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**RABBINIC PASTORAL CARE TO THE JEWISH INFERTILE
COUPLE: PSYCHOLOGICAL AND SPIRITUAL ISSUES OF
INFERTILITY**

Rabbi Ronald W. Kaplan

Thesis Submitted in Partial Fulfillment of
Requirements for Doctor of Ministry Degree

Hebrew Union College-Jewish Institute of Religion
Graduate Studies Program
New York, New York

April 1995/Nisan 5755

Advisors: Rabbi Leonard Kravitz, Mr. Robert Butter, C.S.W.

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DEDICATION

With great respect and profound love, I dedicate this demonstration project to my father, Dr. Henry M. Kaplan, and to my mother, Rhoda Lee-Baskin Kaplan, both of whom have inspired and encouraged me to pursue post-graduate studies beyond my Rabbinic ordination and to earn the doctorate degree in a field of specialization. I am proud to dedicate this work in their honor.

ACKNOWLEDGEMENTS

First and foremost, I lovingly acknowledge with heartfelt appreciation the constant attention, patience and support of my wife of nearly fifteen years, Randi Musnitsky. As my partner in marriage and parenthood, she has blessed us with two sons, Jonah and Rafael. The day doesn't pass without my realizing how lucky we are for her care, concern and devotion to us. As a Rabbi, Randi inspires me by her ability to relate and work with colleagues and staff, as well as to engender such love for her, universally, among congregants. She is an excellent teacher of Judaism and of human relations. I have learned so much from her. I am tremendously proud to be in her company at Temple Emanuel in Cherry Hill, as I was in her previous pulpit position at Rockdale Temple in Cincinnati. I love being referred to as the "rabbi's husband." I truly take deepest pride and satisfaction in her rabbinate.

Most important, however, is my acknowledging Randi's willingness to stand with and behind me during challenging times in past years. Professionally and personally, I have been enormously fortunate to have had Randi in whom to confide, and through whom to find wise and patient counsel. She is loving and loyal, always seeing the present for what it is, and believing the future has greater potential. She continues to be reassuring to each of us in the family, expressing confidence and optimism for what lies ahead. The completion of this demonstration project and the earning of the doctorate are a testament to Randi's devotion and commitment to me, to our marriage, and to our sons.

There are numerous other very special people in my life who have been influential in shaping my rabbinate, in general, and this doctorate work, in particular. I am indebted to them all.

My colleagues in the Doctor of Ministry Program during the past three years have been a tremendous source of professional camaraderie as well as wonderful friends. I truly enjoyed every minute of our fellowship together traveling and studying in New York. They, too, provided me support and inspiration in my completing the academic studies and earning the doctorate degree. I express heartfelt endearment to Rabbis Elliott Perlstein, Eric Lankin, Jon Cutler, and Father Bob Lawsine.

My teachers and advisors, Mr. Robert Butter and Rabbi Leonard Kravitz, have been extremely conscientious and caring in providing

me the guidance and knowledge of their respective expertise to carry out this project. They were sensitive to me as well as to my work. I am most grateful to them for their devotion to my efforts throughout the process of my studies.

During the past year, I have had the pleasure of serving as a pastoral counselor at a rehabilitation center, under the supervision of Dr. Len Silk. I benefited greatly from his clinical skill as a psychologist, as well as greatly valued his friendship and support.

David Rinik has continued to be a source of wonderful friendship to me and to my family. He is loved by all of us. We count on him for so many things, not the least of which, is the operation of our computer with which this document was typed. I knew I could call upon him, even in to the late hours of the night, for his able assistance. We treasure our relationship with David.

I am indebted to Pam and Tom Austin, who constantly extended help in my research and counseling. They sent me pertinent articles, provided me books on the subject of infertility, and explained what they had endured over many years of struggling to conceive. My wife and I, together with other friends, tried to be with them in their pain. We shared with them, ultimately as well, their profound joy as they adopted a "gift from G-d" whom they named, Marielle. They are worthy of the blessings of parenthood, and they have created a beautiful life of "shalom bayit" for themselves and their daughter. I greatly appreciate Pam's conscientious proof-reading of this text and her very constructive criticisms and suggestions of style and form.

A last word of gratitude is appropriately conveyed to Dr. Jay Schinfeld, a friend and former neighbor, who offered assistance through his practice in Reproductive Endocrinology. Dr. Schinfeld took great interest in my efforts and made several referrals of his patients toward this counseling endeavor.

To all these wonderful people, and others too numerous to mention, who have given of themselves to me for this and other personal and professional aspects of my life, I am most appreciative.

Digest

This demonstration project focuses on the spiritual and psychological issues of infertility among Jewish married couples. I plan to meet with four to six couples or individuals for five to six one-hour sessions. The project will concentrate on establishing "shalom bayit", "peace in the home" for these people who are experiencing marital stress as a result of their infertility. The goal in these 5-6 sessions is to provide them with sufficient tools to maintain marital harmony and unity in their lives together. My aim is to create an opportunity for exploration of feelings and thoughts regarding their difficulties getting pregnant. I would like them to be able to discuss their mutual problems openly and honestly, guided by my clinical and pastoral interventions. I want to enable them, through self-reflection and discovery, to express their struggles, challenges and dreams, and thereby strengthen their marriage in coping with these issues. This project, ideally, will help facilitate a process for examining the painful and divisive problems wives and husbands often confront in their attempts to become parents. As a result of these counseling sessions with me, I anticipate that each spouse may share concerns with one another, coming to understand better his/her emotional, physical and spiritual issues associated with infertility and the effects of these on their relationship. In addition, couples will learn how to make a positive adjustment for the future, which will help them secure "shalom bayit" for themselves and their marriage.

"Primary infertility refers to failure of conception after one year of trying for couples who have never before been pregnant." ¹ This

project will be limited to those husbands and wives who have been diagnosed as infertile by their physician after one year without successfully conceiving a child. This clinical definition of infertility accounts for some 15 to 20 percent of all couples of childbearing age in the United States.² The persons' infertility may result from a variety of physiological factors. "Sometimes their infertility is simply a matter of age; sometimes it is caused by medications, drugs, various diseases, or because of conditions present at birth...As a couple, infertility may occur if the man has a low sperm count, or if the woman is approaching menopause, has infrequent ovulation, or has partially blocked fallopian tubes."³ These problems may cause strong feelings of anxiety, depression, anger, frustration, and low self-esteem. It is anticipated that within an atmosphere of shared support and mutual understanding, counselees will be able to express a full range of thoughts and feelings to their spouses. As an empathic listener, I shall try to create a safe environment for such personal disclosure. One prominent reproductive endocrinologist writes, "Frequently, at this time particularly, the couple will reveal clues about possibly important, unresolved psychosexual difficulties...Psychotherapy may indeed be helpful in some couples with particular personality disorders."⁴ Accordingly, in this project, I plan to counsel these couples within a pastoral ministry, integrating clinical and religious principles.

Introduction

I shall provide an opportunity for Jewish individuals and/or couples who are struggling to conceive a child to explore their feelings and concerns, and facilitate a search for spiritual connections within a context of Jewish history and tradition.

The aim is to increase understanding, communication and bonding between husband and wife who are experiencing infertility by enabling them to recognize and acknowledge individual and shared concerns regarding their marriage. The goal is to make it possible for spouses to experience less tension between them, promoting marital harmony and greater unity. These sessions may enable these couples to give and receive support for each other in coping with personal issues of infertility.

A series of 5-6 meetings with infertile husbands and/or wives will offer individual and/or shared discussion aimed at increasing their ties with each other in their understanding of self and one another in their marriage.

My role will be to act as a facilitator, enabling each person to listen to his/her spouse more carefully and respond more personally to the concerns of the couple. My counseling is in relation to my goal to promote harmony with the couple, to assist them achieve greater unity, and to help them become more responsive and supportive to one another. My ministerial contribution is to allow these people to make Jewish connections, to be in touch with our tradition, and use my knowledge of Judaism to cite relevant information from religious texts that may guide them.

Through the integration of spirituality and clinical psychodynamics, I hope this demonstration project will be beneficial to infertile Jewish men and women in my community.

Chapter 1. Problems, Needs, and Issues Addressed by Demonstration Project

A. Presenting Problem

Modern day Jewish couples who marry later in life and delay parenthood into their thirties and forties, as well as those who attempt to conceive in their twenties, often are forced to confront the realization that they are infertile. "Studies have shown that there is a marked decrease in fertility with age. Among normally fertile women in their earlier twenties, 20 to 25 percent will conceive within the first month. Among women in their early thirties, only 10 percent will conceive in the first month. In the late thirties, the numbers fall to around 8 percent." ¹ Meeting with couples in an individual modality, I will offer them the opportunity to speak about their particular issues and conflicts, questions and problems, hopes and dreams they encounter individually or together. The project targets specifically Jewish married couples who continue to be infertile after one year of trying unsuccessfully to conceive, and who are undergoing the treatment of a reproductive endocrinologist. As a pastoral counselor, I plan to offer a "ministry of presence" for them to express their feelings and thoughts on a variety of issues, within a theoretical and religious framework, by employing clinical and pastoral principles, and drawing upon counseling techniques and Jewish tradition.

B. State of Need

There are a vast number of psychological and spiritual issues associated with infertility. The American Fertility Society cites some of the most common emotions experienced as shock, denial, guilt,

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blame, depression, hopelessness, loss of control, anger and isolation. 2
These may cause stress and tension in a marriage, manifested in a
number of ways that threaten the harmony and unity of the marital
relationship. Though not complete, these may include the wife's or
husband's unwillingness to accept the medical diagnosis, causing
resentment of being labeled as 'infertile'; the refusal or reluctance of
either or both spouses to communicate feelings; the animosity
directed at each other for their status, assigning blame to oneself or
to the spouse, and feeling guilty as a result; depression from the
belief that childlessness is a punishment from G-d for some sinful
deed and holding G-d responsible for this "affliction"; humiliation
from the self-perception that an infertile/barren woman is not
feminine and an impotent/sterile man is not masculine, casting a
negative reflection on one's womanhood or manhood; coping with the
stigma of having some physical "defect" and guilt that, "there must
be something wrong with me"; the hardships inflicted upon mutual
intimacy and enjoyment of their sexual relationship; the difficulty in
facing parents, in-laws and other relatives by feeling embarrassed or
inadequate for not meeting their expectations for grandchildren or
children; the imposing societal pressure exerted upon young couples
to become a "family"; the painful medical procedures, invasive tests,
exorbitant costs, and lengthy time commitments required in the
process. All of these issues accompanying infertility frequently
provoke tremendous anxiety. Each of these stress-related
ramifications of infertility requires emotional fortitude necessary to
deal with the possibility of an unfulfilled dream of giving birth.

Any one or any combination of this litany of potential problems may seriously threaten the peace and stability of the most wholesome of marriages. This project, therefore, is based upon my intention to provide infertile couples with the necessary tools to help them maintain marital harmony and unity. I hope to support my contention that as men and women examine the issues and feelings surrounding infertility, they may prepare themselves for this difficult and often lengthy period of time. It is my plan that after the 5 to 6 sessions together, they will be better equipped to establish "shalom bayit" in their marriage. "With emotional support and mental preparation, infertile couples can successfully reduce the potential pain of infertility." ³ Confronted by many unexpected emotions and painful situations, these people can be prepared to make infertility easier to handle. Furthermore, married men and women may discover that learning to cope with infertility allows each of them and his/her spouse to grow and become closer as they share their feelings throughout this stressful time. ⁴

Many professionals across the board of medical and mental health disciplines are proponents of counseling for infertile couples, indicating that the future of their marriages is at stake. Dr. Andrea Braverman, of the Department of Psychiatry at the University of Pennsylvania School of Medicine, writes, "Counseling provides an excellent opportunity (for the couple) to explore and manage their experience throughout the entire process of choosing to become a parent...Through all phases of the experience, counseling can provide an excellent resource to all participants if communication should falter or fail. When communication is not good, the

opportunity for anger and resentment between the couple becomes great. Although not a guarantee that all issues will be resolved, counseling provides the best foundation upon which disagreements or issues can be worked through by all parties." ⁵

Patricia Mahlstedt, Ed.D., a psychologist in private practice, recommends that "specialists in infertility 'know about' and 'attend' to the psychological component of their patients..The problem involves defining specifically and reasonably what 'knowing about' and 'attending' mean for physicians who often have little training or time for dealing with their patients' emotional needs." ⁶ She further warns, "Ending a relationship may be an actuality or just an unspoken fear of many infertile couples." ⁷ Based upon this she concludes that, "Both the diagnosis and the treatment of infertility have a profound impact on people's lives...To what extent the emotional responses incapacitate depends on many factors, including the couple's ability to communicate..." ⁸ "Supportive action is to encourage communication with patients about all aspects of their infertility." ⁹ Dr. Jay Schinfeld, Ob.-Gyn., supports this suggestion, by saying, "Physicians...should refer infertile patients for psychological counseling...whenever possible." ¹⁰ Counseling, so it seems, is warranted in response to the severity of the issues of infertility to preserve a marriage for the two people involved.

C. Relevance of Project to Ministry

As a Rabbi and pastoral counselor, I hope to strengthen my skills through this demonstration project to be sensitive, empathic, and helpful to infertile couples in their process to conceive. My experience in the pulpit rabbinate leads me to conclude that infertile

Jewish women and men are reluctant to approach their own congregational Rabbi to discuss this very personal and private issue, particularly a matter as intimate as infertility. Dr. Schinfeld writes, "Infertility is difficult for many to discuss even with friends, not only because of its relationship to personal sexual issues, but also because of the many superstitions and myths surrounding it. Open discussion often evokes uninvited advice and lay psychological counseling, exposing the couple to speculation about sexual and marital difficulties or inadequacies." ¹¹ However, Dr. Schinfeld continues, "Simple reassurance, answering questions directly, and correcting misinformation from friends, relatives, and the media will allow a decrease in anxiety and occasionally will result in an early pregnancy...A thorough discussion of the psychosexual problems and therapeutic options should ensue...Support that can direct energy and thoughts in a positive manner are useful." ¹² He goes on to say that promoting the sharing of ideas, grief, and anger encourages couples to deal in positive ways with these threats to their sexuality and marital relationship. ¹³

Why would such couples come to a Rabbi like me? I believe that such couples may be more inclined to approach someone like me who has spiritual as well as clinical training. Most importantly, they can maintain total anonymity outside the Jewish community since I am a Rabbi with whom they have no association in a synagogue and can feel less threatened regarding embarrassment and confidentiality to discuss issues of infertility. How much the more so this is true for the higher percentage of unaffiliated Jews in the community who do not belong to any synagogue and have no rabbi.

Having no rabbi of their own, these people could come to me to seek Jewish connections. They may have an even greater need to speak to a spiritual counselor.

I believe such a clinical ministry utilizing pastoral counseling skills would be greatly beneficial to this segment of congregational membership and to the wider Jewish community as a whole. Furthermore, if statistics rightly indicate that 1 of every 5 couples will experience infertility, then every synagogue will have such couples among their membership. A certain percentage of infertile couples will be affiliated with every congregation. Therefore this project would be worthwhile for other clergy as they strive to serve their members. As well, these problems facing such couples are universal, transcending denominational lines of the Jewish spectrum in any city. Beyond these Jews, the insights I hope to acquire may be helpful as they apply to those unaffiliated with synagogues or organizations, but who identify Jewishly in other ways.

As well, I would hope that this demonstration project would be worthy of duplication by Rabbis for their own counseling skill development. There seems to me to be a tremendous need to enable Rabbis, who generally are inadequately trained to counsel in this area, to address the great and growing number of congregants who suffer from what is becoming a devastating problem in the context of a tradition that promotes the family as the fulfillment of Jewish teachings. I believe this to be a very worthwhile and neglected discipline of ministry which, I hope, will be instructive to my Rabbinic colleagues. As well, it is my intention to raise consciousness and heightened clergy sensitivity to the pain felt by Jewish infertile

couples in our midst. Rabbi Michael Gold describes how he no longer encourages wedding couples standing under the bridal chuppah to have children, as was his custom. His counseling of infertile couples has forced him to rethink his wedding charge to the newlyweds. Similarly, sermons on the low Jewish birthrate and zero population growth, or worse, a negative depreciation in our numbers only intensifies the pain for infertile couples.¹⁴ I hope that my project will be relevant to other rabbis in this important endeavor. Though there is a desperate need for Jewish children, we must be aware of the pervasive feelings of sadness and guilt that childless Jewish couples experience when reminded of their infertility. As the sage, Rabbi Hillel taught in his dictum, "Do not judge your fellow until you have stood in his place."¹⁵ I hope my efforts in this project will inspire among colleagues a more necessary, empathic response.

Ultimately, I am hopeful that my service to the Jewish community as a Rabbi and Pastoral Counselor, better prepared to address the spiritual and psychological issues of infertile couples, will help bring greater "shalom bayit" in their marriage, creating peace and happiness in the lives and homes of people desiring children. My pastoral role in this project is to be an interested, caring, empathic listener, creating a safe environment for them to confront painful issues non-judgmentally. Howard Clinebell's "educative counselor"¹⁶ describes the function I would serve as a Jewish resource person, teaching when necessary, and guiding couples to make Jewish spiritual connections with family, synagogue, clergy, and community if they are so inclined. I would try to enable them to assess their own Jewish identity as a couple and aspiring parents, to be in touch

with their feelings regarding Judaism and its traditions, values and attitudes about marriage and procreation, family, parenthood and children. I would attempt to do this despite the fact that alas, the majority of Jewish texts are less than helpful and are often very critical and strongly negative regarding infertility in Jewish life.

Chapter II. Religious and Clinical Principles

There are many Biblical verses and stories, as well as Rabbinic literature, focusing on the barren woman. Through these sources we may derive a clear understanding of the traditional Jewish position on infertility. It is definitively negative and condemning.

Since Biblical times, infertility has been prevalent among Jewish couples. The Bible is replete with this problem. The matriarchs, Sarah, Rebekah and Rachel all suffer from barrenness. We learn from the narratives that they eventually overcome their inability to conceive children. In the process, however, they each suffer pain and frustration. The matriarchs and patriarchs set the Jewish precedent as couples having to cope with infertility and struggle to maintain "shalom bayit." Though they ultimately become parents, the harmony and unity of their marriages are sorely tested by their struggle to conceive.

These Biblical and Rabbinic teachings provide very negative, judgmental condemnation against infertile couples. It is important for me, nevertheless, to indicate these specific citations here to illustrate the Biblical and Rabbinic positions on this subject in order explain the religious principles which will inform and guide my ministry in this project. I intend to balance these critical views with other Jewish texts that can be used to shift the focus from a couple's barrenness to their marriage. In this way I shall shape my clinical, pastoral ministry to help infertile people with positive Jewish principles derived from the text rather than offend and alienate them as the following verses will most certainly do. These teachings

are not meant to be taught in the counseling sessions, but they do provide me a foundation of motivation to be especially sensitive and empathic to Jewish persons experiencing infertility. These verses can not help with the problem of infertility. But they do help to sensitize me to offer a different and more modern approach from Judaism. The following are so harsh and uncaring, that I feel compelled to reach out and provide a more supportive and loving Jewish response.

1. There are numerous textual references that imply that conception is reward and merit, while barrenness comes from God as a form of punishment and deprivation. In Deuteronomy 7:14, we read that fertility is a gift from God. "You shall be blessed...there shall be no sterile male or female among you." Again in Psalms 113:9 we learn that G-d is praised because He, "Maketh the barren woman to dwell in her house as a joyful mother of children." Before marrying Isaac, Rebekah receives the following blessing from her sisters, "May you be the mother of thousands." (Genesis 24:60)

If a woman could not get pregnant, it was because God had ordained her to be infertile. Childlessness was perceived to be a sign of God's displeasure. The infertile woman was thought somehow to be unworthy of God's favor and blessing. Michal, King David's wife and daughter of Saul, is punished with sterility for publicly chastising David. (2 Sam. 6:16,23) The Torah mentions in Leviticus, that infertility is punishment for certain sexual crimes. (Lev. 20:20-21) The childless woman was therefore regarded with pity; the childless man was seen as a tragedy since no heir for inheritance or family name would continue. "Rabbi Joshua ben Levi taught: A man

without children is considered like a dead man as it is written, 'give me children and if not I shall die.' (Gen. 30:1) And it is taught, four are considered like they are dead, a poor man, a leper, a blind man, and a man without children." (Nedarim 64b)

2. Furthermore, the Rabbis teach that God gives and withholds the ability to bear children in order to elicit certain behaviors from people. Rabbi Yohanon said, "Three keys are in the hands of God: The key to rain, the key to giving life, the key to resurrection of the dead." (Taanit 2a) The Rabbinic view is that prayer and proper behavior can effect God's decision to grant an infertile couple children. The Midrash to Song of Songs teaches that G-d makes women barren in order to elicit their prayers. (Cant. R. 1) Again in Yebamot 64a, "God longs to hear the prayer of the righteous." This is seen also in Breshit Rabba 45, a commentary on Genesis. When G-d finally answered Rachel's prayers and she gave birth to a son, she declares, "G-d has removed my embarrassment," and she thankfully named her son Joseph, praying that the Lord might give her another son. (Gen. 30:23)

3. The Bible contains the verse in Genesis 1:22, "to be fruitful and multiply". The Rabbis explain this verse to mean that propagation is a blessing for all living creatures. In Genesis 1:28, however, God's name appears twice, which the sages interpret to mean that for human beings, unlike the other animals for whom propagation is a blessing only, for people "to be fruitful and multiply" is an imperative. Jewish tradition, as reflected in the sources, clearly places supreme value on the creation of a family with children. In

Judaism, having children in marriage is a "mitzvah", indeed the first commandment among 613 obligations to fulfill.

A. Religious Principles

I realize that such religious and theological foundations may cause people significant hardship and be very difficult to accept in light of a couple's struggle to find some guidance, if not solace, from tradition for their status as infertile. On the contrary, I believe that such people would be extremely hurt, incensed and disenchanted with these Jewish positions. Therefore, it is equally important to cite relevant Biblical and Rabbinic passages regarding marriage and the Jewish emphasis on the sacred validity of the marital relationship. I derive positive religious principles from the following verses that I truly believe may be very helpful to infertile couples and individuals.

1. Marriage is Judaism's primary human relationship. "The Lord G-d said, 'It is not good for man to be alone; I will make a fitting helper for him'". (Genesis 2:18) "Hence a man leaves his father and mother and clings to his wife, so that they become one flesh". (Genesis 2:24) The Biblical verses teach that the union between husband and wife constitutes the 'primary family.' Accordingly, human fulfillment is found in marriage between a man and a woman.
2. Companionship and peace in marriage earn God's blessing. The Talmudic and Midrashic Rabbinic commentaries on the Bible illustrate this notion, as they record the merits of married life. The Rabbis felt that companionship is a sacred purpose of Jewish marriage. "Rabbi Tanhum ben Hanilai said, 'Whoever is not married abides without joy, without blessing, without good.'" (Yebamot 62b)

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"No man without a wife, neither a woman without a husband, nor both of them without G-d." (Genesis Rabbah 8:9)

- Therefore my demonstration project will be informed by these two central Jewish religious principles clearly validating marriage. The relationship of husband and wife is sacred. Life is sanctified through the marital union of a man and a woman. God's presence through the Shechinah resides in the home where love, peace and unity abide between husband and wife. "If a man and woman are worthy, the Divine Presence is with them" (Sota 17a) Judaism, I believe, teaches that God favors the relationship of husband and wife where companionship, love and shared living validate the holiness of marriage between two people.

3. Another significant religious principle supporting my clinical ministry relates to the validity of adoption in Judaism. Jewish literature contains the stories of noble role models of women who do not conceive but who are considered blessed as mothers through adoption. The Biblical figure of Michal, King David's wife, for example, did not bear children, but is accorded the status as the true mother of her sister's five children who are given her name. Similar adoptions can be seen in the stories of Sarah and Rachel, Jacob, Esther and others. Judaism teaches that the persons who raise a child are called "mother and father", not necessarily those who give birth. (Exodus Rabba 46:5) Talmudic literature speaks of Rabbi Abbaye, a fourth-century scholar, who was an adopted child. (Sanhedrin 19b) He was one of the earliest examples of a successful adoption in the Rabbinic period. Adoption has a long, positive history in Judaism.

4. In the absence of biological or adoptive parenthood, the decision either to opt not to raise children or decline adoption is a legitimate Jewish choice for an infertile couple. Infertile persons are not obligated to adopt children. Remaining childless because of infertility is considered a viable option sanctioned in Judaism. The Jewish legal principle, Ha-osek b'mitzvah patur me-mitzvah, "somebody who is occupied with one commandment is freed from another commandment" relieves one from the obligation of procreation (Talmud Sukkot 26a). This principle means that a couple who is unable to have children and decides not to adopt may devote themselves to "parenting" activities where they teach, tutor, guide, or counsel young people. This guardianship is considered meritorious and praiseworthy of God's and the community's blessing. As the Mishnah makes clear, "Whoever teaches a child, scripture considers him as if he gave birth to that child." (Sanhedrin 19b) The Rabbinic teaching that a person's deeds and accomplishments are considered in Judaism as one's contribution to the world, worthy of fulfilling the commandment to perpetuate life. Mentoring another's child or performing righteous acts of loving kindness are for childless persons are a way of fulfilling the mitzvah of procreation indirectly.

5. Finally, the religious principle of "havaat shalom ben adam la'chavayro", "to make peace where there is strife" (Tal. Bav. Shabbat 127a and Bav. Kiddushin 39b), Mishnah Peah 1) is, perhaps, the most central concept to this demonstration project. The Rabbis teach that so compelling is the obligation to bring peace into human relations that it warrants repetition for discussion in two separate tractates of the Mishnah. Prayerbook liturgy of the daily morning service in the

Birkot Hashachar includes this general principle of "making peace between man and his neighbor". However, in both the Sephardic rite of the Jews of Aleppo, Syria, and in the current Siddur used by Lubavitch Chassidim, this concept is expanded to pertain specifically to the peace between husband and wife. In Siddur Kol Yaakov Hashalem,¹ and Siddur Tehillot Hashem,² the above phrase ends with the additional words, "u'vein ish l'ishto", proclaiming this primary obligation incumbent upon husbands to their wives. It is one of the mitzvot innumerable to be fulfilled without limitation, "Ein la'hem shiur", "which man performs and enjoys their fruits in this world, while the principal remains for him in the world to come." Rashi explains, man is rewarded for it in this world.³

These positive religious principles will inform and motivate me in my demonstration project. They will reinforce the emphasis Judaism places on the covenant of marriage. I believe that it may be very helpful for infertile couples to come to see themselves in light of these Jewish teachings in order to express and examine their feelings and concerns within a more accepting framework of Jewish family life. This is a very different approach to the classical Biblical and Rabbinic stance toward barrenness. I firmly assert that this is the proper way to counsel modern, liberal Jewish couples and individuals who struggle to find meaningful responses to their problems. The central goals of my pastoral, clinical ministry are the validation of marriage and the maintenance of "shalom bayit" in marriage.

B. Clinical Principles

I shall be working with men and women experiencing fertility problems, who with medical treatment and counseling are hoping to overcome infertility and to deal with their feelings about it. In an effort to strengthen their marriage and promote peace between them, I hope that they will come to a clearer understanding of their needs, concerns and emotions through their ongoing discussions. In this process, I shall necessarily limit my project to the following two clinical principles:

1. Communication alliance between partners and counselor.
2. Guilt experienced by or directed against the spouse.

Both of these areas of the project's concentration are vital for the couple to explore in achieving "shalom bayit" for their marriage.

Communication: Linda P. Salzer, a psychotherapist and clinical social worker specializing in infertility and a past president of RESOLVE, the national support group for the infertile, writes about infertility as a 'silent struggle'. "One of the most painful aspects of infertility is this sense of being alone. Isolation develops easily because the infertile person tends to say very little about the problem to anyone and is very sensitive to others' comments about having children. It is often a secret between partners, shared only with family and close friends if even those people can be trusted. The fear of being pitied or looked down upon is often intense. However, the pressure of enduring the situation alone can be equally, if not more, distressing. Deciding to share your dilemma with another person is a difficult milestone in the process of learning to live with infertility, but it is well worth the risk. And often the fear of taking this step is worse than actually doing so. Many find that a

tremendous burden is lifted when they are able to tell another person, without embarrassment, that they cannot have children. Infertility is a personal matter, certainly, and does not have to be announced to everyone, but telling a few select people may help immensely...The potential gain in support and understanding from opening that door can be immeasurable." 4

Given the sensitivity of such an intimate and personal experience, infertile couples are very protective of their privacy and confidentiality. Therefore, they maintain as much secrecy as they possibly can. They fear, at great risk from exposure, a sense of shame and humiliation from the condition of infertility due to sterility or impotence. It is crucial, therefore, for me to create an alliance conducive for my intervention. My pastoral, clinical role is to help these individuals reflect on spiritual and psychological issues through religious and clinical principles which will facilitate their communication with one another. I believe I can only accomplish this role by earning their trust through active listening and an empathic readiness on my part for their pain. As well, I must be non-judgmental and attempt to recognize matters of transference and counter-transference, as best as I am able, which may interfere with the counseling process.

Guilt: Much has been written about infertility as a divisive force between husbands and wives. A great deal of guilt comes into the marital relationship; partners hope to spare each other from being the one 'at fault', while simultaneously hoping that the problem is not theirs. The acceptance of guilt by oneself or the

projection of guilt on to the other partner, family members, or the health care specialist is especially common. ⁵

Dr. Schinfeld explains further, "One of the most common reactions to infertility is guilt. Patients try to attribute a direct cause and effect relationship between past actions and current problems in conceiving. Couples commonly blame a previous abortion, use of birth control, or premarital sex. Others, especially the very religious, may relate their infertility to a general sense of unworthiness or unholiness." ⁶ This is exactly what is to be found in their understanding of the religious texts as I have pointed out previously.

As a secondary source, but of appropriate interest is Rabbi Harlan J. Wechsler's book, What's So Bad About Guilt?: Learning to Live With It Since We Can't Live Without It. He takes the position that guilt can be both helpful and positive if channeled as a learning tool in healthy directions to nurture personal growth. ⁷ In my counseling sessions, I shall try to have the couples explore their guilt. Such frank disclosure may help relieve stress and enable them to process some of the hard feelings that divide them from each other.

Rabbi Harold Kushner, another popular author, discusses the issue of guilt often felt by 'good' people who experience 'bad things', not because of punishment for any wrong doing, but randomly imposed suffering. ⁸ In the context of infertility, it would seem that spouses often feel guilty before each other, not believing they deserve to be barren due to any "sinful" behavior. They do not really know what accounts for their inability to conceive. Frequently there are no definitive answers or explanations. All they do know is that they feel responsible for what is happening to them.

Both of these clinical principles, communication and guilt, are vital to the purposes of this project. If not handled properly, poor communication and guilty feelings may have a seriously negative effect on the couple's marital relationship. As we have seen, they may cause tremendous tension and damage to a marriage. "The degree of stress and desperation felt by a couple can eventually result in destructive behavior. Divorce and spouse abuse are more frequent in childless couples." ⁹ It is also clear from the evidence studied that suicide is approximately twice as frequent in infertile couples as in fertile couples. ¹⁰ Indeed the consequences of infertility for a husband and wife can destroy their marriage and their very lives.

Counseling such couples, I believe, may help enable them to evaluate and process feelings regarding communication and guilt. B. E. Menning, writing about the emotional needs of infertile couples, maintains that if a couple allows the 'sense of loss' felt by an individual to be truly experienced and discussed, the couple, successful in their grief reaction and admitting their feelings, can make new plans and strengthen their relationship. ¹¹ It seems to me that infertile couples truly need each other to get through the difficulties imposed upon them by infertility.

As I undertake this demonstration project, I shall have to try to be consciously aware of my own issues of counter-transference regarding marriage and parenthood. I clearly recognize my own strong feelings and identification with Jewish tradition and teachings about childbearing. Motivating me beyond the emphasis Judaism places on procreation, as I previously stated, is the crucial notion and

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Jewish religious concept that God loves people who cannot produce children. Marriage, as glorified by Judaism, is a holy relationship. Kiddushin, "sanctification" of the marital union between husband and wife, is at the very heart of Jewish teachings. It is the exalted state of human relationships. As a pastoral counselor in this context, I view myself as a Rodef Shalom, one who pursues peace as an Ohev Shalom, lover of peace, by helping a couple to preserve the peace of their marriage. As I value that "shalom bayit" in my own household, so I yearn to see other couples enjoy this blessing as well. Recognition of this counter-transferential hope for infertile couples is important for me to be able to bracket as much as I am able in my interventions.

I am the product of a home with four children, and I now am a proud father of two boys. I am happily married and love children. In addition, having suffered the loss of a pregnancy ten years ago, I know the pain associated with failed dreams for parenthood. But having children now, I am not in the same situation as those who are infertile without children. Therefore I will have to be in touch with my own feelings on these issues in order to be fully present with these couples. I cannot allow my emotions to interfere with the necessary free and open atmosphere required to make our sessions conducive for the couple's expressions of feelings and emotions. The counseling process requires that I be as aware as possible of the transferential and counter-transferential issues that are likely to occur during discussions on both religious and personal levels. An example of this awareness might be found in my capacity as a Rabbi and father to feel attacked through criticisms voiced against G-d,

Judaism and parenthood. Rather, I must bracket my emotions, and remain committed to my pastoral counseling work. Informed by both religious and clinical principles, I can be helpful with spiritual and psychological interventions for the individuals involved.

The above religious and clinical principles represent my initial aims and approaches in carrying out my personal ministry for this demonstration project. Nevertheless, I recognize the potentiality of changing needs, and therefore I must be flexible to attune myself to the clients as I execute the project. When warranted, I shall revise my methodology as necessary. It may be that I shall have to further identify and narrow the population I am targeting and specify the methods I shall use for working with them.

As I have stated, it is my design to meet with couples, where both spouses together will attend each session, but there is a possibility that in some cases, only the wife or husband will agree to attend and participate because of the extreme sensitivity of these issues. Data obtained from such meetings will be noted and taken into consideration in light of this limitation.

Chapter III. Methodology

A. Approach and Procedure

It is my intent to provide couples a safe and supportive environment enabling infertile wives and husbands to deal with these tough issues. My approach is to guide them to utilize their own psychological and spiritual means to come to terms with their feelings regarding their inability to conceive children. I shall attempt to provide a safe place, conducive for them to talk, thereby promoting the beginnings of better understanding and facilitating communication towards resolving emotional and spiritual conflicts that infertile couples confront in their desire to become parents. Focusing on establishing "shalom bayit" in response to the stress resulting from their infertility, I hope to provide them the tools to create marital harmony and unity. In this chapter I shall outline the methodology by which I plan to accomplish these goals.

The demonstration project is designed to include four to six individual couples to convene five to six one-hour sessions. These Jewish couples will be undergoing medical care and treatments for infertility to increase their chances of becoming pregnant. They may be referred to me through the medical practices of reproductive endocrinologists or through other referral sources. All discussions will be used solely for purposes of the demonstration project. To maintain complete confidentiality and anonymity, I shall use pseudonyms for data documentation in writing up the project when quoting specific responses to illustrate results and conclusions.

What I perceive I will be offering these couples is an opportunity to deal openly and constructively, utilizing clinical and

religious principles to explore their current and unresolved issues of infertility in an atmosphere of support and safety. The sessions, hopefully, will enable each person to express his/her feelings with one another and me, regarding emotional and spiritual issues. My clinical role as a facilitator of the counseling process is to guide the discussions of their concerns, to listen empathically, allowing persons to express their feelings and to offer clinical and religious interventions when helpful. My ministerial role as a pastoral counselor is to bring positive spiritual resources to bear which may inform or increase their understandings about certain Jewish beliefs and commonly held traditions. The specific procedure of providing these spiritual resources will be set forth in the next section of this chapter.

In this counseling process, I shall provide religious principles to help couples make personal connections to Judaism, Jewish identity and their own sense of spirituality, whatever that may be. Expression of what they believe and how they feel about their faith may help them to consider in Jewish terms what infertility means to them in the context of their marriage, and in light of Judaism's "shalom bayit" to accept companionship between the two partners as a legitimate and holy purpose of marriage. Hopefully, our sessions will encourage a greater comfort level with the couple's diagnosis as infertile, their ability to endure the medical, emotional and financial pressures, and be better prepared, therefore, to communicate more openly their feelings to one another. Each of the five-six sessions will focus on building trust, deepening respect, and solidifying the marital relationship. These essential tools are needed to engender

greater understanding and patience with each other, and to contribute to the couple's marital peace, harmony and unity in establishing "shalom bayit".

What is the purpose of such an approach? The sessions will allow for these couples or individuals to experience a sense of continuity in an on-going effort to examine and share conflicts in a mutually respectful environment, and have the courage to do that without recrimination. This approach is my attempt to help them safeguard their marriage. The purpose of this method in my demonstration project is to assist infertile couples to explore with me the variety of meanings that having a child holds, to make more informed decisions, and to help them appreciate the sanctity of their marriage irrespective of bearing children or not. This approach derives from my supposition that many couples, who tragically agonize over the inability to have children, struggle and suffer from tremendous pressures in their relationship, swept about by these circumstances which can threaten to undermine and tear apart their marriage.

B. Format of Meetings

It seems to me that this project will be best implemented through a process of a specific theme for each of the five-six sessions. In order for our discussions to have some focus, not to be totally open ended, each meeting will be founded upon a religious "thematic point of departure" which will provide some needed structure, yet still allow for free form in our discussions. The rationale for five-six

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sessions is to provide a sufficient body of content of Jewish perspectives for couples to have a representative exposure.

I propose the first five sessions to center on issues addressing the Biblical and Rabbinic interpretations of marriage, childbearing, parenthood, infertility and childlessness. As already noted, Biblical and Rabbinic texts will be more hurtful than helpful. I shall focus my attention, therefore, on the positive religious principles I wish to emphasize. These themes, explained in chapter 2, will be used as "jumping off points" from which the couple may discuss their feelings about the Biblical position and its Rabbinical interpretation. Often the two positions are very much in contrast. I fully realize just how difficult it will be to provide a balance for the couple to consider in relation to their own spiritual issues. This spiritual foundation will be supported by citations from Biblical and Rabbinic literature reflecting the religious principles enumerated in the preceding chapter. For example, a statement from the Bible indicating an implicit criticism of childless couples will be followed by a Rabbinic commentary validating marriage and companionship, giving entitlement to marriage without children. The negative scriptural and commentary texts will not be used unless specifically requested by the counselees. Rather I shall evoke those positive verses from which I derive constructive religious principles to inform my pastoral, clinical work in this effort.

My ministerial role will be to give these couples, for thought and reflection, a series of Biblical textual illustrations which support their profound sense of failure and disappointment, then offer the Rabbinic comments that offer a different approach to these views. I

intend to help couples make Jewish connections through this format. My purpose is not to lecture, but to share the Biblical and Rabbinic positions through specific textual citations illustrating the theme for each meeting. As points of departure, these themes will guide our discussions enabling us to engage and focus on my concern for their marital communication and companionship, achieving my goal of providing them the necessary tools to maintain marital harmony and unity through "shalom bayit."

The fifth or sixth meeting with each couple will serve as an attempt to address their responses to the previous sessions. It will strive for integration and closure, by inviting their impressions and reflections to make Jewish connections with which they identified or rejected. We shall discuss their feelings about spirituality and theology to assess any changes in their attitudes. Ideally, through our meetings, they may have sorted things out religiously or perhaps come to different conclusions regarding their spiritual outlook on infertility. These final meetings will allow the persons to assess for themselves what they have learned about each other and the extent of their own self-discovery and personal growth. We shall analyze the degree to which the husband and wife feels he/she has acquired sufficient tools to establish "shalom bayit" in their marriage. The process, will end with this closure.

C. Methods of Assessment

As specified above, the fifth and sixth sessions with each couple will be devoted to allow them to assess the significance of our previous meetings together. For my own evaluation, however, I shall gain insights from the following suppositions for this undertaking:

I believe the value of such a demonstration project is beneficial regardless of the eventual medical outcome for the couples. I certainly hope that the counselees with whom I meet will ultimately succeed in their quest to conceive and bear children. Most importantly, however, I envision this project to enable couples to talk openly about their issues with fertility. Nevertheless, even if they are unable to conceive during and after our sessions, they presumably will have initiated the process of dealing with these crucial issues in their married lives together. I hope that this clinical ministry will shed some light on their spiritual and psychological issues and offer some guidance, through my interventions, to the individuals as they try to deal with their emotions during this difficult period of infertility. I will assess the attempt at establishing "shalom bayit" for such infertile couples who are experiencing marital stress, as a result of their infertility.

Further evaluation will require assessment of my specific goals for the demonstration project. Through these sessions, infertile couples are anticipated to find the essential tools to bring about greater harmony and unity by: becoming more expressive of their feelings about themselves and each other; being able to speak more comfortably about the guilt they may feel personally or the anger directed at their partner; being less defensive, embarrassed, or ashamed by the fact that they have not yet or may never be able to conceive children; finding new or reinforcing Jewish spiritual connections that are meaningful; exploring ways to meet their financial obligations without resentment if the process is lengthy and unsuccessful; sharing thoughts about the possibility of not conceiving

children and making decisions regarding medical treatment, childlessness, or adoption. They may decide that they can be comfortable with the idea of not having and raising children, but finding contentment as a family of two people. Finally, the ideal result of our five-six sessions is to enable these individuals and couples to prepare themselves for a more secure marriage in their future. In so doing, perhaps in some modest but significant way, they will be healthier, happier, wiser and more stable human beings. Most importantly, in terms of the focus of this project, is the intended goal of establishing "shalom bayit", by equipping infertile couples with the necessary tools to maintain marital harmony and peace in their home life. The degree to which each partner is able to engage his/her own feelings, and exhibit signs of self-discovery and growth in this process, will determine my assessment of success or failure in this demonstration project.

Chapter IV. Results and Description of Project's Outcomes.

In this chapter I shall identify what I actually did, what exactly happened, and what I saw, heard and found as a result of meeting with Jewish infertile couples and individuals during the sessions over many weeks. For the purpose of organizing my thoughts, I shall divide these observations into three categories of results: successes; developments not anticipated; and disappointments. In this framework, I examine the outcome of my ministry according to the assessment methods indicated in Chapter Three. Where necessary for clarity and complete description of what transpired, I present verbatim encounters, specific types of client feedback, and changes in feelings or events surrounding a client's life. I incorporate these findings into the text of Chapter Four to be sure that the reader will understand the specific outcomes of this demonstration project.

As a general statement of assessment, with each individual and couple I met, it became increasingly clear to me that more work is necessary to reach my goals as set forth in Chapter One. As a pastoral counselor to Jewish persons struggling with infertility, I found that five or six sessions with these individuals and couples did not allow enough time together to focus on establishing "shalom bayit" with the hope of providing them sufficient tools to maintain marital harmony and unity. That is not to say that the process was invalid. On the contrary, as I shall explain, much was gained from this endeavor which validates the efforts undertaken toward the anticipated goals. I believe the project was worthwhile and productive in terms of its outcome, despite its shortcomings. As

noted, this demonstration project focused on establishing "peace in the home" for infertile couples experiencing marital stress as a result of their infertility. It was constructive for the reasons I indicated in the previous chapter. I am gratified to assert that the following results fully authenticated the devastating emotional and spiritual issues these people confronted, and therefore, reinforced the importance of addressing "shalom bayit" to preserve their marriage.

A. Successes

I am pleased and very satisfied with the many successes I believe this project generated in reaching the goal of providing infertile couples the tools to maintain marital harmony and unity during this difficult, stressful period of their lives. I found that for some, this success meant feeling better about themselves. For others, it signified a coming to terms with their notions of spirituality and personal theology. I saw that making connections to deceased parents was another helpful way that strengthened self-awareness and expression of the issues surrounding infertility. Greater appreciation of each other was perhaps the most positive outcome in maintaining "shalom bayit," as couples began to listen more actively to each other. These, then, bear out the methods of assessment specified in Chapter Three and examined in this chapter. I shall list the most notable positive outcomes of the demonstration project, what I did and what happened in our sessions.

1. Invariably the individuals and couples with whom I met expressed their gratitude for the receptivity and welcome they felt by my interest in meeting with them to discuss their infertility.

They told me they appreciated this 'sense of belonging' to the Jewish community, which I represented in my capacity as Rabbi. They said my reaching out to them reflected a "caring and sensitivity" to their issues of pain and isolation, which they had not experienced before in their own congregations. For those who were unaffiliated, it was the first opportunity to feel close to a Jewish spiritual leader. It was clear that these infertile Jews had been estranged from other Jews, clergy and the synagogue. They had felt disenfranchised from 'family oriented' Jewish institutions and programs, which they interpreted by definition to mean 'with children'. They felt the welcome I extended to them signified that they indeed were to be considered part of the total Jewish community and not to be left out simply because they were childless. This new sense of belonging and identity as members of the Jewish community was so very important to these couples and individuals as a result of our sessions. They agreed that this feeling of inclusion was a valuable tool for the couple to know that a Rabbi representing a larger community was supportive and present for them. It helped them to feel better about themselves as persons and as a Jewish couple in their own eyes, knowing that the Jewish community could validate their relationship as a married couple integrated into our peoplehood, as a family even without children. Being part of a whole was very significant in light of the couple's overall self-consciousness in feeling alone, rejected, unsupported, or even "un-Jewish" as infertile.

The presentation of the various Biblical and Rabbinic citations, they told me, provided balanced perspectives on marriage and parenthood, infertility and children, that enabled individuals to be

more in touch with their feelings, because of the increased knowledge of Jewish responses to their issues of infertility. The thematic points of departure provided a good foundation from which our discussion ensued on various stressful problems related to their barrenness. I found that the couples could identify with the Rabbinic affirmations of their status, and they found strength from these. The Talmudic and Midrashic sensitivity and caring to the pain of infertile persons came through, in contrast to the Biblical positions, which had been familiar to most of them. They had been unaware of the post-biblical commentary and interpretations of the text that validated companionship as a holy purpose of marriage. I saw that the religious principles I utilized enabled these people to acknowledge their marital union for its own sake, a relationship they realized was praiseworthy of the Schechinah's presence, the 'in-dwelling spirit of God' in the house of couples who create "shalom bayit". As such, they felt they could be considered integral to the Jewish community at large. They said that such good feelings about themselves engendered greater peace between them as husband and wife.

2. Our meetings resulted in several persons increasing their attendance at weekly Sabbath and holiday worship services. Two women, in particular, began attending Friday night Shabbat services on a regular basis during our sessions and subsequently. One explained her initiative as a way of being with other Jews in a communal setting, which gave her a sense of belonging. It also provided her a quiet, nurturing place to feel the "presence of God" and to offer prayers. For the other woman, going to Temple meant she was "able to make religious connections between death and

Judaism", finding solace in saying Kaddish, the mourner's prayer, for her father on the Yahrzeit, the annual anniversary of his death. Being in Temple helped her "not to feel alone and scared." She needed to make connections, to talk and pray with other people so she would not feel so alone. The synagogue seemed to be a place where she could feel this level of comfort and support, which she claimed was an outgrowth of our counseling sessions together.

3. Beyond the increased attendance at synagogue services, some expressed an enhanced pride in Jewish solidarity and fellowship with world Jewry, particularly with Israel. Several people started to take a greater interest in Middle East politics and events unfolding in the peace process. They said our meetings allowed for a collective awareness and consciousness which was not present before. This new awareness produced a deeper sense of self-identity for the men, even more so than for the women. Three men proudly stated that they "felt better about their Jewishness" as a result of our sessions. One man said he felt closer to his Jewish roots, with which he had lost touch many years earlier. This same person was often embarrassed that he had forgotten much of what he had learned as a child about Judaism and Jewish life. Our consultations, he claimed, had renewed in him a desire to know more and feel more connected to the Jewishness of his past. He frequently asked me questions, often unrelated to our infertility discussions, in order to clarify or explain a Jewish concept, holiday ritual or historical event. This inquiry seemed to create for him an inner peace by being more in touch with his identification as a Jew.

One woman spoke passionately about her deepened self-awareness of her own personal theology. Prior to our meetings she had felt a distance between herself and God. She felt ashamed and guilty for not fulfilling the mitzvah of pru urvu. As a result of our discussions, she learned a new slant on the meaning of the commandment, "be fruitful and multiply" which her upbringing and twelve years of Hebrew school education had instilled in her. During three years of trying to conceive, she had been angered by the Biblical injunction to have children since, "God was not allowing" her to fulfill it. She said that "God and I are a team" and "He created me with deficits preventing me from achieving this desired goal." Despite this feeling, she went to synagogue fairly regularly to pray since, "prayer sustains and enhances the sense of team effort" where she "could rely on God" and place her "trust in God to do His part as supportive." These very heartfelt expressions were indications to me that her spirituality was important for her to address in the context of our meetings and allowed her to engage very profoundly in self-discovery through such disclosure of feelings regarding God and personal theology. By being exposed to the religious principles offering alternative ways of fulfilling this mitzvah, she came to feel better about herself and her relationship with God. She said she had acquired a new sense of God's role in her life, as a supportive Partner in her infertility, rather than a Source for shame and embarrassment. I observed admirable growth and strength in her connections to faith during the period of time we spent together.

4. This spirituality was expressed in other therapeutic, healthy ways that would ultimately be used as tools to strengthen the

marital relationship. Infertile couples and individuals told me that counseling helped them establish connections with mourning a deceased parent. Four persons who had lost a mother or father evoked strong links between their struggle to conceive and the death of this parent and what it meant to him/her. One woman said that she went to synagogue to offer prayers to her deceased father for fertility, and did so on his Yahrzeit, Rosh Hashonah, Father's Day and his birthday. These "private thoughts are expressed for strength, not requests for conception. My prayers have changed from requests for fertility to appeals for strength, as I come to peace with myself." This change contributed to a different thought process for her, she claimed, "acceptance rather than fighting it which took too much from us."

I found the same was true for two men who had lost their fathers and found new dimensions of mourning for them aroused by their infertility. Both individuals said they realized through our discussions that they had not adequately grieved the death of their fathers. Even though nearly a decade had passed in each case, the coming to terms with this deprivation had not fully reached a healthy closure. The hopes to conceive a child, through which these men had heartfelt expectations of memorializing the father, had been dashed by the infertility. They said this inability represented another death to them, another painful loss and reminder that their fathers were dead.

For one of them, this loss meant that he could no longer go to synagogue to say Kaddish during some 7-8 years of infertility during their ten-year marriage, and particularly in the past 3 years of

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treatment. "It is just too painful for me to go there" he claimed, "and what's more, I try not to think about him as much as I did before we tried to have children." This man's wife repeatedly interjected her conviction that he needed to address more openly the issues of his father's loss and the bereavement of pregnancy. She felt very strongly that this recognition was essential to his well-being and would promote better communication between them. Whenever she brought up the topic of his father, he stifled the conversation, causing her to resent his unwillingness to share his feelings with her on this sensitive subject. She truly felt that this was an impediment in their being totally open with each other and added stress to their relationship. In the course of our meetings, she conveyed this feeling to him. He appeared to register this divisive element in their communication, rationalizing it as, "self-protectiveness not to engage with the deeply felt pain of the death of my father and the inability to conceive for so many years of our marriage." I found that talking about these issues enabled the couple to understand one another better. They admitted that this communication promoted greater harmony and unity between them.

The second gentleman told me he had refused to go to the cemetery where his father was buried, since the time of the funeral. His grief was such that a visit to the place of his father's interment was an "overwhelming, visible reminder of the death and departure" from his life. At first it was hard for this counselee to talk about the subject of his father's passing. He met with me without his wife for all of our sessions. He tried to avoid any in-depth discussion of his feelings regarding the relationship he and his father had and what

the death had meant to him. He did reveal, however, that the infertility he and his wife suffered had "brought the whole thing of his death back into the picture." I found that he made an emotional connection to his unfinished grief for his father in terms of the infertility. As we pursued this topic in several of our meetings together, this man became more expressive of his thoughts and feelings in this regard. He was observed to be more comfortable with discussing it each time we met, so much so that he asked me many questions relating to Jewish teachings about death and dying, mourning practices and life hereafter. When I told him I would be traveling to Israel during the winter months, he consented to my carrying a piece of paper with his father's name inscribed upon it to be placed in a crevice at the Western Wall, a custom which holds much spiritual meaning for many Jews. I sensed this action was cathartic for him as he thanked me emotionally.

5. I found that for some infertile individuals, the hope for conception took the form of bargaining or promising certain things to God. One woman pledged that if she became pregnant, "I would send the child to a Jewish day school" to show her appreciation for God's gift of fertility. Another woman thanked God that her "husband came into my life to keep me alive" and went to synagogue with him to express gratitude through prayer. She hoped that her prayers would be heard, like the matriarchs', for fertility. She said she needed a place to pray and for her prayers to be heard.

Still others questioned God for answers to help them understand their being infertile. Several couples said they had to go through the 'why me?' stage. They told me they continuously

wondered and "asked why all this is happening to us? Is it a test of strength and endurance? Does God need us to prove our character under pressure?" One couple expressed that they "felt good that instead of becoming nasty and angry people, negative and cynical, pessimistic persons," they "found confidence to go on through each other and with me...Seeing and talking with someone who acknowledges our issues gave me hope" she said at the conclusion of our last session. Her husband nodded his agreement.

6. Infertile couples and individuals invariably asserted that our discussions together, centering on their unsuccessful struggle to conceive, helped them determine a change in the professional and personal priorities of their lives. Exploring these issues with each other and with me enabled them to clarify the relative importance of work and career as opposed to home and family. I found that there was a strong sense that building a family with children held the highest motivation beyond career ambitions. One woman, a physician, told me emphatically, "I would give up medicine tomorrow if I could become a mother overnight!" In this declaration, I heard a painful plea for fertility, a yearning for conception and parenthood. A second couple, both of whom were doctors, confided in me that they wished they had not waited so long after marriage, medical school and internships to started planning for a family. "If we had to do it all over again, we would not have put off childbearing during our 'professional building' years." They said they felt guilty knowing that infertility statistically increases with age. Nevertheless, I heard in this acknowledgment an expression of increased sensitivity to this shared feeling with which husband and wife identified. They said

they better realized this "deficit was a roadblock to be dealt with, and would now work on taking things in stride."

7. Couples expressed anger and resentment at being with other couples who were expecting a child, and with those who had recently delivered an infant. They had trouble seeing other people pregnant. It was even painful for them, they said, to be in the company of friends or family with young children. They did not want to talk with these people, "since they are a constant reminder of that's where we should be."

In addition, they felt put on the defensive, and related to me some of the "hurtful and stupid comments" made to them by other persons. "Why aren't you having kids?" or "You're still young, don't worry," or "Relax, you're too uptight, take it easy, stop thinking about it so much and it will just happen." They "hated the pressure and insensitivity." They "didn't like to be singled out or to feel different." What's more I learned, these infertile couples and individuals were "always on guard socially" because they felt that they "could be made to feel uncomfortable with others, peers with or having children." One husband told me whenever he and his wife are out with other people, he will "watch for signs from her that she is uncomfortable and respond by loving, verbal reassurance. If that is not enough, we get up and leave!" I heard this defensive and protective posture from almost every person in the project.

I also found that infertile couples resented what appeared to them as inequities or unfairness in other peoples' lack of problems with fertility and their struggle to conceive. I frequently heard the couples and individuals bemoan the fact that "it seems that

everybody else can have a baby, even those who don't want or deserve them get pregnant! Why can't we?" One woman said, "I feel inadequate. It is unfair, other's pregnancies anger me. I resent them for having babies! It is so easy for them and they don't realize it!" Some felt that poor and uneducated minorities often seem to get pregnant without any difficulty, some who are unmarried, too young to be mothers and fathers, "kids giving birth to kids." Still others refused to go out to public places, like a shopping mall or amusement park, because "it is too hard and painful to see all the pregnant women, and mothers pushing baby strollers or young couples walking with their kids." These were visible reminders of the infertility.

Still others, throughout their fertility treatment, felt cheated. "We feel robbed. Why can't we be like millions of other young couples? They constantly saw themselves in comparison to parents with children, and this further exasperated their feelings of deprivation, they said. I heard their expressions of suffering and frustration. They could not handle being in the presence of others expecting or possessing children.

8. For many couples, infertility meant the loss of control. This declaration had physiological, sexual, financial, psychological and spiritual ramifications. Both husband and wife said they felt helpless in confronting the many decisions that were required or imposed upon them to make. Typically, when the woman was on a ten-day Pergonal treatment cycle (a drug to help increase ovulation), the injections had to be administered every morning by the husband. One man told me he feared giving the injections because during the

very first experience, his wife fainted and he had to catch her as she fell to the floor. He hated to think that he "might have killed her by not giving the needle properly." He also wondered if he was hurting her with the injection. "It's not fun to stick your wife with this huge needle, I wish there were some other way." A second man told me he "gives it, but doesn't like it. What choice do I have?" He felt powerless. This lack of control depressed him.

Stress from having lack of control was especially true for those couples undergoing surgical procedures. For people attempting invitro-fertilization, sperm had to be collected from the male at the appropriate time depending on the female's ovulating cycle. He had to drop what he was doing, no matter where he was when he received the call from the doctor's office, rush down to the examining room and produce sperm through masturbation for the immediate collection. Men told me this act was extremely stressful and often humiliating for them. As a result, they frequently found it difficult or impossible to reach orgasm and ejaculate under such pressure and scrutiny of this prescribed routine.

The same was true for couples who were told when the optimum time was for sexual intercourse to cause fertilization. Couples complained that "doctors dictated even our sexual intimacy." I heard them bemoan the extent of the effects of infertility treatment on their sexuality and intimacy. "The doctors control everything!" One couple told me that, "The HCG (drug) injection had to be followed thirty-six hours later by intercourse or insemination through invitro procedures." They felt that the spontaneity and enjoyment, as well as the love itself was invaded upon and taken out

of the experience. One woman shook her head and said, "The passion is gone." Furthermore, she concluded that if she could not conceive, then her husband would not find her sexually attractive, and that "without procreation, what's the use of intercourse?" She said she felt, "Second-rate, inferior, not a complete woman." The shame she felt shattered her self-esteem, creating much tension and resentment between partners. Therefore, I learned that the "love was taken out of the love-making" under such structured and unnatural conditions for wives and husbands.

Some men felt terribly embarrassed if, at short notice, the wife would call him to "come home immediately, it's time our doctor says!" This medical regimen imposed sexual intercourse at a specific time. As a result, these men often felt as if they were machines to produce sperm. It was physically painful, as well, for some men, causing soreness and irritations. At other times they could not reach erection and orgasm, causing them to feel ashamed, unmasculine and humiliated.

I learned that invasive, spontaneous blood tests were required to determine ovulation and had to be monitored regularly no matter where one was. Tests and examinations had to be performed whenever the doctor required it. One couple reported to me that while they were vacationing in Florida, their physician in Philadelphia instructed them to "get the test done locally." This interruption was exactly what they had hoped to avoid by going away from home. Nevertheless, they had no control over their lives to decide what or when they wanted to do, only to comply in the pursuit of fertility.

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This process, however, women told me, was much more controlling for them. "Wives are very aware of the differences. Men are not as controlled by the procedures. They may be very understanding and supportive, they try to go to the doctors to accompany us, but they are not conscious of setting the calendar time for injections. The doctors control our lives, and we have no control!" One woman told me, "the men are not living it everyday from morning until night. They are not biologically involved. They are not the one's getting stuck every morning!!!" This woman said she "felt like a circus animal; these experiments are like making me do tricks, like a dog jumping through hoops."

Financially, the lack of control was manifest in the question of when to stop the treatment. Every couple dealt with the issue of, "how much is enough" referring to the length and cost of the procedures. One couple endured "three tries at IVF, each attempt costing \$4,500, without medication. From now on, the HMO will cover only one IVF every two years according to our plan. When do we give up? How many high-tech procedures do you try? What about our age limit?" This couple compared their situation to gambling, "You get sucked up into it. You keep feeling, 'This time it will work right.'" They were also sensitive to the time factor. One couple had been trying to conceive and hold a pregnancy for ten years, sustaining eight miscarriages and several failed attempts at IVF. For them, "it seemed like a gambling addiction for years...when do you stop?" Another woman told me she constantly wrestled with the question, "At what point is enough? How far do I go? I'm running out of steam." She had suffered two miscarriages after two

years of infertility treatment, and was "frustrated not knowing why." This interaction brought tears to her eyes as she voiced these issues.

Psychologically as well, lack of control meant not being able to plan vacations, or to make plans of any definite nature for the future, which had personal and professional consequences. One woman took a six-month leave of absence from work in order to have the flexibility of schedule necessary for treatment. She went back to her job, and said, "You get used to it. It's easier now than it was earlier. At least now, we attempt to make plans anyway." With a shrug of her shoulders, she appeared resigned to this situation.

I found that for some women, every monthly menstruation period was a devastating loss. One told me that she was excited at the beginning of her cycle and then when the bleeding started, she was disheartened. "My hopes and dreams were dashed. Why? No explanation. Not knowing is torture." Another claimed, There are always anxious moments, ups and downs; the unknown is an emotional roller-coaster." The women told me that every month meant both promise and fear, a source of optimism and pessimism.

Spiritually, not having control meant not knowing what to think about faith, how to believe in the future, whether to be hopeful, idealistic or realistic, pray to God, or have confidence in doctors. Infertile couples and individuals constantly engaged in deep soul-searching for inner strength to find some redemptive meaning in their struggle and endurance to go on with the process toward conception.

Control also meant for couples to seek answers to questions that frequently were without explanation, and therefore, they lacked

control over this part of the infertility. "Not knowing what or who is the reason for our situation is terribly frustrating" said one exasperated wife while wiping away a tear. "Why am I not pregnant?" asked another woman. "Nobody seems to know! I am not in control, and that makes it very hard for me. After two years of infertility treatment, it is frustrating not to know why." Added to this anxiety was the uncertainty about the predicted success or failure of medical and surgical procedures for persons about to undertake medication or an operation. Lacking knowledge was extremely compromising to them, especially to those who exercised control in their professional lives and in many other dimensions of their personal lives.

9. Without exception, couples told me that our process of counseling sessions enabled them "to feel good and connected" to each other. This improvement was reflected in their increased ability to consider and make decisions together harmoniously, to begin to take greater control of their lives through talking about things that bothered them and/or triggered their anger or frustration in public. I found that this ministry helped bring meaning and hope to infertile people. From their life's experiences, they were able to take more responsibility for what they are and want to be. Our discussions empowered them to examine and verbalize these very feelings. I observed that it became easier for them to bear these feelings and to open themselves up to the healing potential of the spouse. It was "healthier to get it all out."

10. My counselees reported that they experienced a "growing appreciation for each other as a person in pain," which was

evidenced by their expression of an ongoing need to receive and to give empathy. When I began to meet with one couple, they raised the question of infertility being unfairly perceived as a 'woman's issue'. The wife stated that she felt that the emotional dimensions of infertility were dealt with more by women, and that therefore, she needed to sense deeper understanding and sharing from her husband. His approach, she interpreted, was resignation, as "he takes things in stride. He's a realist and a rationalist. He minimizes the emotional aspect of what we're going through. I'm an idealist, emotional. He says I 'make a mountain out of a molehill.'" She wanted increased communication of empathy between them, which she strongly asserted, would help create "shalom bayit" for them. As our meetings progressed, she expressed her pleasure at seeing his growth, in this regard, to her feelings and concerns about him.

Another couple spoke clearly at our last meeting about what the sessions did for them, saying that they now realized their shared love, as they had not been open to fully appreciate, before our meetings. They said they came to understand that their desire for children meant nothing if they "did not preserve the marital relationship first." Her "parents' marriage was a positive role model in coping with adversity and death." In fact, this exemplary image was seen in both her parents' and grandparents' demonstration of "how to love and care for each other in periods of stress." They had learned that "it is natural to express support and understanding, to recognize the many other blessings shared together in our marriage." The husband said further, "I see so many other bad things in life, so I am grateful to have such a rich marriage. We can teach one another

as partners what love and nurturing and empathy means." His wife replied that in contrast to his parents, "who lacked the love and togetherness in marriage" and whom she felt were guilty of "loving children more than loving each other," she and her husband were "more of a team, we give and take respect." I witnessed their many loving glances during this dialogue.

11. A specific change in feelings was seen in the clients' release of pressure through our talking about divisive issues as well as the reduction of hurt experienced. Couples and individuals said that the opportunity to vent their frustrations to their spouse in an atmosphere of safety afforded by my presence, enabled them to engage their true feelings without inhibition or fear of criticism. They felt free to express what was on their minds and in their hearts, which empowered them to take verbal initiatives not possible before these meetings. The end result was a sigh of relief to get such matters 'off their chests', "releasing the long pent-up pressure and reducing the hurt brought on after so many weeks, months and years of not really dealing with these issues in our lives."

12. Another significant outcome of this project was the transformation from total rejection of the idea of adoption to its consideration by several couples or individuals. Even though for some this alternative was harder to consider than for others, I saw an increased receptivity to explore one's feelings about adoption as our sessions focused on this topic. At our first meeting, one woman voiced her concern at the husband's mention of the option of adoption, "I can't handle it." She went on to explain that she "feared the child being taken away" from her, and "not having the same bond

as with a biological child." Another counseling session with a different couple evoked equally profound concerns. The husband raised the issue of wanting the adopted child to look white, and to come from a Jewish background. This latter desire, he said, "was quite unlikely." The wife feared the "biological mother's claims on the child, his medical history and pre-natal care. As well, she wondered, "How long would we have to wait for the adoption?" This same couple openly discussed the merits of adoption in comparison to gestational carrier pregnancy. They said they felt more assured of getting a child through adoption, whereas with a gestational carrier contract, there are no guarantees. These encounters among others indicated to me positive client feedback, reflecting more open discussions about the often taboo subject of adoption for infertile couples seeking to conceive their own child biologically.

13. A final outcome I perceived from this clinical ministry was the desire among almost all counselees to engage in a support group for infertile couples. Two women, in particular, were very adamant about wanting a support group established for them to attend and to be able to address their feelings among others, with whom they could relate and possibly find helpful connections. They repeatedly inquired and urged me to organize a support group for couples or individuals like themselves. They did not require the group to consist exclusively of Jewish people. On the contrary, one of the women felt it would be advantageous to have a more heterogeneous mixture of ethnic and religious groups represented, which would allow for a wider exchange of ideas, spirituality and family

perspectives regarding infertility. This interaction, she believed, would be very helpful to her and her husband.

B. Developments Not Anticipated in Project Proposal

There were several unanticipated developments in my original project that figured prominently into shaping the execution and final outcomes as the project unfolded from session to session. I shall try to describe these outcomes as they relate to the counseling goals and methodology. In each case, the result, though not part of my specific project at the outset, certainly could be seen in the overall context of issues surrounding infertility that cause stress to "shalom bayit".

1. The first unpredicted result of our meetings reflected how well our discussions focusing on "shalom bayit", maintaining peace in the home for the married couple, extended to harmonizing peaceful communication between the couple and the extended families of the wife and husband. I am uncertain of whether some exchanges in our sessions actually contributed to "shalom bayit" or undermined it with regard to parents and in-laws.

In several encounters, infertile married couples and individuals told me that one of the most divisive issues causing stress to them was the inter-relationship with one or both sets of parents. They stated that it often seemed as if the stereotypical pressures from in-laws became even more threatening in terms of the couple's infertility problems. Commonly expressed were concerns over parental invasion of privacy, meddling and asking too many questions that would annoy or anger the respective son-in-law or daughter-in-law, which frequently put the wife or husband into the position of 'peace-maker', by serving as a liaison between her or his

parents and the spouse. One couple documented the fact that the wife's "mother would call constantly, sometimes several times a day in order to ask about test results or medical procedures administered." These calls caused terrible tension between the husband, who said he resented the mother-in-law's nosy intrusion, and the daughter, who said she too disliked her mother's excessive inquiries but was more tolerable and patient. "Her questions annoy the hell out of me!" he asserted. "I just don't want to deal with it! It's none of her damn business. When we want to talk about it, we'll tell them what we feel is proper and appropriate for them to know!" I saw that our discussions did not tend to mollify his anger.

I heard also about the actions of one wife's mother who actually came to her daughter's house, visiting without announcement, to suggest that the couple was not doing enough to seek medical intervention for the infertility and encouraged more aggressive attempts to pursue other specialists and experimental methods of treatment to conceive. "Can you believe that she told us 'we're not doing enough and we should find better physicians!' What real chutzpah!" This episode angered the daughter and infuriated the son-in-law. I found this focus of our session made both very uncomfortable.

At the other end of the spectrum, several couples whom I counseled felt that their parents' involvement and interest in their lives was tangential, if not detached, regarding their struggle with infertility. One husband said, "It seems that my folks are afraid to ask us what's going on for fear of hurting us. They know it's a painful subject and therefore don't bring up the topic, but at least I

would know that they care enough to ask." This sense of his parents' disinterest or uncaring hurt his relationship with them, and made him feel self-conscious with his wife in light of her parents' involvement which was more actively perceived. He said he "hated to make these comparisons which put him on the defensive."

Another couple raised the issue of overbearing in-laws who make obnoxious comments about their "disappointment of having to wait so long for grandchildren." Women, primarily, felt they were being judged by such statements. One sadly lamented that, "I am made to feel guilty everyday of my life, I feel so unappreciated by his parents." As well, it seemed that one "husband's mother was quick to put the blame of responsibility for infertility upon the shoulders of the daughter-in-law" by suggesting that because she had delayed childbearing in pursuit of a medical career, infertility was the price to pay for such choices of profession over family. Another woman related to me that her "mother-in-law blamed the first loss of pregnancy because I painted the room" for the intended child, and the second previous miscarriage because "my doctor was too cavalier." I found that comments like these created stress and hard feelings not only between daughter-in-law and mother-in-law, but between wife and husband. These wives were angry not only at their mothers-in-law, but at their spouses and held them accountable for such insensitivity. Client feedback clearly indicated these strong feelings.

In addition, infertility seemed to bring up other extraneous sources of hostility and unresolved issues of disagreement with parents, since the time of the marriage, between a son or daughter to

the spouse. Couples told me that "old animosities would arise again" triggering anger, further aggravating earlier tensions from the past, which continued to sting and upset current relations. When broaching topics of family interdynamics, it sometimes seemed as if "shalom bayit" was under greater attack. I was not sure if these discussions were helpful in providing tools to maintain marital harmony and unity.

One man expressed the problem of communicating with his wife's parents and answering their questions as an attempt to "rescue" his wife from doing so in order to keep the peace. In this case, it was the son-in-law who played the part of the 'peace-maker' since her mother felt guilty over the infertility and related it to faith issues of not attending worship services regularly to pray for conception. Though the daughter expressed strong ties to religion, she admitted that she and her mother felt very differently about the role of service attendance to infertility. "I attach a different meaning to Judaism as opposed to the value of organized religion of my mother." She stated that this disagreement caused such friction between mother and daughter that the son-in-law was forced to intervene to defuse the anger.

I sensed the deep emotions felt by both wife and husband during these interactions. I had not fully anticipated this development in my original proposal. It is clearer now that the level of 'peaceful' communication, "shalom bayit" between the couple and parents or in-laws relates prominently to the success of my project's goal and direction.

2. Equally difficult to anticipate in the execution and outcome of this endeavor was the validity of creating a working alliance, in five or six sessions, to enable me as counselor, along with clients to engender the type of relationship necessary to carry out my ministry. It frequently seemed to me that couples or individuals were so very uncomfortable or ill-at-ease talking about subjects pertaining to their infertility problems, that they were very skeptical or even cautious, sometimes asking me what was the purpose of our meetings. It appeared that the goals and methodology I had explained to them came into question when particularly divisive topics ensued. Perhaps they felt some distrust for our alliance or towards me. It may be that the number of sessions was inadequate to create a stable relationship for me to gain their confidence. More time together may be necessary to empower them to open up and engage me with each partner and with the two of them. Willingness to feel comfortable to do so may require a significant increase in meetings, over an extended period of time, to encourage this trust and communication. Only then, I would suggest, can more effective counseling occur to promote self-discovery and mutual disclosure.

3. A third area of unanticipated results was in the difficulty of making spiritual connections when I had hoped for appropriate pastoral interventions. Several couples told me that for them, Judaism was a remote source of strength or meaning with which they did not identify. Particularly when one spouse was ambivalent about faith, the ties of Jewish, religious principles to infertility were harder to establish for the other partner. I often observed a strong contrast in Jewish backgrounds and education, making it tough for couples to

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relate to each other's spirituality, in terms of belief in God, prayer, ritual, and holiday observance. "It just doesn't mean as much to me, as it does to her," claimed an husband. I don't find anything either way in these things." I discovered that the process of sharing Biblical and Rabbinic texts to illustrate various Jewish positions regarding barrenness, parenthood, childbearing, and marriage, did not always appear to be significant to the individuals or couples involved. Sometimes it did not evoke reactions that allowed me to assess these religious principles as helpful pastoral interventions. I found that the spiritual dimension of the demonstration project, at times, did not appear to be on an equal level of effectiveness as the clinical. For some couples, Judaism did not seem to enable my focus on "shalom bayit" to provide greater clarity in establishing marital harmony and unity in their relationships.

4. Another outcome of the project which I did not fully anticipate, but which figured prominently in the sessions, was the anger periodically expressed at Jewish people or specifically directed at me. I am not sure how to assess the anger that several individuals shared in our discussions. One man emphatically told me, "Rabbi, if we don't get pregnant, I will never step foot in a synagogue ever again!" This particular person had a strong religious school education in the home and congregation, but now felt deep emotions against his Judaism, as a result of the infertility. Was his declaration against the synagogue a statement of anger, frustration, guilt, depression, or other defenses? What did the synagogue symbolize for him? Could his reaction be understood as his venting to me as a representative of the synagogue? of the Jewish community? of God? Did I relate to

his superego as the punishing, controlling divine force responsible for the couple's inability to conceive? Would ultimate fertility and conception mean that he would return to the synagogue as a response for this reward from Heaven? In the few sessions that we had, it was difficult for me to answer these questions. At the very least, I tried to be conscious of the transferential issues he posed, and I attempted to keep in check my counter-transference during these meetings. Nevertheless, I felt inadequate to deal with these issues, in terms of our counseling relationship. I tried to let him express these feelings without withdrawing my empathy and support for his concerns, and for the negative feelings he harbored against the synagogue. I had not envisioned such depth of anger, and had to learn how to handle it in the course of the meetings. I did not want to let my own feelings interfere with the counseling dynamics or cloud the interventions that could help him direct his attention to the anger in order to understand it better. I believe we were able to accomplish this valuable management of his angry feelings.

5. For some, however, there were mixed and often contradictory feelings expressed which I had not predicted. A female counselee, who met with me without her husband, voiced her "ambivalence regarding the efficacy of prayer as a source of spiritual strength" in coping with her infertility. She told me she attended worship services fairly regularly, "praying for God's help to accept things, but afraid to ask for fertility." Her mother was raised Orthodox but rejected traditional Judaism later and "imparted Jewish observances negatively in the home." It was only through her active involvement in a Jewish youth group, she explained, that she found

balance in restoring positive reinforcement to her self-identity as a Jew. This woman came to resent her mother for the irreconcilable signals imposed upon her in those formative adolescent years. In addition, she related, the death of her father when she was 23, in 1978, caused further pain in her life by raising other questions regarding spirituality. Several earlier miscarriages and two years of infertility heightened the many feelings she needed to sort out in her life. She said she had conflicting feelings about her Judaism, which both connected and disenfranchised her from the synagogue and from me as its representative. I was totally unprepared for what would ultimately happen to our alliance, which I had assumed was proceeding smoothly for both of us.

After several sessions, this woman discontinued our meetings, explaining that "things were not working out the way she had wanted or expected." She cordially thanked me and said that she did not feel inclined to meet again. I felt somewhat puzzled by this decision, but attempted to understand her withdrawal as a self-protective mechanism to defend against some very painful, unresolved issues surrounding her infertility, repeated miscarriages, father's death, mother's rejection of Judaism, and personal religiosity that our discussions evoked. It hurt me nevertheless. I wondered about my role, and how I was seen in the context of a pastoral counseling relationship. I was unable to get a clear sense of the nature of our counseling alliance from her perspective. It had appeared to me that our few meetings had enabled her to build a trust and confidence to explore these personal issues of emotionality and faith, but then she abruptly ended the process. I later

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telephoned her in order to follow up and better understand the dynamics of this course of events. Though she was courteous, she did not provide me any further clarification of how she felt about terminating our sessions together. I never really could pursue my focus on "shalom bayit" in her homelife relating to the marital harmony and unity between her and her husband. Perhaps if we had been able to continue our meetings, we would have discussed those topics, especially in light of her family and personal history. This termination was a difficult and frustrating development for me, not originally anticipated, but necessary for me to accept as an important outcome of the project.

C. Disappointments

1. Through this project, I realized how very private, personal and sensitive the issues surrounding infertility are for the people involved. I saw and heard how pained and troubled these people were talking to anybody about infertility. For all those with whom I met, the notion of talking about their concerns and problems with any other person was very difficult to accept. Few people initially wanted to talk about their issues regarding infertility. So protective were infertile couples of their privacy and confidentiality that they rarely 'exposed' themselves to anyone other than their physicians. Several of the reproductive endocrinologists with whom I consulted for referrals advised me of the boundaries I would confront with these patients under their medical treatment. Even with the doctors' recommendations that such counseling could be beneficial to the individuals and couples, to my dismay as well as the doctors, I found few patients would agree to the consultations. I was frustrated with

the difficulty finding couples to follow through on their physicians' advice to seek counseling. It seemed that even their own doctors' imprimatur of my work was not enough to convince these people to 'let down their guard' to any other professional, no matter how potentially helpful the therapy might be. I discovered through this project that the tendency to be so 'closed-mouthed' is very typical of infertile couples. This fact is attested to by physicians who specialize in treating infertility, yet they strongly validate the benefits of psychotherapy. As Stephen L. Corson, M.D., director of the Philadelphia Fertility Institute at Pennsylvania Hospital and clinical professor of Obstetrics and Gynecology at the University of Pennsylvania School of Medicine notes, "patient...communications are as essential to the cure as the therapy itself." ¹ He strongly advises his clients, "Don't be afraid or ashamed to seek psychological help and emotional support from professional therapists and support groups who work specifically with couples in your situation." ² He concludes that "psychological counseling is particularly important here" and recommends professional psychological or psychiatric care. ³ Dr. Corson suggests that infertile persons need someone who is communicative and supportive, so that, "With help, couples learn to cope with the infertility problem in a healthier way and go on with their day-to-day activities in a much smoother fashion..." ⁴ Dr. Schinfeld instructs, "Care must be taken to protect the couple's privacy whenever possible...the physician must be comfortable with and concerned about psychological...issues." ⁵ Furthermore, "reassurance...is extremely important. Allowing the couple to relax by openly discussing problems can result in avoiding common stress

reactions." ⁶ A clinical psychologist, Susan Lewis Cooper, and Ellen Sarasohn Glazer, a psychiatric social worker, concur that as they approach infertility, husbands and wives find it very hard to communicate. In the midst of crisis, there is tremendous stress and strain. ⁷ And as we have seen earlier, Dr. Braverman asserts, "counseling provides the best foundation upon which disagreements or issues can be worked through. ⁸ Despite all this, getting people to come to talk with me was an uphill battle! It was most disappointing to witness the reluctance and often vehement objection by infertile couples to address these issues with a pastoral counselor.

2. A second 'disappointment' was my observation that commonly only the wife came forward alone to meet with me, while the husband did not appear. It was clear, as a result of our sessions, that the male partner in a marriage refused to join together with his wife in the counseling session. One woman said of her husband, "He just will not come to meet with a counselor. He says he doesn't need it!" In other cases, even if he was present, the husband remained quiet, withholding expression and engagement of emotions. At times, the male partner would sit passively and silently as the female spouse seemed to have to verbalize responses for her mate. Among the nine married couples I counseled, four of the women came to see me without their husbands. Of the remaining counselees, three men participated inactively in discussions with their wives, one husband met me without his wife, and only in one counseling relationship did both spouses regularly attend and fully engage in our conversations for all the sessions together. It, therefore, seems reasonable for me to express disappointment for the lack of male responsiveness to this

project endeavor. The rationale and implications from this male unresponsiveness will be looked at more closely in chapter five.

3. Similar, but perhaps even more significant, is the disappointing resulting insight that husbands appeared not to want to talk about issues like their wives. Most of the men with whom I met were more private and far less expressive of their feelings and thoughts than the women. They often hesitated to speak, or were more content to listen to what their spouses were saying about themselves or relating to the "couple's" issues, and allowed the wives to express their emotions for them. When attempts were made to invite his response by either the wife or me, the male partner invariably shrugged his shoulders, looked away, or simply said, "Oh, this is more important to my wife, I don't really have any feelings about it one way or the other." I found it difficult to pursue with these men the deeper nature of their sentiments on issues of infertility. I often saw, as well, the frustration of the wives to the apparent disregard or disattentiveness of their husbands. With some exceptions, the men were reticent to voice their views on the variety of issues evoked in our discussions, particularly when the themes related to their physiological accountability for the infertility. It was very hard for the men to talk about the issues of male responsibility for the couple's inability to conceive, including sperm testing or other diagnostic indications that the infertility might be attributed to the husband, or to both the wife and the husband. Men, I concluded from these encounters, often find it very difficult to assume equal "ownership" of the issues, or at least to express their

feelings and thoughts about infertility in our sessions. No matter what I did, it was hard for me to engage the men in this project.

Having said this, I must describe the following addendum to account for the perceived change in men's participation during the project. Men who were seemingly passive and inert at the first sessions, became more engaged and verbal as we went along. While late-comers to self-expression, they did verbalize over time. I cannot, with satisfaction, explain what was responsible for this evolution of interest and involvement on the men's part, but evolve they did. Perhaps I, as a role model, may have inspired greater communication. My presence may have contributed towards some reshaping of the men's sense of being articulate and feeling adequate in their wives' presence, given the evidence of the women's greater comfort and resourcefulness in articulating and emoting. The men may have attached themselves to me in subtle ways, where their transference of trust, confidence, camaraderie and male bonding may account for this perceived change.

Chapter V. Evaluation of Process: Analysis and Implications

In this final chapter I shall discuss my overall understandings of this specific clinical ministry. I shall limit my comments to topics already introduced in earlier chapters with the purpose here to bring together all the issues, theories, and findings that bear on my demonstration project. The aim of this chapter is to show that my clinical pastoral ministry effort was carried out thoroughly. I shall explain the congruence between earlier expectations and actual outcomes of the needs and goals addressed in chapter I. I shall discuss the implications of results both anticipated and unanticipated as reported in Chapter IV, the application of religious and clinical principles indicated in Chapter II, the contributions of my project to ministry in a wider context, and the implications for future application in congregations and Jewish communities.

Analysis

Every infertile couple and individual with whom I met said that it was my presence and participation in counseling that enabled them to address their issues. Once they were there in my office, they were able to begin rapid engagement, the female partner principally assuming the initiative for establishing rapport with the husband and me. Even though some said they were not sure exactly what it was that made them feel that way, they admitted happily that they could talk more openly, less self-consciously, and with greater intensity. One woman expressed her own state of mind as feeling

"shielded" by me, and that I was a "cushion" for her in the counseling setting. Others admitted, as well, that they felt "protected" by my presence. This protection may have been directed at the spouse and/or the world outside of them. Whatever the case, the infertile persons I met felt safer to be with me and to talk with each other as a result. This progression of increased articulation and emotional engagement was even more evident among the men than the women, the latter being constant.

At the end of each session, I inquired about how they would evaluate the time we spent together. Invariably, one or both of the partners said that the nature of our discussion, in content and in tone, never would have happened on their own without my facilitation. It was clear that my enabling them to come together provided them a sensitive, caring, empathic, active listener, one who is knowledgeable about the issues of infertility and Jewish responses to marriage and childbearing. As a result, these people gained a sense of comfort, strength and confidence to open up to each other. This atmosphere would not have been possible for such interaction otherwise. This clinical ministry created the process.

The project's execution facilitated infertile couples and individuals to express their emotions, to learn what they had in common and how they differed in response to the many stress-related issues they confronted as a result of their infertility and treatment. Our meetings provided an opportunity to explore these emotions which they normally did not disclose to one another. Frequently, the extent of the conversation was so revealing that one would look at the other in total bewilderment and admit, "I had no

idea you felt that way!" Often a wife would appeal to her husband that she felt "shut out" of his life because he would not share with her any of his feelings. The wives invariably begged their husbands "to open up and include" them, and often with great desperation said, "I don't really know how you are handling any of this. I don't know what you're feeling." When one husband made the statement that he too was "pained at the sight of women pushing baby-strollers in the mall", his wife exclaimed with a tremendous sigh of relief, "I'm glad to hear that you have some feelings at all!" These exchanges were often deeply emotional for individuals. Crying, tearful exchanges, impatient questioning, anxious responses, depression, and nervousness all indicated that these people were suffering separately in a desperate attempt to help each other, but not knowing how to do so. I believe that the experience of this clinical ministry through my demonstration project was immensely beneficial for self-discovery and mutual realization. Our meetings began the process of maintaining "shalom bayit".

The sessions enabled these people to voice their feelings in a safe context, to examine their marital relationships, to define what the term 'family' means to them, to identify their desires for children, to assess their own ego needs and self esteem in light of the infertility, and to reveal the most personal disclosures with each other and with me. Our counseling alliance created an atmosphere of non-defensive sharing of deeply-felt concerns, honest reflections and interpersonal disclosure. Couples developed an increased awareness of the other's pain, and therefore, were better able to impart empathy and appreciation for what his/her partner was enduring

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during the medical treatments and throughout our counseling process. Each person's revelation engaged his/her spouse not only to be more aware, but to feel more connected to one another. The sessions together were empowering in a way that had been impossible before, in light of the hurt and pain each person had experienced with the other. This empowerment was crucial to the successful achievement of this project's goals, namely through increasing communication, infertile persons would likely enhance peaceful relations, creating marital harmony and unity.

A. Implications of Results

1. As mentioned in the previous chapter, I question whether this project could have been handled differently, and perhaps more effectively, with a greater number of sessions. Yet not withstanding this observation, it seems abundantly clear to me, and I hope to the reader, that some very fine beginnings were made along such a pathway as described in this study. So very sensitive are these issues and the people involved that more time than I was able to provide in the five-six sessions is absolutely essential to build trust and confidence, and to allow couples to take down the defensive walls and boundaries that they have erected to protect themselves. Though my professional relationship was productive with all but one woman, I still believe that further meetings would have engendered increased communication through investigation of feelings and revelation of sentiments, which could promote even greater harmony, peace and unity between married couples. Maintaining

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"shalom bayit" would be even better served if the project's term were lengthened.

2. As noted in Chapter IV, a second disappointment was the initial reluctance of men to attend and participate in the counseling sessions with their wives. With a few exceptions, men initially resisted attending sessions, or would join their spouses only to sit quietly or passively and listen to what was discussed in their presence. Dr. Mahlstedt explains these phenomena as a result of couples becoming polarized, because infertility affects them differently or because they cope differently. One partner, typically the male, may actually be in greater despair than the other or may feel betrayed by the other's frankness or desire to discuss their problem with others as a way of coping. "Men...often cope with their pain by keeping it to themselves and focusing on their wives...Husbands, feeling powerless to take away the pain, sometimes stop listening" to their wives who often cope by continually talking.¹ The problem progressively deteriorates, "In order to get him involved, she escalates her complaints and he, in response, retreats even further and may even cease participating in the treatment process. In these cases, the woman feels abandoned when she needs her husband most, and he feels overwhelmed because she needs him so much."²

Perhaps we can understand my observation in light of the much publicized perception that men are not as expressive of their emotions as women. As applied to my project, a reasonable implication is "while men are generally concerned about infertility, it may be less crucial to their self-esteem and identity."³ Men keep

emotions to themselves protecting against painful feelings. "Handling the emotional impact of infertility is also difficult for males because men are not conditioned to share these types of concerns." 4

Authors Glazer and Cooper emphatically confirm this conclusion. "Our society teaches women that it is okay to show their feelings, while men learn the opposite-that it is unmasculine to express sadness or vulnerability. Hence, a woman dealing with infertility typically expresses her feelings by talking frequently about her situation, crying, overtly worrying, and so on. Her spouse probably tries to be 'strong' by not showing his feelings, and approaching the situation in a rational or logical way. Thus, men are often at a loss about how to help their wives in this crisis. They feel powerless, unable to comfort, and unable to change the situation." 5 These therapists further indicate that communication between husbands and wives is strained because they approach the crisis of infertility differently. "Wives sometimes feel that their husbands don't understand how much they are suffering, and complain that they seem cold and indifferent. By contrast, husbands complain that their wives are too emotional. Couples begin to fear that infertility will destroy their relationship." 6

Writing in a Resolve newsletter about infertile men speaking out, Michael Carter teaches several lessons that support my findings. He deduces two factors from which we can learn something about what it means to be a man coping with infertility. "Men have a tendency to create narrow, concrete goals for defining success or failure. We tend to think in terms of the bottom line. If we are infertile, then we define success as having a child...Anything else is

giving up, quitting. It can also set us up for failure...The other typically male trait is the 'whatever you want, dear' attitude. This detachment from all the decisions related to infertility is...the idea that infertility is the wife's problem so the husband fades into the background, giving tacit support, while she makes the decisions. Sometimes this is a way of avoiding the pain of infertility. And it seems easier to let her do it all." ⁷ He concludes that, "Men who approach infertility this way are doing themselves a great disservice." Carter advises men to speak out and participate in the decisions that will allow them to regain control over their lives. ⁸ Making decisions together empowers a couple to take control over their lives. I have seen and fully believe that when a man abdicates responsibility in making decisions that affect him, by not coming or fully engaging in counseling with his wife, he gives up control. This loss of control has severe ramifications in limiting the couple's mutual attempt to preserve marital peace.

3. It is unnecessary for me to elaborate on the unanticipated result of the project revealing the extension of "shalom bayit" beyond the infertile couple's home to the homes of parents and in-laws. Such an analysis would exceed the parameters of this clinical ministry. Nevertheless, the tools required to help maintain peace, harmony and unity in the primary marital unit must include the entire scope and broader connection to the wider family unit of parents, and often siblings, of the infertile couple. The extended family of potential grandparents, uncles and aunts is another dimension to be explored, crucial to the success of the couple's well-being and stability in coping with infertility. Dr. Michael Snyder, a

clinical psychologist specializing in infertility and adoption counseling explains, "It's not only parents who need to come to a balanced perspective about the complex issues of infertility. Grandparents and other family members often need help, too. The biggest problem I hear about is infertile couples having conflicts with their own parents about how they perceive and treat the couple who is infertile." ⁹ Drs. Glazer and Cooper agree, "Infertility affects almost all relationships...Relationships are important to infertile couples; otherwise they would not wish to be parents in the first place. The crisis of infertility often makes it clear to the people involved, just who is most important to them, and to whom they can turn for support and comfort." ¹⁰ Clearly, the stress experienced through family dynamics places another risk to "shalom bayit" for infertile husbands and wives. The pressures that extended family members exert upon the couple are significant and cannot be underestimated in the total picture of marital issues resulting from infertility. No person, it was evident from my project, was detached or unconcerned about family input as it related to making decisions relevant to infertility, medical treatment, adoption and childlessness. In any further study, this aspect of establishing "shalom bayit" to maintain harmony and unity would necessarily warrant a thorough investigation of the many dimensions of parental and sibling involvement and influence in the infertile couple's day-to-day life and struggle for conception. For my purposes here, however, I simply report this unanticipated result of my project.

B. Contribution of Religious Principles

Jewish infertile couples, it seems to me after thoughtful reflection, were concerned more about dwelling on their infertility than on their Jewishness. Helping these people make spiritual connections to Judaism or to Jewish identity was more complicated than I had hoped. My dilemma was dealing with Judaism's negativism regarding infertility while trying to apply emphasis to the few positive religious principles that might help these couples.

The difficulties were two-fold. First, I dealt with a wide diversity of backgrounds, education, home life, Sabbath and holiday observance, belief in God, socialization with other Jews, synagogue affiliation, relationship with Rabbis, teachers and lay leaders, camp or youth group experiences, and overall self-perceptions as Jews. Therefore, each counselee, whether with a spouse or alone, came with very different receptivity to our sessions.

Secondly, and even more importantly, I could not draw upon Jewish sources for hope and inspiration, since the great majority of this literature condemns the infertile. Indeed, in some cases, I chose not to refer to the Biblical or Rabbinic positions because these criticisms of infertility would hurt and offend these couples. These traditional Jewish responses are nearly impossible to reconcile in attempting to establish "shalom bayit". There was little, if anything, in Jewish sources to offset the negativism of infertility.

1. For some persons, the Biblical denunciation of the "infertile woman as unpraiseworthy, without merit or blessing" (Deut. 7:14, Ps.113:9) was devastating. Several women were paralyzed by this characterization of their barrenness. It intimidated them or

depressed them to feel so unworthy of childbearing, as if they were being punished by God or deserved this deprivation. The Talmud's attribution of childlessness to unrighteous behavior or violation of Jewish law added 'salt to the wound' for infertile couples. "Avoid petty hatred, a sin which causes miscarriages" (Shabbat 32b) typifies this traditional attitude. Even more disturbing is the claim in Kitzur Roni Akarah: Advice to the Childless, "A couple that wishes to produce a healthy child should pay attention to all the Halachot and practices connected to the subject. They should observe the laws of family purity stringently and sanctify themselves during the marriage union. If anything is amiss, rectification should be made (consult a Torah authority for details)."^{1 1} My counselees did not identify with these criticisms and rejected these notions.

2. Others were appalled by the Midrash's teaching that God seeks to hear the prayers of the barren woman. (Cant. R. 1) If anything, this teaching evoked defensive anger and curses, not humble, petitionary worship of blessing as the Talmud requires. Yevamot 64a teaches, "Why were the Patriarchs infertile? Because God longs for the prayers of the righteous." In Roni Akarah, we find the philosophy that "difficulties come to evoke prayer", stating, "Sometimes Hashem withholds children so that a person will pray."^{1 2} The rationale for this philosophy comes from the story of Hannah who prays to God in the midst of her grief over barrenness and is granted a son, the prophet Samuel. Her prayer is efficacious. One interpretation derives the Jewish notion that God is close to those who suffer. However, to say, "The suffering of the childless is actually an advantage for them, for it brings them closer to Hashem"

13 is infuriating. This message did not resonate with these couples and only interfered with the healing process.

These statements were damaging to the establishment of "shalom bayit". My counselees did not feel that prayer had the power to avert infertility and bring them conception, nor did they believe that by placing their full trust in God alone would the situation change. None of them expressed the idea that "infertility is a trial that tests a person's faith" 14 and therefore, "the more a person relies on Hashem, the more Hashem helps him." 15 Biblical scholar, Dr. Nahum Sarna, attests to the "massive effort of faith" of the matriarchs to believe in God and offer "desperate personal prayer" from the "curse of sterility". 16 Unlike Sarah, Rebecca, Rachel and Hannah, the infertile women I counseled did not find any strength in the belief that their prayers would be heeded. They did not identify with the faith of the Biblical matriarchs.

3. The Biblical commandment of "pru u'rvu", "Be fruitful and multiply" (Gen. 1:22, 28), as the first of 613 obligations, created tension for Jewish infertile couples. It was not that these people chose to violate this mandate. On the contrary, they were doing all they could, medically, financially and emotionally to muster the resources, both physically and psychologically, to fulfill this imperative. Despite the fact that they were liberal Jews, and did not feel bound to follow all or most halachic requirements, this particular mitzvah was compelling upon them. They felt this commandment was the most basic of Jewish obligations incumbent upon husbands and wives. That is why it is found first in the Bible. Propagation, as reflected in Jewish tradition, is supreme among Jewish acts. If they

could not fulfill this obligation, what kind of Jews were they, they asked. This failure tormented them, causing them to feel angry, depressed and sad.

4. The principle of fulfilling the mitzvah of "pru u'rvu" through other means, Ha-osek b'mitzvah patur me-mitzvah, 'One who performs a commandment is freed from another commandment' (Suk. 26a and San. 19b), such as teaching, tutoring, guiding or being a guardian to another's child, or youth group advising, was reassuring only to a minority of my counselees. I can recall only two instances: One couple delighted in playing with nieces and nephews in the absence of their own infants; another man told me how much he enjoyed wrestling on the floor with the toddlers of friends at their home. Nevertheless, it was clear that the yearnings for one's own biological child overshadowed any attempt to compensate for childlessness. For the majority of my counselees, this principle held little significance in their lives as they longed for children of their own. Nor did it seem that one's professional successes compensated for the failures of not having children. The personal losses sustained by being infertile were not offset by any other gains, according to the participants of my project.

5. The Jewish religious principle validating adoption brought mixed results among my counselees. The Biblical models of Sarah, Rachel, Jacob, Esther, and Michal, as well as the exemplar of Rabbi Abbaye in Talmudic literature, underpin the teaching that persons who raise a child are considered the parents. (Ex. R. 46:5 and San. 19b) Some couples and individuals were inspired by this teaching,

while others were reluctant to contemplate adoption in light of their struggles to conceive a biological child.

For the former, it seemed that as the medical procedures for fertility continued to prove unsuccessful, the option of adopting a child held greater validity for them. As their material and physical resources progressively depleted, these couples found strength and hope, if not renewed excitement, in the anticipation of becoming parents through adoption. They were able to talk about their fulfilling the dream "to mother and father a child" not through conception, but with a "change of goals". They spoke of "parenthood more than conception". They showed greater interest in "being parents" rather than "bearing children". The goal shifted to "having children". In other words, having a child became more important to them than conceiving a child. Biological vs. adopted child became less of an issue. As time went on during the infertility treatment, they became more comfortable with the idea of pursuing adoption. Though they were not yet willing to stop infertility treatment, several of these couples were very receptive to taking steps simultaneously to investigate procedures in the adopting process. They asked me about Judaism's responses to questions about the 'personal status' of an adopted child, religious implications from the birth mother and father, measures for conversion and circumcision, and Hebrew names. These discussions brought tears of renewed hope and joy for them.

Still others were divided on the subject of adoption, which was the last resort. For one couple, the whole idea frightened them. "How could we be sure about the child's health, the medical attention

the mother gave it? There are so many uncertainties with adoption." They said they were more inclined to pursue methods of gestational carriers and surrogate motherhood, which gave them a greater sense of certainty by virtue of knowing more about the mother's history and following through from conception to delivery.

Another husband and wife held different views from each other. The wife was more inclined to contemplate adoption, while the husband refused to broach the subject. When she tried to initiate discussion, he adamantly insisted that they were "not yet ready to give up on fertility treatments." This response frustrated her as she felt the whole process was much more taxing on her "body and head" than it was for him. She had reached her threshold of endurance. He wanted to continue pursuing biological parenthood only. Discussion of the issue alone was heated and emotional for both these individuals.

Others had heard horror stories about long, arduous, expensive and failed attempts at adoption. In addition, they seemed to have the perception that as good as an adoption process might proceed, there were no guarantees what might happen in the future. "The birth mother might someday appear and make claims to the child." "How would we feel if we eventually had a biological child of our own?" "What if the child would want to find his birth mother one day, how would we handle that?" Several couples asked, "Should we seek an American born child or pursue foreign adoption?" "Which agency should we use?" "How reliable are these organizations?" "Who can we trust?" These perplexing questions, and others, disturbed some couples as we discussed this issue.

Nevertheless, the religious principle acknowledging and validating adoption was informative and helpful for couples. Providing a Jewish spiritual background for them to consider enabled me to serve an effective ministerial role in my project.

6. The Rabbinic principle of "havaat shalom ben adam la'chaveiro", "to create peace between one person and another" (Shab.127a and Kid.39b), was central to the understanding of all the couples and individuals whom I engaged. Indeed the additional works found in prayerbooks, "u'vein ish l'ishto", "between husband and wife", further reinforced their commitment to each other to work through these stressful and often divisive issues in harmony and peace. I, in turn, felt gratified to be a Rodef Shalom, pursuer of peace, as I facilitated this very constructive discussion. As an Ahavat Shalom, one who loves peace, I felt wonderful to provide this essential tool in helping them maintain "shalom bayit".

7. The only redeeming quality from which couples and individuals drew strength and support was from the Biblical and Rabbinic emphasis on the sacredness of the marital unit, made holy by companionship through the covenant of marriage. The textual citations extolling this cardinal Jewish religious principle, as described previously in Chapter II, resonated with these people. Genesis 2:24 teaches that the union of husband and wife constitutes the 'primary family'. Yevamot 62b and Genesis Rabbah 8:9 glorify the virtues of the married couple living with blessing and God through companionship and love. This emotional and spiritual commitment in marriage meant a great deal to couples and provided them needed support. Most reassuring for couples was to hear from

each other validation of their love and appreciation for one another. Judaism's teachings regarding the centrality of the married couple in Jewish community life reinforced their dedication to work together to preserve their marriage and to persevere in the face of the stresses and anxieties resulting from infertility. Our sessions enabled them to reaffirm their vows of love with which they began their marital relationship. Utilizing this religious principle as a foundation, couples and individuals created positive connections with their Jewish identity and spirituality.

8. Most frustrating in my role as Rabbi was the inability to gain positive and supportive guidance from Jewish tradition in counseling couples and individuals regarding their infertility. As we have seen, the state of barrenness is vilified in strong terms, condemned in both the Bible and Rabbinic literature. I realized how destructive and hurtful the notions equating barrenness as without blessing (Deut. 7:14), infertility as punishment (2 Sam. 6:16,23), sterility as God's displeasure (Lev. 20:20-21), and childlessness as pitiable (Ned. 64b) would be to the couples and individuals I met. I struggled to find Biblical and Rabbinic statements to balance the negativism toward infertile couples. In consultation with my project's Rabbinic advisor, I strained to interpret a positive counterpoint to the many expressions I considered insensitive and cruel, harshly criticizing the barren woman. He guided me to be careful against 'wishful thinking' by creating some meaning from the text that just wasn't there. I could not build the case, Jewishly, that I wanted to show support for infertile couples. This discovery was terribly upsetting for me.

In terms of my own counter-transference, it was painful for me to know Judaism's critical stand and to reveal such principles when asked. Often I evaded the subject in the hope that a couple would move on to another direction, forgetting their request for Jewish sources. I often had to decide not to share Jewish teachings in my attempt to protect them from further pain and alienation from Judaism. I recognize that I was attempting to compensate for a spiritual vacuum that sadly did not demonstrate the warm embrace, understanding, compassion and empathy so illustrative in Jewish sources towards people who suffer and are needy. Infertile Jews are summarily shunned in traditional Judaism, I must regrettably confess. This realization is painful for me to acknowledge.

It is my hope that contemporary Jewish views will be less stereotypical and more sensitive and understanding to the plight of infertile persons. I have yet to find these supportive positions, but I shall go on looking for them. At the very least, I am pleased that I recognize my own growth from this project. I am more determined to find sources that contribute to Jewish supportive positions for infertility.

9. Finally, as a Rabbi working with other Jews who usually felt very differently about their Judaism than I, it was increasingly obvious to me that Jewish connections were of little value to some and counterproductive to others. As long as I maintained my objectivity in providing religious interventions when issues of spirituality were engaged by the couple, or when the principles noted above evoked responses from them, I served my pastoral role well. I tried to be as aware as possible of this critical ministerial role

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in my endeavors to meet them where they were spiritually, rather than impose my theology upon them. In this way, I did not become angry or get offended when critical statements or derogatory remarks were voiced against Judaism, God, synagogues, rabbis, or Jewish institutions. I did not take these criticisms personally. I believe I was able to manage such expressions without my interference in the full expression of these feelings.

C. Contribution of Clinical Principles

I specified in Chapter II that I would limit the scope of this demonstration project to the two clinical principles of communication and guilt between spouses. I believe that my efforts provided sound evidence for the contributions of both toward maintaining "shalom bayit" for married couples.

1. Communication: Through dialogue, the counseling process enabled people to change in the following ways: They became more expressive of their feelings; it produced greater emotional mutual engagement; it increased their receptivity to be active listeners; it deepened their awareness of the other's issues; they developed a sense of not being alone with their feelings, but realized that the partner also shared them; it advanced their expression of empathy; it enhanced their personal emotional engagement of self; it nurtured marital peace and connectedness. For some, it created stronger ties to Judaism. For some it heightened their regard for Rabbis. For some, it renewed their Jewish identity. For some, it led to more active observance with ritual and prayer. For all of my clients, counseling allowed them what Dr. Braverman describes as so vitally

helpful to their relationship, "an excellent opportunity...to explore and manage their experience throughout the entire process... Counseling also permits each participant to ascertain whether this is his or her own decision, or whether he or she is doing this for any unhealthy reason, whether it be guilt toward the fertile partner...or overblown narcissistic needs," 17

Communication within the individual counseling modality stimulated discussion and contemplation. It empowered couples to eliminate or offset the negative feelings of depression, lower self-esteem, diminished intimacy, anger, and guilt by taking charge through communication with their partner. It freed them to ask questions. It unshackled them from the instinct to protect their partner, which had often interfered with their willingness to discuss issues and feelings. It enabled them to lessen the difficulty in communicating, clear away much of the confusion, and change direction or clarify decisions. Improved communication helped couples explore different areas that touch infertility, facilitate the reduction of stress, and develop resources to make the task of coping with infertility an easier process.

Increased communication strengthened their relationship; they felt more confident about their inability to cope with stress and loss; they felt an enhanced appreciation of good health, good friends, and family. While they did not reach decisions whether to adopt or to live childfree, the couples discovered that talking about these issues helped them to move away from the crisis. Neither of these resolutions would cure the infertility, but they came to realize that "what adoption cures, however, is childlessness", and that "childfree

living offers other kinds of rewards. But neither option gives a couple the biological child that they set out to have." 18 They began to acknowledge the fact that, to date, they had failed to accomplish a central life goal. They began the process of enduring and accepting this loss, and feeling strengthened as a result. They discovered that though they often reacted and expressed themselves differently, they were in the crisis together which helped to take away some of the pain. Communication enabled them to sit and hold each other, and to listen. Their presence alone was healing.

Talking together in my company had another benefit. It put them in a position of feeling more comfortable to make decisions, i.e., decisions about diagnosis, treatment, adoption, childfree living or alternative reproductive procedures. For one couple, this decision meant that they, "chose to no longer endure the emotional, financial and physical strains that accompany such high-tech treatments. Before we could move on and decide between being child-free or adopting a child, we felt compelled to bury our hope of having a biological child." Thus, an important component of counseling infertile couples had to do with decision-making, helping them to make considered and informed decisions with which they can live. 19

In terms of my role in fostering a communication alliance with these individuals, I see myself as having served them beneficially in a number of ways. I was a facilitator of interaction between them. I was a presenter of religious material. I was an active listener. I was a provider of clinical interventions, making comments, asking questions and distilling insights for them to consider. I provided a

direct and effective means of reducing isolation. How did I do these things? In each session, I was very conscious of creating a suitable atmosphere for individual counseling. I assured them of emotional safety and protection in my presence. I promised them complete anonymity and confidentiality. I engendered trust and confidence. I valued their intimacy with me. I treated them with respect. I cared for them in word and gesture, from my heart and head. I let them know that they could talk and I would listen.

I realize that Martin Buber's I-Thou relationship inspired me to emulate his teaching and to implement this approach to therapy. Psychologist Kenneth Potts, notes, "Buber is clear that therapy is a special derivative of the I-Thou relationship. Though necessarily unequal, the relationship must embody elements of invitation, respect, empathy, acceptance, positive regard, affirmation, and confirmation." ²⁰ Buber himself makes this point when he writes, "to find its own true existence", the I "too has to enter into relationship with the Thou that confronts it." ²¹ I devoted myself to establish this rapport with my counselees by truly investing the relationship with an I-Thou approach to their humanity.

With regard to the alliance that the woman terminated shortly into the process, I offer the following evaluation. The woman dropped out of the counseling relationship, perhaps, because I was not sufficiently experienced and professionally mature enough to conceptualize the depth of her despair. She was profoundly unhappy. I was not yet ready to assist her in her search for help. I need further exposure in helping and training through experience. I must have seemed to her overtaxed by the enormity of her pain and

agony, and the multiple problems she confronted. I wish I could have helped her more, but I appreciate my need to continue to grow and further develop my counseling skills. I learned from this encounter that I have limitations which I need to address.

2. Guilt: At times, both the fertile partner and the infertile partner, if such determination could be ascertained, experienced a range of emotions, including anger at the infertile spouse, alternating with guilt for having those feelings. In their worst moments, couples blamed each other for many different things. Some even suggested that the fertile partner would be better off if he or she would divorce and marry someone with whom they could conceive a child. Others feared, as we have seen, that the fertile spouse would no longer want to stay in the marriage, and would want to remarry and make babies with someone else. Often sadness, depression, anger and fear became fused, leading to deep and disturbing feelings of guilt, as a result of having these thoughts and emotions. 2 2

Dr. Mahlstedt warns of the severity of these feelings. "Ending a relationship may be an actuality or just an unspoken fear of many infertile couples...Will my spouse leave me if we cannot have our own children? Should I leave my spouse so that he/she can marry a fertile person? Am I acceptable to my in-laws? Is my depression driving my spouse and friends away? Will our relationship survive this ordeal?" 2 3 These perplexing questions caused couples sometimes to become polarized. This divisiveness is "Because both the man and the woman are hurting, tired, and under great pressure, they feel depleted of physical and emotional energy. They may become less able to fulfill each other's needs and thereby suffer a

loss of closeness, to the point of feeling worlds apart...They begin to resent each other and become depressed not only by their failure to conceive but also by their loss of closeness and ability to understand." 24

My infertile counselees verified the fact that, "many patients feel a tremendous sense of guilt for being infertile, for living on such an emotional roller coaster, for upsetting their spouses, for disrupting so many aspects of their own lives, and for disappointing their families." 25 One woman felt so guilty about test results identifying her as the partner of the marriage unable to conceive, that she said with resignation, "I wouldn't blame my husband for leaving me, after all it's not his fault we can't have children." Men who had low sperm counts or poor motility also felt grievous pangs of guilt. "When a man is being treated for the medical problem, his experiences are different, and so, understandably, are his responses. In this case, he has to deal with his own physical pain, the inconveniences of medical appointments and treatment, the attitudes of others toward his infertility, as well as the emotional responses of his wife. In addition to feeling responsible for supporting her through this crisis, he feels responsible for creating the problem in the first place." 26

At times, both husbands and wives juggled heart-breaking questions of medical responsibility, blame, past behavior, drug or alcohol abuse, previous sexual relationships, venereal disease, even terminated pregnancies and elective abortions. Both men and women grappled with repeated, stressful self-doubts, those suggested or suspected by a partner, and one's own concern of an innate defect in his/her body or femininity and masculinity. They

feared rejection by the fertile partner. "Patients wonder: 'Will the family name end with me? Did I fail to take care of my body properly? Did I wait too long? Is my infertility due to indiscretions early in my life? Did I bring this on myself? Is God punishing me?'" 27 Based upon my findings, I agree with Mahlstedt that among couples and individuals, often the "irrational belief that they must have caused their infertility imposes tremendous guilt on many innocent couples." 28 Feelings of inadequacy, hopelessness and guilt increased with the duration of infertility.

Guilt was a commonly held emotional response to the question of "why" which seems to have had no adequate answers. It was also a futile attempt to gain some sense of control over a situation for which they felt helpless, useless and hopeless. Perhaps if there had been understandable reasons for their infertility, many of these couples and individuals would have felt less frustrated, less anxious, less angry, and less depressed.

D. Contributions of my Project to Ministry in a Wider Context

I believe there are far-reaching implications beneficial to the wider community as a result of the demonstration project. This clinical, pastoral ministry evidenced insights proving that counseling with infertile couples and individuals is constructive in a number of ways. This project better emphasized the fact that professionals dealing with infertile couples need to encourage more strongly the necessity of couple and individual counseling and they must make it more readily available.

Other clergy, in addition to Rabbis, may benefit from this project because of so many universal elements. Here, of course, I focus on the applicability to the Rabbinate due to the intrinsic Jewish religious principles. Nevertheless, what remains constant are the issues infertile persons experience. They face devastating emotional and spiritual trials. They need to be able to talk about their feelings. They are cautious and suspicious confiding in someone they can trust. They want to feel free to open up to their spouse, and to hear what is on the mind and in the heart of their partner. They need to know that they are not alone in this situation. They don't want to be isolated from family and friends, as well as from the faith community of which they have been or can be a part.

Clergy need to be more aware of these universal clinical and pastoral dynamics. Like most of my colleagues, I felt inadequate to handle these needs of Jewish married couples and individuals who happened to be infertile. I pursued this demonstration project in the attempt to learn more about their struggles and to provide them a service in the interest of their marriage. I believe Rabbis and other clergy of any faith would benefit from this endeavor. Simply put, I would hope that pastoral counselors would develop a greater awareness of the many psychological and spiritual issues of infertility. Through this deepened consciousness, clergy would increase their sensitivity to these painful concerns. In terms of Jewish leadership, I would hope that Rabbis, synagogue lay leaders and Jewish organization activists would come to better understand the history of traditional Jewish negative responses to infertility, and seek to create a new, modern, liberal and open embrace to Jews who

are barren. Pastoral counselors, congregational clergy and clinical practitioners alike need to reach out to include, both formally and informally, those who have felt alienated from the community because of their infertility. As well, these professionals, serving in whatever their expertise and official capacity, need to know how to make constructive referrals for help to such people. Anyone in the mental health field must know the resources available to help couples who come to them for assistance and guidance.

E. Implications for Future Ministry

There are two major implications for future ministry that I want to explain in some further detail. Each would be an area which I feel could be the subject of greater concentration over a period of time working with infertile couples and individuals. These include establishing "shalom bayit" and coordinating a support group. I believe that both are worthy of my continued efforts in counseling persons who experience stress as a result of their infertility.

1. The Contribution of My Project to "Shalom Bayit"

Among the many insights I have learned from this endeavor, the most profound is the power of shared experiences between the couple as receptive to facilitation by the counseling medium, in this case, myself. Infertility is not fundamentally a woman's problem. It involves both the husband and wife. Therefore, the creation of "peace in the home" is everyone's responsibility. The results of my project clearly indicate that infertility is a couple's problem and

maintaining "shalom bayit" requires both husband and wife to seek ways of establishing and insuring marital peace and harmony.

What specific behavioral suggestions do we find in Judaism? Kitzur Roni Akarah: Advice to the Childless offers several recommendations culled from traditional sources that contribute to "shalom bayit." "Establish a warm, loving atmosphere in your home. Be happy. Serve Hashem with joy. Pray for other childless couples (Baba Kamma 92a)."²⁹ For husbands, it encourages, "Honor your wife" (Derech Eretz Zuta 9). For wives, it teaches, "Even if you are not longer young, do not despair. Pray, perform mitzvot, and do good deeds. (Shevet Mussar 24:20) Be affectionate toward him. (Eruvin 100b) Avoid becoming angry." (Shevet Mussar 24:18)³⁰

Author Michael Carter, together with his wife, writes in their book, Sweet Grapes: How to Stop Being Infertile and Start Living Again, "When we are dealing with infertility, it's better to have broader, fuzzier goals...Goals like making our lives happy and productive, having a marriage that thrives, growing and changing as a couple, participating fully in the world around us. There may come a time when trying to have a baby begins to jeopardize these broader goals. But if you keep focusing on these goals, you can make difficult decisions, such as stopping treatment without feeling like a failure. This way, everyone can end up a success, not just those who get babies."³¹ For them, marital harmony was a matter of refocusing attention on new priorities, namely the marital union itself. The majority of my counselees came to recognize and identify with the veracity of this conclusion.

Dr. Mahlstedt suggests several means by which couples can preserve their personal well-being and establish "shalom bayit": "Couples need to accept differences in feelings and in ways of coping; Each person needs to take time to hear how the infertility process is affecting his/her spouse; Each person needs to take responsibility for his/her feelings; Couples must nurture their marriage; Some couples might want to take a vacation from the daily struggles of infertility; Couples must share with others and ask for what they need from them; Each couple must be reasonable in their expectations." 32

As couples confronted the challenges that infertility posed to their relationship, they were often dismayed to discover how much tension and distance had crept into their marriage since the diagnosis of infertility. They had been previously warm, loving, and compatible. But this major life crisis put enormous stress on them. They could not escape its effects, since the infertile world is omnipresent, and doctor's appointments and treatment regimens consumed so much of their lives. These couples thought about little else. Their lives revolved around temperature charts, infertility specialists, medical procedures, and sex for procreation only. When it came to intercourse, the notion of success was substituted for the notion of pleasure which placed an even greater strain on the relationship.

Yet, ultimately they realized that their marriage, like most marriages, would survive infertility, and many grow from it. I truly believe this evolution was able to begin to occur in the process of our meetings together. If I may paraphrase the Rabbinic dictum,

Hashalom Chashuv Min Haemet. "Peace means more than truth" (Yaacov Yosef HaCohen in Toldot Yaakov Yosef), then for these couples, "shalom bayit means more than fertility."

2. Support Groups

The notion of a support group for Jewish infertile couples repeatedly came in our discussions. There seemed to be a need expressed by both couples and individuals for a group modality to convene both younger and older, married, Jewish persons who were struggling with conception. In a future clinical, pastoral ministry, I would consider coordinating such an endeavor based upon this perceived need and the authoritative evidence supporting the group's effectiveness.

The American Infertility Society recommends, "Talking to other couples in a support group is a helpful way to deal with gender differences. Individuals who have already experienced the emotions that you are going through can provide invaluable coping advice." 33

Dr. Schinfeld believes that, "support groups that can direct energy and thoughts in a positive manner are useful...The advent of support groups for infertile couples has had a dramatically positive effect on psychosexual dysfunction in infertility. Groups like RESOLVE, frequently founded by infertile couples with the help of infertility specialists, educate patients to find available services and let them contact other couples with similar problems. These organizations promote the sharing of ideas, grief, and anger, and they disseminate information concerning adoption. Couples are encouraged to channel their energies into positive ways of dealing

with this threat to their sexuality and are directed to obtain medical and psychological help from qualified health care providers." 34

It is important to note, however, that Schinfeld makes the disclaimer that support groups are not for everybody. "In a time when television and printed media frequently discuss infertility, one would suspect that taking the inability to conceive 'out of the closet' would be viewed as positive by infertile patients. On the contrary, many couples are not relieved to learn that they are not alone, and they only feel more stressed to be part of this unfortunate, involuntary minority." 35

Dr. Michael Snyder facilitates infertility support groups in the suburban Philadelphia area. His publicity brochure promotes, "Support Groups provide a caring and support setting in which infertile couples have the opportunity to share their experiences and feelings about their efforts to conceive. Support Groups provide a positive experience and help to overcome feelings of loneliness and isolation often experienced by infertile couples." 36

Dr. Mahlstedt adds her imprimatur, "Support groups often create opportunities for patients to develop positive perceptions of themselves and for physicians to attend to the psychological component without taking time from their work to do so. Some physicians sponsor support groups for their infertility patients in the same way that they sponsor childbirth education classes for obstetric patients. These groups are often led by professionals. There are also local and national support groups composed of and directed by infertility patients, which provide counseling, education, and support to infertile couples and their families." 37

One very joyful outcome of this project is my current organization of a support group for Jewish infertile couples and individuals to meet on a monthly basis. I believe this group will add to my counseling experiences and further strengthen my professional skills and human responses. I am hopeful that we can address the issue of how to get more men involved in this process with their wives. A vexing concern and question of mine is how to be more engaging of the male partner from the very beginning. Until men can become more fruitfully involved, the problem of establishing "shalom bayit" can at best only be partially confronted.

Conclusion

An infertile person wrote, "My infertility is a blow to my self-esteem, a violation of my privacy, an assault on my sexuality, a final exam on my ability to cope, an affront to my sense of justice, a painful reminder that nothing can be taken for granted. My infertility is a break in the continuity of life. It is, above all, a wound--to my body, to my psyche, to my soul." 38

As a pastoral counselor and Rabbi, I believe that this demonstration project has better prepared me to know the wounds which infertility causes and the subsequent suffering it creates. I have become involved in the lives of infertile couples and individuals. I can attend to their wounds by enabling them to communicate between themselves and with me. In so doing, the infertility crisis can present opportunities for growth and "shalom bayit."

ENDNOTES

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- 3 Corson, pp. 1-2.
- 4 Jay S. Schinfeld, M.D., "Psychosexual Dysfunction and Infertility" in Farber, M. (Ed.) Human Sexuality (New York: 1985), p. 151.

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- 5 Andrea M. Braverman, "Surrogacy and Gestational Carrier Programs: Psychological Issues" in Psychological Issues in Infertility, Vol. 4, Num. 3, July 1993, pp. 528-529.
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- 8 Ibid., p. 341.
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- 10 Schinfeld, p. 141.
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- 13 Ibid., p. 152.
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- 15 Pirke Avot 2:5 See Sayings of the Fathers, translated by Rabbi Joseph H. Hertz, (New York: 1945), p. 33.
- 16 Howard Clinebell, Basic Types of Pastoral Care and Counseling (Nashville: 1984), p. 328.

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- 5 L.S. McGuire, "Psychologic Management of Infertile Women" in Postgraduate Medicine, Vol. 57, 1975, pp. 173-176.
- 6 Schinfeld, p. 146.
- 7 Harlan J. Wechsler, What's So Bad About Guilt? Learning to Live With It Since We Can't Live Without It (New York: 1990), p. 32.
- 8 Harold Kushner, When Bad Things Happen to Good People (Boston: 1981), p. ix.
- 9 H. E. Walker, "Sexual Problems and Infertility", in Psychosomatics, Vol. 19, 1978, pp. 477-484.
- 10 J. Stallworthy, "Facts and Fantasy in the Study of Female Infertility" in British Journal of Obstetrics and Gynecology, Vol. 55, 1948, pp. 171-180.
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- 1 Corson, p. ix.
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- 3 Ibid., pp. 95-96.
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- 7 Ellen Sarasohn Glazer and Susan Lewis Cooper, Without Child: Experiencing and Resolving Infertility, (Lexington: 1988), p. 35.
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Chapter V

- 1 Mahlstedt, p. 337.
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- 3 The American Fertility Society, p. 8.
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- 25 Ibid, p. 341.
- 26 Ibid., p. 343.
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