

Living with infertility



The Pituitary Foundation Information Booklets

The
Pituitary
FOUNDATION

Working to support pituitary patients, their carers & families

The Pituitary Foundation is a charity working in the United Kingdom and Republic of Ireland supporting patients with pituitary conditions, their carers, family and friends.

Our aims are to offer support through the pituitary journey, provide information to the community, and act as the patient voice to raise awareness and improve services.

About this booklet

The aim of this booklet is to provide information about the psychological and social issues experienced by many with fertility difficulties associated with a pituitary condition and its management (both medical and psychological) as well as providing some practical advice.

You may find that not all of it applies to you. We hope it helps you to understand your condition better, gives you ideas on how to manage emotional issues and offers you a basis for discussion with your partner, GP and endocrinologist.

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Introduction: Living with infertility

One of the potential difficulties of pituitary conditions is infertility. The impact of infertility depends largely upon where you are in your life when you discover you have a problem. Not being able to conceive naturally, or extend your family except by means of adoption or fostering children can impact upon your life and well-being. Alternatively, a diagnosis of infertility can help to confirm that children are not a priority for you.

The purpose of this booklet is to discuss the effects of infertility and possible ways to adjust to the situation. The booklet discusses possible feelings related to discovering you are infertile, strategies to deal with infertility and the impact it has on relationships. The strategies outlined in this booklet are not an exhaustive list and what you may find useful may not be helpful to someone else. Hopefully, the content of this booklet may give you ideas to help you to develop your own ways to cope.

Infertility & You

We tend to assume that we can have children whenever we choose to do so, as long as the woman is not menopausal (either naturally, surgically or hormonally induced).

As for men, the assumption is that they can father children well into their eighties. So it can come as shock to find out that this is not the case.

This may be because while you have been dealing with

your pituitary condition, you may have been unaware that infertility could be a consequence of the condition and/or of the treatment. Getting 'better' or learning to manage your condition were the priority for you, your partner and the rest of your family and friends. Having gained a sense of control of your body your priorities change and you will begin to look forward again and having a child or more children may become your next priority. The shock of discovering you are infertile can lead to an emotional upheaval for you and your partner as you learn to cope with the grief and sense of loss of what might have been. A diagnosis of infertility can also be a shock for others including your parents (who may grieve for their lost grandchildren) and friends, who might not know what to say to you anymore. Relationships can feel challenged and difficult to maintain.

If having children in your life is important to you, it can feel that the option to decide the time and how many children to have is taken away from you when you receive a diagnosis of infertility. This may mean a reliance on infertility treatment and /or adoption to have the child you wish for. This may cause stress, anxiety and frustration when dealing with the potential solutions these treatments require. It can feel that these options are dependent on the skill of others at signposting you to relevant and expert agencies. The processes involved in receiving treatment can make you feel like you are on an emotional rollercoaster, with your happiness being influenced by the decision-making power of the health professionals.



Introduction: Living with Infertility

Loss of Choice/Control

Individuals can feel that their decision, or choice, about whether to have their own biological child has been taken away. To achieve the goal of being a parent will require more planning, more hospital appointments, with the added issues of financial and emotional costs. As such some people may encounter a series of losses in their lives often experienced as grief.



Loss of identity and sense of purpose were common experiences mentioned by those diagnosed as infertile.

"...the sense of worth, I mean certainly for women...you lose your job, you get married, you don't have children. Meeting people through children. Well, what am I here for? What's the purpose of life?"

"I've also been infertile so I found myself in my mid-thirties with no job, and no family. So I guess it's a case of, 'well, where's my sense of purpose?'"

These two quotes suggest that individuals feel that there is a loss of choice to experience what it would be like to be a mother and

share experiences with other women. This can make women feel that they have limited social support opportunities when childless, and as a result they may become socially isolated.

For those who have a child before receiving a diagnosis of infertility, the desire for more children can remain.

"I was offered treatment to have more children, following my surgery, but I was too frightened about a pregnancy with all the hormones I took, any re-growth of the tumour and how I could cope with a baby if I took ill again. I was thankful for my one child born before my condition appeared - but yes, truthfully, I would have dearly loved just one more child. My fears about my condition made this impossible..."

Many feel that they are selfish to want another child to complete their family unit and as a result they can experience guilt and disappointment. Partners may not understand the yearning to extend the family by having treatment and may be satisfied with one child. This view may become more significant when infertility treatment adds a financial cost to the family. So life without extra children may mean absorbing oneself in creating a good home for your only child.

"I feel a failure as a woman and am very upset that my daughter will be an only child. I think about my pituitary problem recovering and being able to expand our family all the time. I am very upset that the decision about the size of our family has been taken away. Feel as though I am being punished for something."

Your feelings about Infertility

Patient contributions to research projects that have investigated the impact of pituitary conditions have suggested that many individuals experience shock, grief and distress as a result of being infertile and carry a sense of what might have been. The more intense feelings reported as being experienced were anger, resentment, guilt, depression, low self-esteem and loneliness. These may be particularly intensely experienced because your hormonal balance, which is altered by most pituitary conditions and medications, affects your moods and emotions.

Dealing with Shock

When you were finally diagnosed as being infertile, you may have at first felt too shocked and numb to fully take in what you were told. As the shock wears off, you begin the coping process. At first you may deny that anything is different, but the longer you avoid facing and exploring your new reality, the longer it will take you to adjust to the situation. It is perfectly normal to grieve for the children you hoped to have. A confiding supportive relationship is important to help you navigate your grief (for example, with a partner, friend, counsellor, GP or nurse). You should 'let go' when you are ready and want to. Also remember that you do not have to keep grieving. When the time is right for you, it's all right to stop.

One of the most helpful steps you can take is to talk with other pituitary patients, either in a formal group or informally (for example, to a Pituitary Foundation telephone buddy, or on the on-line forum). You will gain reassurance

that you are not the only one in such a situation, and you will probably glean useful information as well.

Dealing with Grief & Loss

The following has been adapted from *"On death and dying"* by E Kubler-Ross:

Coming to terms with grief and/or loss is a process outlined in the stages below but it does not always follow this pattern, people can move back and forward within it.

Stage 1 • Denial & Isolation

"This cannot be happening to me." Denial functions as a buffer after the unexpected shocking news. The person may seek second opinions from others or try to continue life as if nothing has happened. With this feeling of denial comes a feeling of being set apart from the rest of the world and fearing the future. At this stage it is important not to try and break through the denial, as full realisation will come in time.

Stage 2 • Anger

"Why is this happening to me." As the realisation dawns it brings the realisation and awareness of loss. Anger may be expressed towards God, authority figures, people you have to do things for, or people who are unaffected. This anger is displaced: it actually belongs to the loss of future hopes being fulfilled. This second stage is difficult for family friends and helpers. It is important for them to realise they are not responsible for this anger.

Your feelings about Infertility

Stage 3 • Bargaining

“If I am good perhaps it will go away.”

Bargaining is an attempt to fight against the event, to buy a reprieve. *“If only...”* The bargain is often made with God. During this stage there may be associated guilty feelings of having brought about the disaster by having not taken care, not behaving well, not doing something. As with the initial denial family and friends need to listen to and accept these attempts to come to terms with the future.

Stage 4 • Depression

“It is happening to me and I can’t bear it.”

Illusions that everything will be all right collapse and the person and their family and/or support are faced with the unbearable realisation of loss. There are two kinds of depression at this stage:

Reactive depression - Mourning what is already lost e.g. the ability to work, care for children, freedom to be independent, and loss of health. This type of depression can be alleviated by reassurances and exploration of how the change in circumstances will be dealt with.

Preparatory Depression - Facing a dark future, sadness at facing the end of a life as it had been planned and the uncertainty of the future. The person will often be silent for long periods. This type of depression may show itself as retreat into sleep, drugs, and alcohol. This person may say they feel they are no use and that there is no hope, that life is futile. It is important to for the person and their

family and friends to stay with the feelings and be sensitive to the needs they indicate: either to talk or stay with the silences. This type of depression can make the individual, their family and helpers feel impotent and bewildered. No-one can take the depression away, it is part of the process of loss.

Stage 5 • Acceptance

“I can accept that this is happening to me. I am ready to face it.” When people reach this stage they are not happy as much as detached from feelings. Their circle of interests narrows and they may only see people who are close to them. Gradually they may return to a full life: it may be better or worse but it will be different.

Coping with Grief & Loss

For some people just understanding the different elements of the process helps. They can identify themselves and some of what they have been feeling starts to make sense. While the process is outlined as having five different stages, in reality people move between the different stages. For some individuals it can take a few weeks to negotiate and come to terms with a drastic change in their life circumstances, for others it takes months or years. We are all individuals, there is no set timetable within which this process is expected to take place; it happens, and should be allowed to happen, at the speed that is right for the individual.

One of the most important coping strategies is learning to be compassionate towards yourself. You have suffered a major shock that

Your feelings about Infertility

will take time to process and come to terms with. Talking negatively to yourself, telling yourself to “pull yourself together” does not help and puts you through more stress. If you can learn to talk to yourself the way your best friend would, it will make a huge difference. You just need to be patient and accept that it might take you longer than you might like to come through the process. The time it takes is not important, what is important is allowing yourself the necessary time to deal with the feelings without feeling pressured.

Anger & Resentment

Individuals can feel angry about infertility and express this bitterness with their partner about the difficulty of wanting to be a parent. This leads to resentment if both partners do not agree with decisions or are grieving about the loss of the opportunity to be a parent. In some cases it may cause problems in maintaining the relationship.

Resentment can be demonstrated with viewing some members of the community as not deserving of having the role of a parent such as: *“... bitter with how many parents are irresponsible, bad parents”*

It may be hard not to feel bitterness towards those who may not embrace or who are struggling with being a parent. The world we live in may feel unfair and that people do not get what they deserve. In some cases women may distance themselves from situations that are popular with families to reduce any negative emotions.

“I have tended to avoid some situations such as visiting places or people with children.”



Guilt

A diagnosis of infertility affects not only the person with the pituitary condition but those living with the person. Feelings of guilt and shame are recognised by those who are not able to have children with their partner.

“Sorry that I couldn't give my husband a son or daughter. Even more sorry that I never saw my father-in-law holding my child.”

Moving Forward from the Diagnosis

Although this booklet has focused on the negative emotions of being diagnosed with infertility, some individuals are able to accept the diagnosis they have been given and over time were able to view the situation as being more positive.

"I also was able to draw upon the excellent relationship with my partner and to plan a life without children (as I thought it would be) in a positive manner. We bought a new car, a white sofa and planned a world trip. We told ourselves we had a good life."

There is no single strategy to take away the distress and longing for a child but there are ways to help make life bearable.

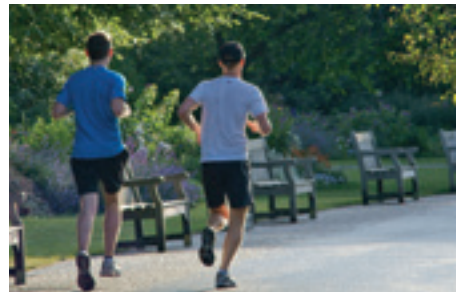
Below are some of the activities or strategies that have been suggested by people who have taken part in previous infertility research. These ideas may reassure you that you already have effective ways of managing the situation, or it could give you ideas to manage the situation differently. There are no right or wrong strategies nor any preferred way of dealing with the situation, we are all different, so you need to find what will work for you.

Spiritual expression - Spiritual expression tends to mean following a religion or a faith. Individuals who took part in previous infertility research described that it was good to feel part of a community by attending regular events. Their religious/faith beliefs also helped them by making them feel more positive about life. It helped those who used spiritual expression to feel like they had a sense of purpose.

"For couples experiencing infertility, wanting a baby is a craving unlike any other..."

Don't let infertility take over your life.

Previous research (Needs Analysis, 2006; Infertility Research into Pituitary Conditions, 2008) suggests investing time in other activities and interests helped individuals to take their mind off things and was a positive way of looking to the future. The main ways that individuals invested time were in a career, working for qualifications, doing hobbies and joining and attending clubs. Belonging to a group through work or for hobbies can help a person increase their social support network and provide alternative achievements.



Exercise - Exercise is well known to help lift mood levels and can be just as effective as anti-depressant medication and counselling (psychotherapy). Exercise has no side effects and protects against stroke, cancer and diabetes. Going for a gentle walk around your local area with your partner can give you the opportunity to talk to each other. The NHS advocates moderate exercise to manage stress and mild to

Moving Forward from the Diagnosis

moderate depression, with some GPs providing exercise on prescription at local leisure centres.

Pets - Having an animal to look after in the home can help people provide daily structure. Some individuals feel a sense of purpose and commitment by fulfilling the needs of the animal. Research has provided evidence that stroking a pet can provide comfort and improve mood.



Cuddly toys - Some people found that being able to cuddle or stroke a furry toy helped to relax them and to relieve any negative emotions. *“Early on I accepted it as my fate, God’s will, or however you prefer to describe it. Maybe it happened for a reason. It’s not a tragedy. It’s what happened. I can’t change it so I get on with the rest of life. Being childless isn’t all bad - more freedom, more money, less stress, more space. I bought a few cuddly toys in the early years as I felt I needed something to cuddle.”*

Establishing alternative relationships with children - Previous research has highlighted that some individuals accept the diagnosis of infertility by thinking of alternative ways of interacting with or caring for children. Depending upon your circumstances, your state of health and your social support networks,

there are likely to be some ways to spend time with the children of family and friends. The research participants called this the ‘auntie/uncle role’, and it largely involved undertaking fun activities with the children. Other research participants felt that they preferred a more ‘hands-on’ role and chose the option of becoming parents by fostering and adopting. The research also showed that individual’s chose careers that focussed on childcare and contributed to children’s development.

Support from family and friends - Holding everything inside does not help. It actually takes more mental energy to hold your feelings back than to express them. Allow yourself time to feel the sadness, anger, and frustration. People’s well-being can be improved by having people who are close to them to talk through their experiences and allow emotional disclosure. Planning events with family and friends (holidays, leisure activities) can act as a distraction and help enhance mood.

Seeking support - Individuals may benefit from having contact with those that are in a similar position to help feel that you are not alone. On-line forums and support groups are some of the ways to start meeting others such as the Pituitary Foundation Forum and HelpLine. Professional counselling gives the opportunity to discuss fears and emotions regarding infertility and health with an independent person. Before choosing infertility treatment, some fertility clinics may require clients to have counselling before and during treatment.

Moving Forward from the Diagnosis

Record your worries - When things are troubling us it can make it difficult to concentrate on what we are doing and to get to sleep at night. Writing your worries in a journal or a piece of paper before attempting to get to sleep, may help the mind to switch off. If after writing down your worries, it is still occupying your mind, say to yourself “there is nothing I can do until tomorrow”. Otherwise reading a book or listening to music may break the thought patterns.

Positive thinking - Research looking at strategies to help improve mood have suggested that a positive view of life reduces low mood. Some ways to achieve this are by looking for the blessings in life and being positive about everyday experiences. Writing down five things that you are grateful for each week can help to break the pattern of being negative about situations. Volunteering or helping a neighbour can be a distraction and make you feel good at the same time.

Learn as much as you can: The more you know about infertility, including alternatives like adoption or living child-free, the more in control you will feel. A greater sense of control can reduce anxiety and distress.

Alternative or complementary therapies: Can play important role in caring for yourself. Below are some of the main therapies that people use:

Acupuncture is a therapy that inserts fine needles into specific points across the body

to stimulate energy flow; beneficial for health conditions such as migraines, arthritis, fibromyalgia, depression, asthma and infertility.

Aromatherapy is the most widely used therapy in the UK. It uses essential oils to enhance well-being and physical benefits.

Autogenic therapy consists of learning mental exercises to help to reduce stress and to aid

relaxation.

Bach flower remedies

are flower essences that affect our mental state and enhance emotional well-being.



Other therapies include:

- Alexander Technique • Craniosacral Therapy
- Biofeedback • Reiki • Chinese Herbal Medicines • Reflexology • Chiropractic
- Shiatsu • Colour Therapy • T'ai Chi • Meditation • Hypnotherapy • Yoga

For more details on possible alternative therapies please refer to NHS choices website (www.nhs.uk) or Channel Four website (www.channel4.com/health). For more information on herbal remedies or supplements please look at The Royal College of Psychiatrists website (www.rcpsych.ac.uk). Please turn to the sources page for any books that may give advice and suggestions

The Impact on Relationships

Intimate relationships

Arguments can arise about the financial stress of paying for fertility treatment or deciding to go through adoption/ fostering. The decision-making process around how much you are willing to pay, coping with the financial strain or debt, can create and maintain stress between couples. If couples decide not to take this action because of cost, or if their choice is taken away due to poorer health, people with an infertility diagnosis may feel that this will put additional strain on their relationship. There can be strong fears of being abandoned by their partner, the concern being on them leaving to have children with someone else. For some individuals this belief is too great and intimate relationships are avoided to protect themselves.

"It affected my relationship with my husband as he wanted a second child. This resulted in a wide variety of emotions including anger, upset, sadness and guilt. My husband and I eventually divorced. I don't believe this was the reason but it contributed to the arguments leading up to the separation"

Research has suggested that there can be difficulties communicating feelings and needs to people that are close to you. Possible complications from maintaining close relationships are conflicting priorities such as one person wanting more children when the other does not. Although, some people feel that the opposite can happen and that the situation can strengthen the relationship.

"Made my marriage stronger. Made me more



accepting of life. Made me very grateful for the daughter I had before Cushings disease was diagnosed"

Talk to your partner: Talk about your feelings together. Keep in mind, though, that men and women cope with stress in different ways. Women are more likely to express their sadness, while men tend to hold things inside. Neither way is wrong, just different. If it seems like infertility is all you talk about together, set a specified time each day for the topic, and use the rest of the day to talk about other things.

For the physical relationship there can be tension for both partners during infertility treatment and especially around ovulation. This may lead the partners to see sex as more 'mechanical' and clinical. The act may not feel spontaneous and become a less enjoyable way to express love for each other. Both men and women may experience performance anxiety, reinforcing feelings of guilt or shame.

The Impact on Relationships

Keep sex fun: As mentioned above, sex can quickly become more like a chore, than a fun way to express love for each other. Try to keep it loving and exciting by using candles, music, watching romantic movies or whatever makes you both feel good.

Change your definitions of what counts as sex: We tend to think of sex in terms of full penetrative sexual intercourse, but sex can be whatever you want it to be. Are there things that you could do with your partner that might be classed as sexual? Do you need to find some ideas from a good sex manual or two? Also remember that if you're not in the mood for making love, sometimes just doing it can actually get the right mix of hormones flowing for things to work. Obviously, if you're really angry or resentful it's not going to work.

Learn to communicate with your partner: Resentment can block desire more effectively than having your mother-in-law in the house! Fear of being rejected can also block any possibility of any action occurring at all. Sex can be a difficult subject to talk about, even more difficult than money. A good use for sex manuals is in starting discussions. The fact that you've gone to buy one will say a lot to your partner about how important this is to you. You can leave the page open or put a post-it note on the page you've been thinking about trying. If you're not sure where to start then try a book by Tracy Cox (there are some suggestions of useful titles below). There aren't any hardcore images, and they are very readable.

A selection of books by Tracy Cox:

- ♥ Supersex
 - ♥ Hot Sex: How to do it
 - ♥ Kama Sutra
 - ♥ Hot Relationships: How to have one
- On a positive note, some partners in intimate relationships find their bond grows stronger after a diagnosis of infertility through the mutual support they experience when deciding which options to take.



Possible Ideas to Try & Improve Relationships

Intimate relationships:

- Express feelings and needs.
- Discuss concerns about distancing yourself from other children and how that impacts on your life.
- Be assertive with partners when talking to them. Use 'I' statements, so that you are owning how you feel and not confusing your partner with what might otherwise feel like

The Impact on Relationships

an attack. e.g. “I feel that...”

- Clarify what the priorities are for both of you and think about and discuss how you might compromise.
- Recognise it is normal to get frustrated with situations but keep making time to talk it through together.
- Be creative when it comes to being intimate with each other.
- Consider professional support, for example, Relate and other support groups. Develop an interest in something that you can do together which is not related to children such as painting, learn how to do massage together, or Tantric Yoga.

Helping each other to relax and be comfortable can be a good way back to a good relationship. It can help nurture the intimacy back into the relationship where there are no expectations of any other intimate activity.



Friendships

- Making friends with other mothers can be hard when you have fewer things in common, especially when your friends

are parents and social occasions may tend to centre on family events. Equally some mothers may be just as jealous of your childfree life, as you could be jealous of their child-filled life. Depending upon the situation you may decide not to tell anyone of the infertility diagnosis. In doing this you run the risk that others will make judgements about your life choices. It is important to remember that there is no right or wrong decision about whether to have children or not.

- Deciding not to have children does not mean that such individuals are less selfish or more important.
- Having people who do not make judgements or are understanding about the situation can reduce loneliness and improve self-worth.
- Friendships with mothers do not necessarily need to be avoided, but you may find it helpful to discuss interests with them beyond their children.

Things to try:

- Find some common ground with mothers, for example, TV shows, music and books.
- Start a hobby or go to a class to make friends with similar interests.
- Plan in advance what to talk about that isn't child-related.
- Be aware that mothers will have their own insecurities about things in their life, and for some being a parent can provide a sense of security for them.

Skills to improve **Communication**

Plan what You want to Say

Saying things on the spur of the moment about important topics is never a good idea.

It helps if you spend some time thinking about what you want to gain from talking to the other person. Do you want them to understand how you're feeling about a situation, or do you want them to help you to understand about how you're feeling about something? These are two different things: it's worth being clear at the start of your communication about what the aim is. It also helps to be realistic. Some topics will take time to come to a conclusion and may require revisiting several times.

Pick your time

Try to avoid important communications when you're feeling hungry, thirsty, very tired or unwell. You also need the person you are talking to be in the best condition themselves. If they

are not, then try to make another time to have the conversation. People vary in the times of day that are best for them to do different activities, as in this example:

"For my husband and I to discuss tricky situations we need to try and stick to afternoons when our energy levels are well matched, early morning is good for me since I'm a lark but no good for my husband who is an owl. Similarly we can't discuss things late at night because I'm a lark and get really ratty if I'm kept up too late."

Empathic Listening (Stephen R Covey)

One of the things that causes us stress is the unintentional harm we cause when we talk to each other, especially when we are seeking to solve problems. We typically seek to be understood ourselves. Most people do not listen with the intent to understand; they listen with the intent to reply.



Skills to improve **Communication**

Empathic listening means understanding that in any situation you already know what you think and feel about the subject up for discussion. However, you don't know what the other person thinks and feels. The aim of listening this way is to find out information from other people without forcing them to listen to your opinions. You are trying to get along side them to understand their point of view. You ask questions and genuinely listen to the answers. Once the listening phase is over you can put their information with your information and make some suggestions that will be appropriate to help solve the problem up for discussion. You might want to have a break from the discussion before you move onto this last step.

The power of language

1. Stick to describing situations using facts and evidence - boring, but it significantly reduces the opportunities for arguments to develop.
2. Don't try and predict what the other person might feel about a situation. It's difficult when you think you know someone really well, but these predictions can get in the way of you having a proper conversation and really hearing someone else's opinions.
3. Try not to criticise and complain except where it is useful and appropriate - it has the power to generate a lot of bad feeling. Take responsibility for how you are feeling about something. No one has the power to make you feel a particular way about something, that's a choice we make ourselves partly determined by the

way we think about it for ourselves. So, if someone has done something and it has annoyed you, you may be choosing to feel annoyed because you think that they did it to annoy you. However, sometimes people do things because the possibility exists that they can do it. They don't think about the consequences of how someone else might perceive it.

Useful things to remember

- In any communication you've been thinking about making, you may well have been thinking about it for a while, or at least you've been aware of it as an issue for a while. However, your partner may not have been aware of it or thinking about it at all.
- Other people have their own priorities and other people's priorities at any given time are likely to be very different to your own.
- You can't do it on your own: for a conversation to work you both need to join in and take part.
- For some really tricky conversations, walking and talking can be good, if it's possible for you. The walking seems to create a gentler rhythm for the conversation which can be very helpful, and as we tend to walk side by side it can reduce any potential for confrontation by quite a bit.
- Try not to go into conversations expecting the other person to "get it" the first time. It can take time for someone else to understand what you're saying. They may need time to think about it and come back to you with some questions.

Taking care of yourself



Relaxation

It can be an emotional and stressful journey going through fertility treatment or learning to accept a long-term health condition. Relaxation is a way of distracting yourself from unhelpful thoughts about your current situation. It can relieve tension and slow down the body after a busy day. Possible relaxation activities are reading a book, having a bath, doing some yoga, watching a TV programme or employing a structured relaxation technique, as described below:

Two possible relaxation techniques are described below taken from Erica Brealey's book "Ten minute stress relief". Which of the techniques you choose will depend on the amount of time you have available to do them. For more information on relaxation please refer to this book which is listed on the resources page.

Deep relaxation

For best results consider wearing loose clothes, choosing a time that you won't be disturbed and making sure that you are in a quiet environment. For maximum benefits it helps if you are not feeling hungry and/or not feeling too full from food as these two physical states may distract you from relaxing properly. For this technique you may decide to record these instructions on a tape, iPod or MP3 player so you can listen to them when doing the relaxation.

1. Lie flat on your back.
2. Close your eyes and focus on your breathing. Take in a few slow, deep breaths, counting to four as you breathe in, counting to four as you breathe out, then allow your breath to settle into a light, even relaxed rhythm.
3. Now, turn your attention to releasing tension by consciously relaxing each part of the body in turn. First bring your attention

Taking care of yourself



to your feet for a few moments and let the tension go. Relax them and then move your awareness on to your calves and repeat the process.

4. Work your way up the body in the same fashion, relaxing your thighs, bottom, hips, abdomen, lower back, chest, upper back, hand, forearms, upper arms, shoulders, throat, neck and head.
5. Now focus your attention on relaxing your face. Relax your jaws and mouth, allowing your lips to part slightly and your tongue to rest in the lower half of your mouth. Relax your cheeks. Relax your eyes, allowing them to sink into the sockets. Relax your brows, forehead and temples. Feel your skin softening over your features as your facial muscles completely relax. Now relax your scalp and all the muscles in your head.
6. Scan your entire body from the tips of your toes to the top of your scalp. Breathe into

any remaining pockets of tension. Let these go and relax as you breathe out.

7. You are now completely relaxed. As the full weight of your body rests on the floor feel yourself sinking into the ground.
8. Once again focus on your breathing and remain in this position or another five or ten minutes.

Rapid relaxation

1. Lie flat on your back, or sit in a chair.
2. Take a deep breath and raise the legs and feet a few inches above the floor, stiffening them as you do so. Hold them tense for five or six seconds then breathe out and let go of your legs, allowing them to drop to the floor.
3. Now breathe in and lift your bottom, tensing and clenching the muscles together, then breathe out and let go. Carry on with the arms and hands, making a fist with your arms, then your upper body.
4. Finally breathe in and, without lifting your head, open your eyes and mouth as wide as you can and stick out your tongue. Breathe out and relax.
5. Lie flat on the floor, or rest your back into the chair. Imagine that your body is very heavy, so heavy that it is sinking into the floor.
6. To come out of the relaxation bend your knees so that your feet are flat on the floor, roll over to one side, then push yourself up using the other arm. If using the chair, just get up when you feel ready.

Sources of **useful information**

Infertility resources

The Effect of Infertility on Marriage and Self-concept. Hirsch, AM & Hirsch, SM (1989)

Journal of Obstetric, Gynaecologic, and Neonatal Nursing Volume 18 Part 1 pages13-20.

Unsung Lullabies: Understanding and Coping with Infertility. Jaffe J, Diamond D, Diamond M.

New York, USA: St Martin's Press

On Death and Dying. Kubler-Ross, E (1990)

London: Routledge

Grief, Depression, and Coping in Women Undergoing Infertility Treatment. Lukse MP & Vacc NA (1999)

Obstetrics & Gynecology Volume 93 pages 245-251.

Complementary therapies books

Ten minute stress relief book. Brealey, E (2002). Cassell & co

Alternative Medicine: The Definitive Guide (Alternative Medicine Guides)

(Paperback, 2nd edition). Goldberg, B. Future Medicine Publishing Inc.

Women's Encyclopedia of Natural Medicine: Alternative Therapies and Integrative Medicine for Total Health and Wellness

(Paperback). Hudson, T. McGraw-Hill Companies

Bach Flower Therapy: The Complete Approach (Paperback). Scheffer, M.

A selection of books by Tracy Cox

- Supersex • Hot Sex: How to do it
- Kama Sutra • Hot Relationships: How to have one

Useful websites

<http://www.resolve.org>

RESOLVE: The National Infertility Association is a community for women and men with infertility and provides information and support.

<http://www.infertilitynetworkuk.com>

Provides infertility support, advice, information and resources.

<http://infertility.about.com/od/copingwithinfertility/a/copestress>

Research and facts on coping with infertility.

<http://www.fertilitystories.com/infertility>

Stories from real people who have and are dealing with infertility. You can post your own story, read the others and there are ways to communicate with people who post the stories.

www.nhsdirectory.org

The NHS Directory of complementary and alternative practitioners. NHSTA.

www.dh.gov.uk

Provide guidelines on exercise and healthy eating.

Mental health websites

www.mentalhealth.org.uk

A mental health foundation that promotes the recovery of mental health.

www.mind.org.uk

National Association for Mental Health provide literature on mental health issues.

www.rcpsych.ac.uk

The Royal College of Psychiatrists website.

www.relate.org.uk

Relate provide services for couples of families who are struggling with situations.

The Pituitary Foundation

86 Colston Street, Bristol BS1 5BB

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Join the Pituitary Foundation today and enjoy the benefits of membership!

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Please tick (✓) the type of Membership you require:			
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Helpline

Monday - Friday 10:00am-4:00pm
0117 370 1320

Endocrine Nurse HelpLine

available scheduled hours
0117 370 1317

Website: www.pituitary.org.uk

Email: helpline@pituitary.org.uk

More Information

The Pituitary Foundation publishes a library of booklets on pituitary conditions, treatments and well-being issues. For more information please visit our website, or call our HelpLine.

The Pituitary Foundation

**86-88 Colston Street,
Bristol, BS1 5BB**

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HelpLine: 0117 370 1320

Administration Line: 0117 370 1333

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The
Pituitary
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Working to support pituitary patients, their carers & families