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Experiencing Infertility – Social Work Dilemmas in Child Adoption Procedures

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ABSTRACT

The research deals with experiencing infertility and its consequences in the adoption of a child and focuses on infertile couples that have wished to adopt a child and joined a program preparing them to be foster parents. The results show that most of the infertile couples experience infertility very much as being different from couples with children as well as having to cope with the feelings of deep emotional loss resulting from the inability to reproduce biologically. There is therefore the question whether these facts should be taken into account by the profession (i.e. social workers) when dealing with child adoption as, according to most of the respondents of our survey, the process of coming to terms with infertility and its consequences is an important factor in establishing healthy family relationships and the child's identity within the adoptive family. We concluded from the results of the research that the infertile couples preparation program for adopting a child carried out by the Society of Adoptive Families »Deteljica«, is a comprehensive autopoietic social workers' answer to the needs of participants for a successful adoption of a child, as it makes it possible to supply these future adoptive parents with the requisite information and experience and provides support to the entire family upon accepting a child in its midst, while its fundamental attribute is offering help to couples in overcoming the traumas resulting from their infertility.

Key words: *infertility, child adoption, social work, Slovenia*

Introduction

In Slovenia, infertile couples adopt the majority of children. According to the World Health Organization, we speak of an infertile couple if a woman cannot become pregnant after having normal and regular sexual intercourse without any

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form of contraception for a period of one year[1].

For a couple, infertility is a stressful state in which hope and disappointment alternate cyclically. The life of the couple focuses around its thoughts of having a child; everything else becomes less important[2].

Most couples are not prepared to deal with the consequences of infertility and over the years during which they are undergoing treatment, infertile couples slide into a marital crisis of infertility (The Infertility Crisis)[3-6]. According to Erikson, psychosocial crisis of the couple concentrates around the question important for midlife stage: does the person express him/herself creatively and productively, or does she/he find him/herself in stagnation, preoccupied with him/herself and self-absorbed[7]. When the outcome is a negative one, the person normally remains single, defending his/her position as »freedom«, with this only concealing his/her preoccupation with him/herself, and, eventually, the feeling of rotating in circles and experiencing poverty of social contacts[8].

Most couples facing infertility problems invest all their strength in coping with their infertility; emotional treatment or seeking alternative ways to obtaining a child are not considered; all normal activities are set aside; instead, they concentrate on hiding their infertility from others[2]. Their sexual life changes into a routine, sensuality and spontaneity gradually disappear. In their feelings of isolation from the »normal« world, the partners cling onto each other[5]. However, despite their powerful alliance in the joint combat for the child, during the program of psychosocial help for their infertility problems it often turns out that the partners are in reality estranged. The relationship is often governed by silence, the partners avoid discussions of their infertility, and the unspoken yet very much present fear of the infertile partner that the other partner will leave him/her is very much present[4,5,9].

The experience of the couples who (have) joined the »Deteljica«* program preparing them to become foster or adoptive parents show that the marital crisis of infertility can *never* be remedied by the adopted child. The only real alternative is professional help to these couples, which, however, must be provided *before* they have received a child in adoption[3,10].

Among many infertile couples the following consequences of infertility are present: low self-esteem, feelings of great sadness, depression, greater joint sensitivity, irritability, problems with the partner, unfulfilling sex life and somatic symptoms[5,11,12]. The infertility trauma is often experienced in very much the same way as old traumas: »through physical sensations (cold, physical pain, headaches, sleep disturbances) and overwhelming emotions (depression, despair, anger)«[13]. Partners in many cases feel them- selves to be incapable or even invalid. The inability to have a child is equaled to a lessening of masculinity or femininity. The wish to have a child becomes greater and greater and often the partners start to avoid friends and relatives who have children[3–5]. For them, meeting a child is too painful, as it constantly reminds them of their own lack[4,14].

For most married couples, infertility is a painful feeling of being different. They are ashamed of their infertility. They feel deprived, ignored by the society[5] and stigmatized because they do not have their own children. The couple does not speak

* »Deteljica« means »Clover« in Slovene.

of infertility mainly because of these feelings[3,4] and its environment also responds to its troubles with silence. Cooper Hilbert, based on experience in her own therapeutic practice, warns that most infertile couples are not prepared to come to grips with the crisis of infertility. Nor do the experts take sufficiently into account the experience of infertility that ruins the couple. Firstly, because the infertile couple remain silent, as they do not wish to discuss the matter and do not look for help in this respect, and secondly, because some couples are possibly not even aware of the source of their marital problems[4,5].

As a rule, the psychosocial consequences of the infertility of couples are overlooked[3,10,15-17]. This has been indicated by the results from the latest research of social workers' practice in the field of adoption in Slovenia[18,16]. Couple infertility has thus remained an untouchable theme in expert discussions and interviews with applicants in child adoption[3]. It therefore fails to give the possibility for Lüssi's[19] systemic as well as autopoietic social work. Autopoiesis, as a theory of living systems, hinges on the observer/participant, who is a human being, or as Maturana says, »only a person that becomes an observer is capable of self-awareness; and that through self-observation.«[20,21] It is the this that is crucial for the relationship between the provider of a service and its user, since in this way connections are established between the systems: links between those in need of help and the help-givers[22]. Autopoetic social work therefore establishes a harmonious living system where »every part, no matter how small, can influence both the operation of the system as a whole and the understanding of the connections between the various parts of the system and the connections between the system and its environment, which is central for a successful co-ordination of the differences between within system and between the system and its environment.«[23]

One must therefore seek recourse for infertile couples who wish to adopt a child in the type of social work which, during the process of adoption, aims to provide comprehensive aid to all who are involved in the process (the parents, the child and the adoptive parents)[24]. In the preparatory process to adoption, social work also involves developing the potential of infertile couples (in order to gradually achieve more contentment in the present, resulting in the prosperity of the adopted child and all adoptive families)[3,10].

In Slovenia, under the wing of a non-governmental organization, there is the Society of Adoptive Families »Deteljica« – an expert led program-preparing couples for adoptive or foster parenthood[25]. The program helps couples accept infertility, educates and prepares couples for adoptive parenthood and foster-care, and advises and supports new families after a child has been adopted or placed in foster-care. It often happens that once the infertility trauma has been alleviated, some couples become pregnant and give birth to a child, some discover meaning in life without a child, in their partnership, and the majority begin to prepare themselves for adoptive or foster-care parenthood.

This program started ten years ago in order to prepare future adoptive parents for placements[26]. Now, because of the participants' needs, it has expanded to cover three areas: psychosocial help for married couples who suffer from problems resulting from infertility, informing them about adoptive or foster parenthood and sharing experience from couples who have already become such parents, for and psychosocial help for foster families after placements. These areas overlap and are often intertwined, and only all three together allow for systemic and comprehensive social work assistance: overcoming

the trauma of infertility, forming realistic expectations with regard to the future child, quality preparation for adoptive and foster-care parenthood, and support once the new family has been created.

The program lasts for three years. It encompasses individual interviews with couples, regular group meetings (which take place twice a month for three hours) and every second month there are common education meetings featuring outside lecturers. Once a month we organize an all-day group trip. We also jointly celebrate adoptions, organize pre-New Year parties for the members of all the groups and their families, as well as other activities. The groups, which have from eight to twelve couples each, are conducted following a modified social andragogical program developed by Janez Rugelj. This program was initially designed for the rehabilitation of alcoholics and their families and to assist people in distress. In 1994, the World Health Organisation verified the method. The treatment is based on an intensive activation of the mechanisms of healthy living, by which a person gradually overcomes his/her psychological and social deficiencies. The key elements of the method that we use are: members expressing and describing their similar experiences, members' introductory addresses and self-presentations at group meetings, confrontations, members' auto-analytical writing on the consequences of infertility that one of the members later sums up and presents in a shorter version, friendship that grows between the couples, socializing during monthly trips out into nature, the provision of professional information, lectures and books and articles on infertility, healthy ways of living, and similar. These encouraging means are important methodological elements for gaining an awareness of infertility and its consequences, and assisting the infertile couple in achieving a more fulfilling life with or without a child. In this way, participants are also able to form a healthy relationship and identity within an adoptive family[3].

The groups join both couples without children and those who have already accepted children in adoption or foster-care. The preparation program for foster-care or adoptive parenthood is not a variation on traditional psychotherapy but a form of group psychosocial help. It is based on the »healthy core« of the group, which consists of the couples who have overcome their infertility problems, and today live in a healthy and fulfilling partnership and have built a healthy adoptive or foster-care parenthood. Their experience shows the couples in the group the way out of their infertility distress, at the same time opening alternative paths to obtaining a child. With these methodological elements the couple's attention is diverted from focusing on the absent child, and brought back to him/herself, the partner, other members of the group, and the restoration of relationship in the couple's social network. The couple seeks a potential meaning of life without a child, or with an adopted child, gradually overcoming the pain and distress caused by their struggling with infertility.

In this program, however, the married couple can free themselves of the consequences of infertility and of the dependent need for a child that in many cases blocks their partnership as well as their relationship with others[25]. This program provides a safe place where married couples openly discuss their living through infertility.

Patients and Methods

Definition of the problem

From the results of the study on how couples perceived their infertility as a stigma in the sense of »undesired sense of being different[30], deviation and conflict between the individual and social group[30–32],

social censorship[33], and the consequences of social comparisons«[34], we wished to ascertain the emotional state of the infertile couple prior to their joining the program, and also whether this state changed in any way after their joining this program. The welfare measure of adoption demands that the optimum benefits are secured for the child. Therefore it is necessary to find the child a placement with a married couple that functions creatively and has achieved a level of contentment.

To this aim, we asked the infertile couples in the program who wanted to adopt children about their perception of their infertility as a stigma, about the saturation of their lives with thoughts of pregnancy, infertility and children, with sadness and depression, with feelings of uselessness (from the time when the first attempts to heal their infertility were made, through to their enrolment in the program and up until today) and about their self-expectations, i.e. how they felt before and after joining the program. We also asked them for their thoughts about how the program influenced their lives, and whether coming to grips with infertility and its consequences was an important factor in creating healthy relationships and an identity within an adoptive family.

Methods

The data were obtained through the survey questionnaire. It encompassed 43 questions that were structured in several types: closed, open, combination of open-closed type, and answers distributed on a scale of 0 to 5 and from 0 to 100%. The questionnaires were distributed and filled in by the members between January 2002 and April 2002. Several statistical methods were used to analyze the data obtained. The numerical data was analyzed using elementary statistical methods. The arithmetical mean and standard deviation were calculated, as were the coefficients of asymmetry and peaking and standard errors. Differences were tested using variance analysis. Connections were calculated using Pearson's correlation coefficient. For finding the connec- tion between the variables we used component analysis. The same methods were applied in the analysis of the data given only in range form. Even though not all the prerequisites for their use were fulfilled, the methods nonetheless proved very efficient for ordering the data. For the attributive data we counted the frequency of occurrence, and then calculated the theoretical frequency and the percentages (according to the lines, the columns and in the total). Wherever several different answers were possible, their frequency was calculated using a multiple response program. The probability of connections was tested using a contingency coefficient (derived from chi-squared which gives the same statistical characteristics as chi-squared).

Hypothesis

A null hypothesis (H_0) was formed, in which we stated that there is no difference between the observed phenomena (of couples feeling stigmatized owing to their infertility before and after their inclusion in the »Deteljica« program). When the hypothesis could be invalidated with an alpha error (Type I) of 5% or less, an alternative hypothesis was accepted. Otherwise no statement was made. Since the magnitude of the error in rejecting H_0 is exactly calculated, the data for the calculated F values in testing the differences with the analysis of variance, and magnitude of the contingency coefficient (CC) in testing the likelihood of correlation with chi-squared, were not listed, as the results need not be looked up in tables.

Description of the population

The population encompassed by the research comprised 22 married couples that legally fulfilled the conditions for

adoption, and voluntarily participated in the professional program preparing them for adoption within the Society of Adoptive Families »Deteljica«. All of the analyzed couples had problems with infertility and had already decided upon, or were considering the possibility of adoption. One fifth of the couples joined the program in order to obtain information and experience for adoptive or foster parenthood, over one fourth in order to relieve themselves of the pressures of infertility and its consequences, and one half in order to obtain a child. The population comprises 22 women and 22 men aged from 29 to 49 years old, who participated in the program from June 1997 to June 2001. Up until 1999, the maximum duration of the basic program preparing couples to become adoptive parents was 1.5 years, whereas since then it is 3 years.

In Slovenia, preparation of couples for child adoption is not a compulsory part of the adoption procedure handled by state services (i.e. social work centers). Couples can therefore adopt even without such preparation, unless the latter is specifically required by the professional service managing the adoption procedure. Some couples from the study therefore joined the preparation program after filing in an application for child adoption, which means that they received the child during their participation in the program. Couples very often join our preparation program alone, without children, and receive a child in adoption or foster-care from the social work center sometime during the three years of preparation. It therefore often happens that the program includes couples with an adopted child, who wishes to remain in the program because here they receive support in a challenging period of adjusting to the new family conditions.

Table 1 shows that in the period when the questionnaire was being filled in by the couples, 12 couples had already received children for adoption or foster care, and 10 were still without them. These data reveal that these children were placed with the couples after these had already participated in the program for some time, with the exception of one couple that had accepted a child eight years prior to that.

TABLE 1
PLACEMENTS CHILDREN

Placements children*	N	%	Cum %
1 year ago	8	18.2	
2 years ago	6	13.6	31.8
3 years ago	8	18.2	22.7
8 years ago	2	4.5	50.0
No adoption placement made yet	20	45.5	145.5
Total	44	100.0	100.0

* The question refers to the period when the questionnaire was being filled in by the couple.

Table 2 shows that almost half the population (40.9%) had participated in the program for up to 2 years, 29.5% of the population had participated there for two to three years, and the remaining 29.6% for over three years. The part of the population that had participated in the program for over three years is comprised of couples who had completed the basic program and already adopted a child or accepted one as foster parents. They nevertheless stayed with the pro-

TABLE 2
DURATION OF PARTICIPACION IN PROGRAMME

Years	N	%	Cum %
1–2	18	40.9	
2–3	13	29.5	70.4
3–4	9	20.5	90.9
4–5	4	9.1	100.0
Total	44	100.0	

TABLE 3
AGE, DURATION OF MARRIAGE AND INFERTILITY TREATMENT

Variable	Years				
	N	Min.	Max.	X	SD
Age	44	29	49	37.53	5.42
Duration of marriage	44	0	21	11.85	5.85
Duration of medical treatment of infertility	31	0	20	5.91	5.74

gram because they had a sense of belonging and felt the need for continued co-operation. In other words, these couples felt the program still had something to give them and also contributed to it by passing on their experience to others.

The average age of the population was 37.5 years; the youngest person was 29, and the oldest 49. Marriages in average lasted for 12 years, with the longest marriage of 21 years, and the shortest less than one year. On average, medical treatment of infertility lasted for 6 years, with the longest period of medical treatment in a duration of 20 years.

Table 4 shows that infertility appears in 9.1% of the population in the case of the man, in 18.2% of the population in the case of the woman, and similarly in 18.2% with both. Unspecified infertility appears in 45.5% of the population. With the help of the program in overcoming psychological hurdles, the occurrence of pregnancy is likely in this group. Six couples (27.6% of the population) who had not received a child in foster care or adoption at the time of the survey later became pregnant for the first time after participation in the program. Their pregnancy is a side effect of the program, which occurs as »second-order change«[35].

29.5% of the population had not undergone any medical treatment for infertility, while the same percentage of the population had undergone medical treatment for up to 5 years. 18.2% of the population underwent treatment for 10 and 15 years, and 1 couple sought treatment for 19 to 20 years. In terms of persistence in medical treatment of infertility, major differences occur between the couples. The average medical treatment of infertility for a couple lasted for 8.39 years (with a standard deviation of 5.08), and the longest for 20 years (Table 3).

The duration of the medical treatment of infertility is usually synonymous with a period of additional repetitive stressful situations where the couple experiences hope and then despair over the unsuc-

TABLE 4
THE OCCURRENCE OF INFERTILITY

Infertility has occurred	N	%
No answer	4	9.1
In the case of the man	4	9.1
In the case of the woman	8	18.2
With both	8	18.2
Unspecified	20	45.5
Total	44	100.0

TABLE 5
DURATION OF MEDICAL TREATMENT OF INFERTILITY

Years of medical treatment of infertility	N	%	Cum %
From 15 to 20 years	2	4.5	
From 10 to 15 years	8	18.2	22.7
From 5 to 10 years	8	18.2	40.9
Less than 5 years	13	29.5	70.4
Were not treated	13	29.5	100.0
Total	44	100.0	

cessful medical treatment which takes place in parallel with the expectations of pregnancy that accompany the menstrual cycle, which is stressful already in itself for all couples – including those who are not undergoing medical treatment for their infertility.

All in the population are employed (100%) and all are materially well off (a result of the accelerated creation of material wealth as a form of finding fulfillment during a lengthier term of years without a child). Thus, 77.3% of the population had their own house and 22.7% their own apartment. A bit over a half (54.5%) live in the city and 45.5% in rural areas. 29.5% have a secondary school level of education while the remainder ranges from those with primary school education to those with doctorates – in an even distribution.

Results and Discussion

The answers of the population to the question whether they experience their infertility as a stigma reveal that 65.9% feel that they are different from couples who have their own children, 11.4% of the couples experienced their infertility as a great stigma within their environment. These two types of answer together show that high percentage of the population (77.3%) experiences infertility as a stigma. Only 18.2% of the population stated that they have never experienced their infertility as a stigma (Figure 1).

The above depiction of how couples experience infertility as a form of being stigmatized is also verified by the expectations that the couples have of themselves (Figure 2). These data were obtained by means of a questionnaire in which the respondents encircled for each assertion that shaped their expectations towards themselves a certain value they deemed

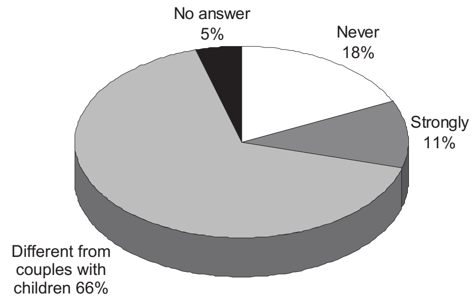

Fig. 1. Depicts how couples experience infertility as a stigma.

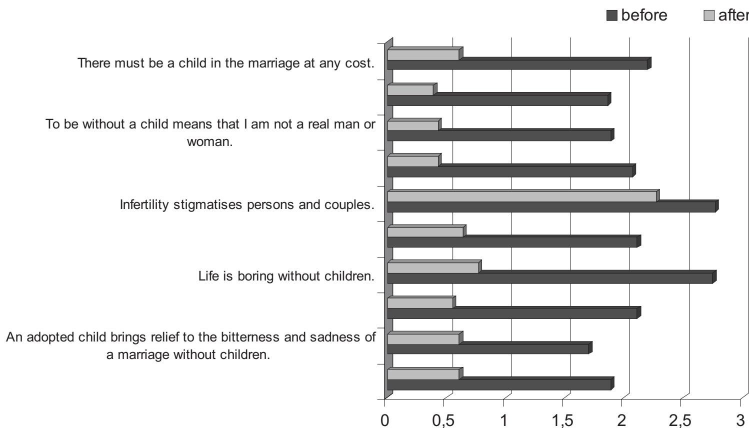

Fig. 2. Depiction of the meaning of assertions that shape respondents' expectations of themselves prior to their participation in the program and after it.

to be descriptive of themselves, in which these values were distributed on a scale from »not true« (0) to »true« (6). Later, the means and standard deviations were calculated.

The assertions contained in this questionnaire were derived from the self-expressive writing of the members of the program, where they expressed that prior to their joining the program and even in the initial period after it, they had experienced infertility as an extremely burdensome condition. They frequently expressed feelings of sadness, a sense of being stigmatized, feelings of being different both in terms of self-affirmation through parenthood and the affirmation of oneself as a sexual being. Other feelings that were frequently expressed were those of general incapacity and uselessness. Other researchers of the forms and manners of couples' coping have also noted all these phenomena with infertility[4,5,11,12,14,36].

Figure 2 shows that the assertion given the greatest value was »Infertility stigmatizes persons and couples« (mean= 2.77). Almost the same value (mean= 2.75) was given to »Life is boring without children«. A large number asserted that there must be children in a marriage at any cost (mean=2.20), that an adopted child resolves the pain of a infertile couple (mean=2.11), that they do not have any one to live or work for without children (mean=2.11), and that infertile couples are worth less in society (mean= 2.07). There were a high percentage of people who felt that, without a child, they were not validated as a real man or woman (mean=1.80) and those they were afraid of the future without a child (mean =1.89). Even more so, they believed that the life of a married couple couldn't be truly meaningful without a child. And even though the majority was of the opinion that adopting a child brought relief to the bitterness and sadness of a marriage without children, we shall ascertain from variables further on in the text that the feeling of being stigmatized nonetheless remains in the emotional make-up of the infertile couple.

Figure 2 also shows that the assertion »Life is boring without children« achieved the highest difference in values before and after the couples' joining the program (1.97). With a difference of 1.59 it is followed by the assertion »There must be a child in the marriage at any cost«, and by the assertion »I do not have anyone to live or work for without children« (1.56). The smallest difference in values before and after joining the program is found in the assertions »An adopted child resolves the pain of the infertile couple« (0.47) and »Infertility stigmatizes persons and couples« (0.5).

Although the majority of assertions made after inclusion in the program had lost the intense influence they had had on the formation of infertile couples' expectations prior to their joining the program, it is evident that the couples' perception of infertility and its consequences nonetheless influenced them. This can be seen by the fact that the most frequently chosen response by couples not only before (mean=2.77), but also after joining the program (mean=2.77) was that »infertility stigmatizes persons and couples«. The population confirmed the findings of Cooper Hilbert[4] that the facts of infertility do not end for the couple – neither with the birth of a child nor the adoption of a child – and that the couple feels the consequences of the years of fighting with infertility for the rest of its life. As in every other crisis, the pain of infertility never disappears entirely, although it disperses in time, and becomes a part of the couples' history.

Factor analysis of the matrix by employing the method of main components shows that when the respondents were answering the questionnaire (scale), these estimations were made strongly under the influence of their being generally

TABLE 6
PROJECTIONS OF TESTS ON THE FACTORS PRIOR TO JOINING THE PROGRAM

Variable	Component
	1
Married life without a child cannot be (truly) meaningful.	0.896
I am afraid of a future without a child.	0.841
To be without a child means that I am not a real man or woman.	0.833
There must be a child in the marriage at any cost.	0.804
I do not have anyone to live or work for without children.	0.796
Infertility stigmatizes persons and couples.	0.790
An adopted child brings relief to the bitterness and sadness of a marriage without children.	0.728
Infertile couples are worth less in society.	0.726
An adopted child resolves the pain of the infertile couple.	0.702
Life is boring without children.	0.466

overwhelmed by infertility, since all assertions were reduced to only one component that covers 58.76% of total variance. Table 6 shows that all assertions are statistically significant in terms of total expectations towards themselves, and that the smallest correlation can be found in the assertion »Life is boring without children«.

Factor analysis of the matrix by employing the method of main components after joining the program (Table 7) shows that the assertions are no longer reduced to only one component but disperse into three components, which together cover 68.86% of total variance. It is interesting that the three groups of assertions, however, still have one common denominator – the child as a value that is to bring meaning into the couple's life. At the same time, they also reveal other needs of infertile couples that a child is expected to satisfy.

The first component (29.05%) of the explained variance encompasses the following assertions: »There *must be* a child

TABLE 7
PROJECTIONS OF TESTS ON THE FACTORS AFTER JOINING THE PROGRAMME

Variable	Component		
	1	2	3
An adopted child resolves the pain of the infertile couple.	0.863		
An adopted child brings relief to the bitterness and sadness of a marriage without children.	0.753	0.328	0.240
There must be a child in the marriage at any cost.	0.722	0.196	0.118
I am afraid of a future without a child.	0.628	0.199	0.433
Infertile couples are worth less in society.	0.210	0.734	–0.224
Infertility stigmatizes persons and couples.	–0.210	0.724	0.377
To be without a child means that I am not a real man or woman.	0.275	0.685	0.300
Married life without a child cannot be (truly) meaningful.	0.461	0.631	0.209
I do not have anyone to live or work for without children.		0.116	0.906
Life is boring without children.	0.542	0.142	0.650

in the marriage at any cost«, »An adopted child *brings relief to the bitterness and sadness* of a long-term marriage without children«, »An adopted child *resolves the pain* of the infertile couple«, »*I am afraid* of a future without a child«. These assertions are strongly related and contribute in a statistically significant way to total expectations of them. The link joining the assertions within this component is the role attributed to the child, who figures as a source of emotional stability and as a psychotherapeutic means.

The second component (21.49% of the explained variance) joins the following assertions: »Life without children *has no real meaning*«, »Infertile couples are *less valued in society«,* »Infertility *stigmatizes persons and couples*«, »Being without a child means that I am *not a real woman / man*«. These assertions shape expectations of themselves in a statistically significant way specifically in relation to a child where the child is not; by its absence, it leaves a mark on the couple, and they are left with a life of no meaning, inferior also from the standpoint of sexual confirmation.

Within the third component the following two assertions are statistically relevant: »Without a child, I have *no one to live for*«, »*Life is boring* without children«. The child connects these two assertions as the only agent that can give meaning to the life of infertile couples, and also bring them sexual confirmation.

The underlined key words in the assertions speak of bitterness and sadness, boredom, fear of life without a child, the meaninglessness of life for infertile couples, about experiencing feelings of stigmatization, low self-esteem, unclear sexual identity and emotional instability; in short, a crisis that enters with the fact that a child is not born. At the same time these components structure the role of the child (be it biological or adopted child) in shaping the couples' total expectations of themselves after joining the program, namely in the process of overcoming the marital crisis of infertility. In the program, the couples become aware of the »savior« role they attribute to the child, which helps them transform the normally pathological motives for wanting a child into realistic expectations with regard to the future child.

Figure 3 shows the shares of respondents' lives, which, from the beginning of medical treatment for infertility until join-

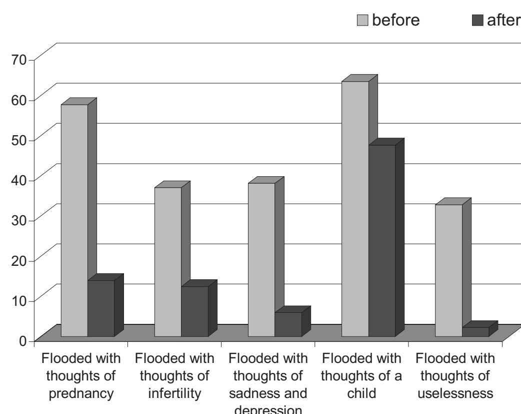

Fig. 3. Shows to what extent the respondents' lives, from the beginning of medical treatment for infertility until joining the program, were flooded with thoughts of pregnancy, infertility, sadness and depression; thoughts of a child and the feeling of uselessness.

ing the program, were flooded with thoughts of pregnancy, infertility, sadness and depression, thoughts of a child and the feeling of uselessness. While the members of our program expressed these emotions and concerns in their writing[3,9], these facts are noted by some authors[2,4,5,12,14] as well. The results were obtained through the respondents' results, which marked on a scale of 1 to 100% the share of their lives that were flooded with these thoughts before and after joining the program (the results apply to the time when the questionnaire was being filled in).

On the basis of these shares, average values and standard deviations were calculated. For the period prior to joining the program, the highest values were obtained for being flooded with thoughts of a child (63.5%) and pregnancy (57.7%). These values are followed by 38.1% for sadness and depression, 37.0% for thoughts of infertility, and 30.6% for feelings of uselessness.

After joining the program, being flooded with thoughts of a child still prevails with 47.6%, much lower values were achieved by thoughts of pregnancy (13.9%), infertility (12.4%), sadness and depression (5.9%) and uselessness (2.2%). The smallest difference between the values for an assertion prior and after joining the program was found in being flooded with thoughts of a child (5.9%), and the greatest in being flooded with thoughts of pregnancy (43.8%).

We have discovered that respondents are still flooded strongly with thoughts of a child after participation in the program, not only prior to joining it. The extent of their preoccupation with all other thoughts decreases strongly; therefore we can conclude that there is a radical change after inclusion in the program with regard to the feelings of uselessness and their experiencing sadness and depression, as well as a decrease in the amount of time spent thinking of pregnancy and infertility. After participating in the program, the quality of the childless participants' lives increases – even if having a child still is the main imperative of their unfulfilled lives. The sadness, the feelings of uselessness and the thoughts of pregnancy and infertility decrease significantly.

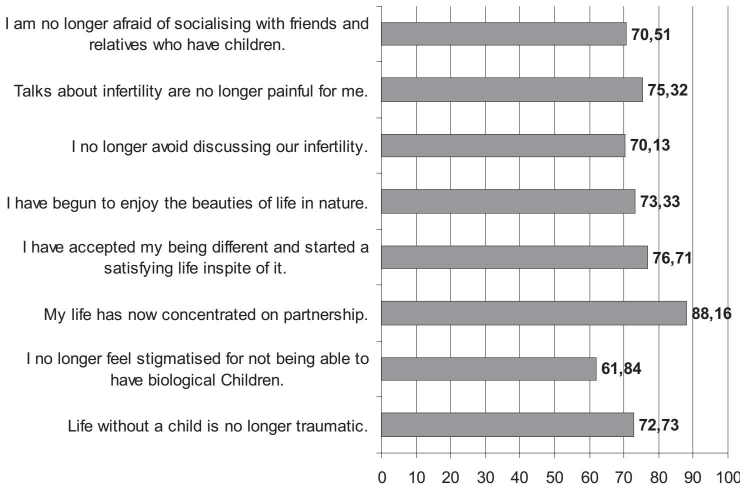

Fig 4. Shows changes in the participants' lives that are a result of their participation in the program.

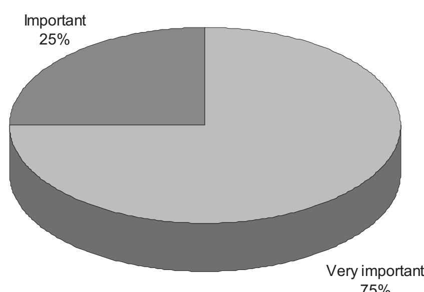

Fig. 5. Assessment of respondents as to whether coming to terms with infertility is important for creating healthy relationships and confirming one's identity within the adoptive family.

Figure 4 shows significant changes in the participants' lives that are a result of their participation in the program: 88.16% of the population states that they have shifted the focus of their lives which now centers on partnership; 76.71% state that they have accepted their being different and commenced a satisfying life in spite of it; 75.32% state that discussions of infertility are no longer painful for them; 73.33% have begun to enjoy the beauty of nature; 72.73% state that life without a child is no longer traumatic for them; 70.51% are no longer afraid of socializing with friends, relatives and their children; 70.13% no longer avoid discussions of infertility; 61.84% no longer feel stigmatized for not being able to reproduce biologically. The program has a highly positive effect on virtually every couple, helping them to slowly return to real life, where infertility is also a reality; one that it is not healthy to run from, but better to accept[3]. In this way, the problem begins to resolve itself on the emotional level, which subsequently also brings about a positive response within the couples' social environment: amongst the members of the program, between relatives, friends, co-workers, thus providing greater possibilities for creating healthy relations where communication is open in adoptive families.

The assessments of respondents with regard to the importance of accepting infertility also support the above findings. 100% of the population's answers were that coming to terms with infertility is an important factor in creating healthy relationships and confirming one's identity within an adoptive family, in that the majority (75.1%) even classified it as very important.

Conclusion

In our study, infertility also proved to be a very stressful situation that pushes a couple into a state of crisis. Just as scientists elsewhere, we also found that infertility affects the self-evaluation of couples without children. Life without children stigmatizes them, they do not feel that they have a sufficient sexual identity and the feeling of incapability brings them to a state of self-invalidation. The feeling that they are cast out is the result of self-imposed isolation from their own social circle. In a way, they themselves create the situation in which they experience social stigmatization. Since we did not study society's sensitivity to this issue, our assumption that couples choose to isolate themselves also because society often fails to notice the crisis they are in, and fails to recognize them as different or even stigmatized in some way by their inability, can only be based on certain assertions. As has also been found by other researchers, society (including the experts) is silent about this problem[3–5] and it is precisely this silence which gives rise to couples' experiencing infertility as a social stigma.

Based on the results of the study, we can therefore refute the null hypothesis. Our study shows that the feeling of isolation and stigmatization decreases upon participation in a program such as the one offered by the Deteljica Society, although these feelings remain in the con-

sciousness of the couple throughout their lives, as a part of its history[3–5].

The study warns that society in all areas in which it concerns itself with human welfare (anthropological, social, religious, health and educational institutions) should demonstrate a greater readiness to help these couples (there are about 13% in Slovenia, while the World Health Organisation data shows that over 10% of the world's couples are infertile)[1].

Society must enter into and encourage dialogue with regard to this problem, and make it possible for couples to neutralize the state of anguish they are in. It is not professionally correct to simply offer couples that are in the throes of being different a child for adoption, as in this case, the couple is incapable of keeping track of the needs of a child, and instead, focuses primarily on the realization of its own need to be seen to be the same as other couples that have biological children.

Professional services should take these consequences of infertility into account in adoption and foster-care procedures. Our study has shown that prior to joining our program, the infertile couples were emotionally so traumatized that they were not acceptable for the placement of a child – which is very often traumatized itself. People in distress are so preoccupied with themselves and their social contacts are so impoverished that they are incapable of empathy for another human being. This is precisely what our study confirms: prior to their joining the program, infertile couples are in distress because of their infertility. In spite of that it is a common practice of social work services to place children in adoption to infertile couples without thoroughly preparing them for this task first. We may therefore conclude that the majority of children are placed with couples who are in distress because of their infertility, or, who, in other words, are in the same condition as the population from study prior to joining our program. The society, together with its experts from the area of social work, should no longer pretend that this problem simply does not exist. If, however, they should persist in doing nothing, by this they will continue with one of the concealed forms of discrimination in social work: ignoring the user's experience – in this case that of the infertile couple – by never examining what is really important in their lives, or what could begin to strengthen a positive self-identity[37].

The social system (according to Maturana-Varela)[21,38] must encourage its own sub-systems to optimum functioning, or else it will have an adverse effect on the entire system. And if we follow closely its ideal of autopoiesis – that only through self-observation and realization can a person participate so as to contribute to the healthy functioning of a system, including their own (in our case that their stigmatization is only their own fiction; their own artificial construct with regard to the established personal and social values), we can conclude that society must offer the couple a safe space in which it can explore and overcome the state of distress it is in, while at the same time, it should seek possibilities for the establishment of such a dialogue, and for providing the appropriate forms of relief, such as are offered by the Deteljica programme[10,25,26]. Otherwise, we are neglecting the responses of 81.8% of the population that the program was the first to provide them with a safe space in which they could openly talk of their infertility, and where they could (albeit slowly) open up to the social environment, and through therapeutically led discussions, group synergy, and by means of special methodological elements designed to encourage them, overcome their stigma.

The research shows that the couples participating in the program are ashamed of their situation, that they have a negative self-image, and that their (bio-

logical) infertility represents a blockage which they attempt to fight by putting up a wall of silence. This, in turn, cripples them with regard to both their normal functioning on a biological level, as well as on the social level; in their efforts to establish relationships with their environment, as well as in experiencing their own being on both the spiritual and the psychic level. They do not shed the layers of their own being[39] where they would come to know the essence of their own being ness and through it find the answer to the search for the meaning of their existence – an answer that lies within, and not without them (in a child), which would enable them to build a full and meaningful life – despite the lack that not having a child causes in their lives[3,9]. Even those couples which become pregnant and bear a child, often need a long time, and sometimes even never[4,5] overcome the stigma of infertility that they have built up on both the rational and the emotional level. In this case, the child figures in the couple's eyes as a means of overcoming their own shortcomings[40], and not as a person in its own right, who has the right to live his/her own life. For their normal development, these children, who are burdened by the fact that they were abandoned and neglected by their own biological parents, need parents who have developed a fulfilling partnership, and who will be able to create a warm and understanding environment for them through their unselfish love. In short, the aim is to help couples overcome their dependence on having a child and their (unconsciously) selfish love. This should bring the responsible institutions in the field of adoption to the realization that infertile couples must, before adopting, overcome their own limitations and the fences of pain and stigmatization they have erected around themselves. In this way, both the couple and the child will be afforded the opportunity of meaningful relationships open to communication, based on sound foundations.

In a democratic society this should be taken care of by the civil society, which would elicit a response from professional circles and the state services. The civil society is not taken enough into account by young democracies such as Slovenia, which is why the initiative must be given on the local level, by a legally authorized institution (the Social Work Center), while the establishment of a network of such initiatives must be coordinated on the national level by the appropriate ministries. This would enable us to provide help for couples experiencing the crisis of infertility, effecting their de-stigmatization. Subsequently, infertile couples could pursue a course that would bring optimum benefits for the child during the adoption process. This would create the necessary conditions for the healthy development of the identities of adoptive families – a goal that every modern civilized society should strive for.

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DOŽIVLJAVANJE NEPLODNOSTI – DILEMA SOCIJALNOG RADA U POSTUPKU USVAJANJA DJETETA

S A Ž E T A K

Istraživanje prikazuje utjecaj doživljavanja neplodnosti i njezinih posljedica na usvojenje djeteta kod neplodnih parova, koji su željeli usvojiti dijete i uključili su se u stručni program priprema na nadomjesno (socijalno) roditeljstvo. Rezultati pokazuju da većina neplodnih parova doživljava neplodnost kao stigmatizaciju te se mora nositi s osjećajima gubitka zbog nesposobnosti biološke reprodukcije. Stoga se pri usvajanju djeteta postavlja pitanje stručnog pristupa socijalnih radnika ovom problemu, jer je prema mišljenju većine ispitanika suočavanje s neplodnošću i njezinim posljedicama značajan čimbenik stvaranja zdravih odnosa i identiteta djeteta u usvojiteljskoj obitelji. Iz rezultata istraživanja možemo zaključiti, da je program pripreme neplodnih parova na usvojenje dijeteta, koji provodimo u Društvu usvojiteljskih obitelji »Deteljica«, cjelovit, autopoijetni odgovor socijalnih radnika na potrebe učesnika u usvojenju za uspješno usvojenje djeteta, jer informacijama i iskustvima omogućava dobru pripremu budućih usvojitelja te pruža potporu čitavoj obitelji nakon usvojenja djeteta, a kao osnovno, pruža pomoć neplodnim parovima da prebrode traume zbog neplodnosti.