lucky, I would say. So, you know, couples really need to have space and if they are in this thing which is being driven by a long, loving relationship, then that's going to eventually be like, hey, wait a minute, what are we doing, we need to..., we need to fix this.

Shweta Mishra : – Right. Correct. Yeah. You are so right about it. You know, I'll just move on to another topic altogether. I know how hard dealing with the trauma of infertility or losing a pregnancy can be, but, you know, it can also be extremely, very difficult for someone like a partner or caregiver to sit in front of the person who is going through such a..., such a problem and console him or her. I know you have been doing this so beautifully and successfully for a long, long time now, but for most people like family, friends, and other acquaintances, they may really not know what to say to the sufferer to make him or her feel better. So, what advice do you give to someone who genuinely wants to help someone dealing with the issues of infertility or a recent infant loss and at the same time, you know, we have our listener's question that the listener wanted to ask, it is on the same line and I will just read out the question so that you can answer both of them together. The listener says, I am asking this question as a close friend, to my friend who just lost her baby. I want to help them through the pain but feel that they want to be alone and want no visitors. Is it a wise idea to leave them alone and honor their protestation or should I just ignore and keep visiting to help them open up?

Helen Adrienne : Well, if..., if someone wants to help, that's fine and dandy, but the other half of that is does the person want to be helped and they may want to be helped, but they may not know how, they may not know when. The listener who sent in the question is obviously a very dear and loving person and considers the one who just lost the child to be a close friend, but again, the... You have to honor the..., the couple's protestations of wanting to be alone and no, thank you. What I would recommend is just very sweet things, like send a box of candy, send a..., you know, one rose even with a note that says thinking of you, something that is from afar and at the same time an indication that you are a close person and that you would like to be available to help, but there are people sometimes who have notions about what kind of



help you think the other person needs and you might be on target and you might be off by a..., by a thousand miles. So, its really important to be able to read between the lines and sense what the person is telling you, if they are..., if its a good friend you are talking about, they may not want to hurt you by saying go away, but they may really be signalling nonverbally, please go away right now, I need to be alone. So, there's a whole swirl of complications that need to be taken into consideration and nobody knows best what the couple needs and sometimes the couple doesn't even know what they need, except time.

Shweta Mishra : – Uhhh... Right. Yeah. That's very true. With this, I think... Fran, do you have any more questions?

Fran Meadows : Yes. I am going to go...

Shweta Mishra : – Yeah, we have time for another round. Yes, yes. Please go ahead.

Fran Meadows : Okay. Do you want me to ask the other question that is online because I see there is another question pertaining to hypnosis?

Shweta Mishra : – I think you can go..., go ahead with your questions and then..., yeah, that's fine, that's fine, yeah.

Fran Meadows : Okay. I am going to go back to... So, Helen, I hear that you are saying and..., and I think its very important that everybody understand that each couple is different and healing is an..., what I believe like for myself, should be at your own pace because its..., no, its a very difficult topic to deal with and sometimes people don't even know what to say to you and, you know, for me, I thought it was better to have like that, you know, I am here for you when you are ready to speak, and you know, after my loss, I am trying to figure out how to go back to my daily routine, you know, how to, you know, get up and just get out of my bed. You know, I would hide inside a lot. I didn't want to face any type of reality until I felt ready. So, its my way of taking small steps at my own pace, you know, helping me reflect and acknowledge what happened so I can deal with the healing process to move forward. So, in your experience, what are some ways that couples begin their healing process or know its time, you know, to kind of move forward not forgetting what happened but just kind of moving forward, you know, through their healing process?

Helen Adrienne : Well, I think that, excuse me, that there is one thing that is a kind of a metaphor and an analog to procreation and that is creation and, you know, certainly creating a baby is the penultimate in creation, but I think that to be able to bond up together and have some kind of a project that is really a creative project, that really would make you feel as if you are in a category of creating something. So, that could be as simple as painting one wall in the living room green, you know, and like getting throw pillows and redecorating and just having some fun with that kind of thing. Yes, it basically boils down to a distraction, but it could be a really productive and happy one and its about filling in time that... I remember when I had my miscarriage, the phrase that I used to say to myself over and over again was, everyday feels like a year and this is a way to be investing time in..., in something that makes you happy, something that it doesn't do anything to solve the loss, but at least you can have a place to go away from drowning in feelings, which is sometimes what happens. They just, you know, can't move out of the upset. So, that's..., that's one thing and, you know, there are..., there are two categories of coping. One is called a problem-solving coping or doing coping. So, to paint a wall green would be doing something, distracting yourself. The other kind of coping is called letting go coping or being coping. Just letting yourself be in whatever it is that's going on as a way of honoring it, honoring the grief, honoring the loss. I don't recommend, although some people deal by not dealing, but..., but certainly I think a quicker way to get healed is to let yourself know that this was painful and..., and this is what would have been and now it isn't and all of that, but the other thing is that the..., the swirl of emotions and the in and out of agony, in and out of walking into walls, in and out of how do you get back into your life and all of that. What I teach people is that they can create a safe and comfortable and relaxed place under the turbulence because everything that's going on around, you know, if you feel that you are on the same page or on a different page than your partner, you know, there are..., there are parents that might want to help but they..., it feels intrusive, friends who want to help that maybe, you know, let them



in and then they say the wrong thing and then you are, you know, kind of thrown by that.

Helen Adrienne : No matter what emotional turmoil is going on, there is a place deep down within each of us that is a safe haven. You might want to label it meditation. I work with people hypnotically and I get them to a place where they can be in their safe space, so that they can break the spasm of all of the stress of the loss and all of the grief, the need to escape from it and if going to a party doesn't do it for you because there's no way you are in the mood to pretend that you are happy, well, then what about going deep within yourself and..., and here's how I like to explain this to people. When I was 12 years old, I went to the beach with my family and I loved the shore, I loved jumping in the waves and what not and being 12, I decided I was going to dive away and I was going to go down to the bottom of the ocean floor. Right? So, I see the next wave coming at me and boom, down I go and I open my eyes and I see that the sand is very gently swirling in beautiful patterns in response to the ocean turbulence above and I see that the seaweed is..., is gracefully dancing..., gracefully dancing, swaying in response to the turbulence above and even though I wasn't underneath for very long, I was observing these things and at the same time I was feeling the breaker roll over my back with a kind of a bulla bulla bulla..., bubbling and it was then and there that I was so transfixed by this that I never forgot it and now all these years of doing work with fertility patients, the expression under the turbulence has come to have profound meaning for the people that I work with because the..., the wave was the wave. The wave could have knocked me over if I had stood up, but I went under it to a place where there was such tranquility and people can learn to do this. This is letting go coping. They can learn to let go of whatever it is that's out there, whether its I am not pregnant yet and I want to be, whether I was pregnant and I had a miscarriage, I was pregnant and I had a loss. There is a place that breaks the spasm because if you think about what grief and loss and agony is like, the whole image that comes to my mind is being in a Gordian knot and you want to be in a place where you can at least flirt with balancing your life and..., and teaching yourself that..., that this too shall pass and right now I can get some..., a break from being in this place that is just so hard to be in. So, there's the doing coping and there's the being coping and, you know, again the doing coping part of that is the ritual, whether its the boxes that..., that Can just talked about, which is a beautiful thing, whether its creating your own ritual and I am all in favor of making it up as you go along, whatever it is that suits you. Some people might throw a letter in the fireplace, others might tear it up and throw it in the ocean or bury it in your backyard under, you know, some safer tree. It doesn't matter, but to be..., yeah, actively engaged in... I mean, for you, Fran, it was writing a book.

Fran Meadows : Right. Right. And I agree and..., and I knew, you know, the moment I knew that I was ready to kind of move forward and heal, my..., my son's..., well, my child's nursery was almost complete and when we came home the door had to be closed and...I wasn't ready to go in and, you know, I would peek in every now and then and kind of come out and know when my face felt ready, so one day, when my husband was at work, I opened the door. I passed by it a few times. I looked in and then finally I..., I went in and sat in the rocking chair and sat there, just in silence and it kind of helped me. That's when I knew I was ready, like I was ready.....to move forward. I was ready to, you know, take this and acknowledge and reflect and just move on, you know, knowing that there was something else there for me, to start with treatments again after going through infertility. So, I mean I agree. Its just..., its an individualized situation....., and there is no right or wrong answer. Its just about, you know, coping and taking these tools to move on and.....with that, I mean, like with infertility, I know, you know, I was very silent with infertility and after the birth of my son, I found that social media was a great tool to help support others through infertility and loss, things that I have experienced and today with social media, you find that patients are turning to online support, you know, chats and, you know, podcasts like the one we are doing now, where people listen in. Do you feel that they are turning more to online support versus the in-person support because they feel this emotional isolation or this sense of emptiness or embarrassment with dealing with, like their diagnosis of infertility of if they are experiencing a loss. Do you find that?

Helen Adrienne : I..., I think that they turn to online because its available and, you know, you don't have to be a published author to put a paragraph on a blog. You can be anybody and the thing about the internet is that it can be incredibly helpful as it was for you, as it is for many people, but..., but the same thing with friends who want to help and they have the answer for you and they come charging in and they want you to



do what they want you to do. On the internet as well you find people who have prescriptions that, you know, that are a little off center and, you know, they..., they vent their anger and that's not going to help if you read these kinds of things. So, you know, again, its..., I think its what's available. I think that it is unfortunate in a way because, you know, what i am known for is eyeball to eyeball, you know, really being available, like my patient said to me, this week, I feel seen and I feel heard and that can be so healing. And also to talk to someone like me, I am, you know, just a receptacle for what you need to..., to hear yourself saying as opposed to the spouse who might be, you know, just wanting to block it out and then seems to be unavailable to you and that may really be a reflection of his pain as..., as we were saying earlier, so, you know, seeking professional guidance and it doesn't have to be, you know, ongoing. It can... Sometimes in one session you can be able to take a breath and say, ahhh, now I have got what I, you know, a clarification, a perspective that I didn't have before.

Fran Meadows : Right and I am guessing, I mean also for people in person versus online is definitely a choice. I mean being online is obviously its more available, more ready, but I still feel that in-person connection with therapy like myself, I went through one-on-one therapy because I felt it was my release, my safe place. So, I think that's just, you know, a personal choice also, but, you know, its just..., its just amazing seeing how many more people come, you know, and open their discussion and share their experiences online and I am sure Candace might have a couple of more questions to talk maybe on that topic or a couple other questions as well. Candace?

Candace Wohl : Ah, yes. Actually, I have a unique question here. So, personally, I have never experienced pregnancy and due to a hysterectomy because of the threat of urine cancer, I had to pursue other family building option, but that didn't stop us. We actually had a few embryos left over from a..., from a previous IVF and now I am a mother through the gift of surrogacy, but the problem is that from time to time I am still saddened though of never being able to have that experience of pregnancy and. ..., and I am certainly not alone in this experience as many mothers who pursue adoption and surrogacy often feel this way. This is a different form of loss, and it certainly does not overshadow the joy of parenthood that came so difficultly to these... ..couples, but I..., I would really like to hear from you on what advice you would give mothers through surrogacy and adoption, who grieve for not having the ability to carry their child?

Helen Adrienne : Oh, I would worry about them if they didn't grieve. I..., I think that what is going on, at least the way that I experienced my childbearing years was that it is a privilege to live in a female body. It is an expectation I know. You know, when I was a little girl, I used to put rolled-up socks in my undershirt and, you know, walk around like I had boobs, you know, and with my doll and this and that, I mean its just something that may not be as much what goes on today, but certainly, you know, the women whom I..., with whom I have worked, who are on high-powered..., in high-powered jobs and what not, they still want their body to work as a female body should. I can remember a friend of mine when..., when my friends and I were all having babies, who had some trouble and wound up having a C-section and I had already had one child and I remember feeling sad for her because she didn't have the privilege of giving birth. So, I think that its really about living in a female body and feeling kind of cheated that you..., you don't get to experience what it is that being in a female body is all about and certainly there's an added zing to it when your, you know, life is saved by the surgery that you had, but I remember when..., when I mean, when I first went into practice, IVF was just really in its infancy and a bunch of years after that, I remember reading an article in the Times about a clinic that was looking for ovum donors and I read this with interest and I, you know, I was already in the field and working, you know, with women in this way and then at the end of the article they said that anybody who is between the ages of 21 and 35 can call this number, whatever, whatever and I remember staggering backward because I was 37 at the time and I was too old (laughter). You know, I mean I..., I was so invested in being a woman that it shocked me that I wasn't in that category anymore. So, I..., I really think that just like grieving the loss of a literal baby by way of miscarriage or stillbirth, grieving a loss of the capacity to be in the pregnancy and birth experience is something that really is logical for you to grieve about. So, I..., I..., I certainly understand and at the same time, like you said, it hasn't interfered with the joy of having your child by the gift of surrogacy.

Candace Wohl : – Thank you. Thank you. I appreciate that.



Shweta Mishra : – Yeah. Thank you so much, Candace, for your question and, Helen, I think I'll just read out one question from our listeners and this is entirely on a new topic of hypnosis, which is an interesting one. He asks, when do you see the need to do hypnosis while counseling your clients and how does it help them?

Helen Adrienne : Okay. Well, you know, I happen to be pleased that someone asked that question (excuse me) because I have found that the mind-body stress reduction techniques that I use in combination with clinical hypnosis is an incredible boon to the person who is struggling to get pregnant and, of course, it can be involved in..., in healing miscarriage or stillbirth as well, but..., but in terms of the..., the people who are wanting to become pregnant, what hypnosis does is it takes you into that internal sanctuary that I described before, under the turbulence and when you are in a place that is safe and comfortable and relaxed and I can guide you with imagery of nature and, you know, places that you tell me ahead of time, you enjoy visiting. It could be a beach, it could be a garden, it could be a mountain trail. It..., it doesn't really matter where, but the imagery of nature deepens the experience and then what separates hypnosis from other forms of meditation or mindfulness or guided visualization is that the person arrives at a place where they are open to hearing what's called posthypnotic suggestions and posthypnotic suggestions land in the miraculous place of the unconscious mind where they keep on going even after the hypnosis is over. I have never had anybody come out of a hypnotic trance who is trying to get pregnant, who hasn't said something like, ahh, I didn't want to come back, that was fabulous. I get people involved in potentiating the medication by literally visiting the inside of their body, their blood stream and..., and being with them as they superovulate the ovum and getting ovum to come to the..., to the surface of the ovary. I get people to imagine the fertilization process even in a petri dish. I get people to be..., to participate in the building up of the uterine lining so that at the time of embryo transfer they are absolutely receptive and..., and then to be in a place where they can connect with that eight-celled little creature that's going to be their son or daughter in nine months and basically the net-net of this is that people feel as if they are partners with their doctor. They feel as if they are participating in the process as opposed to being a slab of meat with their legs in stirrups under fluorescent lights with a gang of people standing around, whereas everybody else goes into their bedroom and comes out pregnant. They are no longer a victim of a process that, yes, its wonderful, can get them to their goal but its not the most pleasant thing in the world, whereas this way a hypnotic trance is very pleasant and is participatory and does give people a feeling of empowerment and control, which really mitigates the one word that is the most common word I have heard in all these 37 years and that is, I feel out of control. So, the hypnosis is a fantastic way of being in the process of conception, literally from the inside out.

Shweta Mishra : – Okay. Wow! That's really so interesting and I am really sorry that we don't have too much time to expand on this, but its..., its a topic which we can discuss an hour. Right? So... But, I think I have one last question for you. I visited one of your blogs called Turn A Red Light to Green.....where you wrote such powerful lines like – “empowerment is the perfect antidote to helplessness.” I loved this line and also you mentioned about the story of this artist Chuck Close who had neurological disabilities, despite which he excelled in arts and became a famous artist. So, I request you to share that inspirational story with us and our audience and tell us how art in any form can heal?

Helen Adrienne : Yeah. Well, that's pretty much what I was talking about before when I said that there's doing coping and being coping and one of the things that you can.....do, when I said paint a wall..., a wall green, I meant get involved in something artistic and that art is creative, wanting to create the next generation is creative and they are metaphorically linked. I have worked with people who have bought a fixer upper, a little cabin on a leg where that's falling apart and they rip the wall paper off the walls and they strip the floors and they are excited to be creating in some ways what they consider to be the baby before the baby...and turn a red light to green is about giving yourself a go to become actively involved in something that feels creative and productive, while waiting for the miracle is the..., is the way that..., that I put it and it..., it is empowering and it does go quite a way to mitigating the feeling of helplessness that you..., that you referenced a moment ago.

Shweta Mishra : – Correct. Yeah. Thank you so much, Helen, for this positive thought and I know that its



easier said than done and its very difficult to, you know, divert our minds to cultivate positive thoughts when we are so depressed and full of fear of uncertainty, but if only we could just push ourselves to that point where we start learning new things and start working on hobbies or interests, I think it will surely help us in our struggle with infertility and infant loss and it will definitely offload some of the stress of infertility, a little bit if not substantially. So, thank you... ..so much, Helen, for your wonderful words and I really thank Fran and Candace for supporting this discussion with your very perceptive questions and I am sure the issues that we discussed here today were some that many amongst our audience would have wanted to talk about and really hope that this talk will serve as a good resource for people coping with infant loss and infertility and, audience, I thank you all for your support and look forward to have you join us next week on CureTalks on 17th of November, 2015, at 5 p.m. eastern to discuss the role of high-intensity focused ultrasound in prostate cancer treatment with Dr. Stephen Scionti. For more information on this show and other upcoming shows, its available on our website, www.curetalks.com, and the link for today's show will be sent in to all the participants by email. So, until the next talk, thank you very much, everyone.

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