

## **All Kinds of Tears**

Helen Adrienne, LCSW, BCD

Most people are aware that there are tears of sadness and tears of joy. Some have thought about other categories of tears that come from terror or pain, anger, frustration, helplessness, jealousy or relief. And with a bit of effort, we could compile a list, perhaps even a long list, of other kinds of tears.

While tears are not the only way to neutralize our emotions, all tears help us to cleanse our systems so that our emotional responses to difficulties do not lodge in our muscles, organ systems and the aspect of our brain that we call the mind.

As human beings, it is optimal to have and hold an awareness of the rhythm of emotional build-up and need for release, and to flow with it. It is the build-up that calls our attention to whatever is bugging us. It is the release that clears a space which gives us more leeway to cope with whatever comes next. This may be optimal, but it is not all that common.

Even when attached to emotional pain, tears can be beautiful for their capacity to help us metabolize the stresses and strains of life. Yet some people say that they hate to cry because their sinuses get stuffed and their eyes get puffy. But it's also true that you could very well feel a lot better after a good cry.

Culturally in a man's world, and for some women, too, tears are looked upon as weakness. Additionally, the culture of anyone's early environment may have made it "necessary" to stifle tears and the emotions that would have prompted them.

In a perfect world, we would neutralize whatever comes at us in a timely fashion, clearing debris out of the way, and therefore preparing ourselves for the next onslaught, for this is not an easy planet on which to live. Needless to say, this is not a perfect world, and many of us have developed a habit of stifling anything that is bothering us. For some people, things build up over many years. If this is you, you're in good company.

Now, consider infertility. Infertility tosses people into a whole other category. Often people feel as if they cannot stop crying.

In my work with infertility patients, I make a point of explaining to patients that infertility is among the most heinous of situations. The demands of the infertility journey may very well have raised your emotional system to a level of agony heretofore unknown. Infertility puts you in a place which mandates tears, but more important, provides you with an opportunity to feel the intensity, release the tension, and, learn to experience the release as valuable.

I have observed that it is very useful and relieving for women to understand not only the legitimacy, but also the meaning of their tears as a necessary component of evolving in an emotionally healthy way through the infertility journey.

Most of you are aware of the steps in the journey that pressure you to develop the competency to question and challenge your doctor about your protocol. Most couples do well with aspects of this nightmare which involve this “left brain” reasoning. I have utmost respect for your capacity to become fluent in medical jargon and in so many other ways rise to the occasion. What seems to be much harder and unfortunately not always validated by the medical community is learning to ride the emotional roller coaster. In fact, sometimes, the emotional component is minimized by the medical community, even as the drug protocols maximize emotionality.

In my 26 years of working with the emotional component of infertility, there are two factors pertaining to tearfulness that I have noticed which give infertility patients the most relief. The first has to do with the relationship. It is very common for women to feel that their partner is both a tremendous support *and* simultaneously impatient with their tearfulness. I watch the relief on the part of both the women and the men (or female partner) when I explain the following.

If as a small child, a man has a mother who is often frantic or tearful about situations and if the child intuitively feels that mother would want the child to be the mother’s “fixer,” then that child is tossed into a place of panic and helplessness. A small child cannot make mommy’s life better. If this is not “worked through,” then as an adult, that person is vulnerable to and often avoidant of anyone who is overwrought and cries in their presence. It becomes an unconscious reflex for that person to need to remove himself from those early imprinted feelings of panic and helplessness. A wife who is thrashing around with infertility will unwittingly toss her husband into this ancient place, without either of them realizing what’s happening.

As soon as I explain this to women or couples, I watch the tension release like air from a balloon. What a husband needs to do when his wife is overwrought is to be there in a loving way without running away, getting annoyed, judging or scolding. He need not say anything beyond, “I know how hard this is. It’s hard for me, too. We’ll get through this.” Furthermore, the woman needs to accept this as an appropriate ministrations. Things will get worse between them if in her agony she demands that he “fix” the problem. That puts him back in the pain of his childhood.

If as a couple you are doing everything in your power to arrive at or remain at a place where you are satisfied with and trusting of the level of medical care, then emotional release is a healthy part of the process that feels best if experienced together.

It is important to realize that the infertility struggle is among other things, an endurance test. What is needed most are reasonable communication skills, a snazzy pair of emotional shock absorbers and a capacity to keep on “pulling up your socks” possibly over a protracted period of time.

As an aside, it is important to realize that time can feel like it's creeping along like a glacier. If you are waiting for test results, or an IVF cycle or an appropriate donor, a day can feel like a year. But the capacity to meet the demands of treatment and the willingness to deliberately intersperse fun in between the heartaches are enhanced if the volcanic emotional buildup is released.

The second factor that gives patients enormous relief is to understand that tears often feel today the same way that they felt yesterday. But as a therapist, my job is to notice the shift in response because of growth. This is often very subtle, and it would therefore be difficult for a person who is subjectively involved in their life to notice a small change.

There are two parts to this process. The first is the component that has to do with the human spirit. I have watch infertility patients find more, more and then even more strength within them and make it to the other side of the journey: parents at last. Believe it or not, I've had people say to me, "As much as I hated this nightmare, I must admit, I'm a better person (couple) for it." So day by day, the subjective experience of finding yourself in tears, again, may mask the progress that you are making toward maturity and strength of character as you rely on the infinite fountain of human spirit that is within each of us.

The other component has to do with understanding that we are all comprised of "parts." I'm sure that somewhere in your life you've heard yourself say, "Part of me wants to do this, but another part of me wants to do that." I've observed that as people navigate the infertility journey, and as they arrive at a new place having to do with emotional growth, it becomes important that I point out that they are in a change process and give them a map of what the change process looks like.

As human beings we are hard-wired for both homeostasis and growth. A small child can have a fit because he wants to tie his own shoes before he has the fine motor coordination to do so (growth), and five minutes later, hang on to his mother's leg refusing to get on the nursery school bus (homeostasis). The process of, need for and inevitability of change is at the root of us developing "parts" of ourselves that want different things simultaneously.

The following is an example pertaining to infertility.

A person who had come into therapy attached to negative thinking (her version of homeostasis) but who had made enormous progress in resisting the seduction to jump on the negativity band wagon (growth) woke up crying, preoccupied once again with feelings of negativity. She was scared that the IVF wouldn't work and scared that she wasn't strong enough to "keep on truckin'." Her list of fears continued. She couldn't stop crying.

When she had woken up crying, she felt that she had slid hopelessly backward. If that were really true, she would not have recovered so easily in our session. Before the end of that session she had reconnected with her new-found strength and left my office feeling totally intact.

In that session she recovered quickly because the following explanation resonated: The part of her that was crying was doing so because the negative part (formerly her homeostasis) could not prevent her for the last number of weeks from rising above the mental habit of negativity (growth). That part felt sad for having lost its “power” and was disoriented at her new behavior, maybe even angry at her for it. The homeostatic part had been overridden by the growth part. The former homeostatic part was the part of her that awoke in tears. The growth part was the part that happily left my office after explanation and validation.

If a person can join me in understanding that they have shifted toward growth and that the new behavior is real but like a new-born calf on wobbly legs, then they can experience the shift in a way that integrates their growth. This allows them to gain a healthy distance from the tears of yesterday which are now inauthentic but fool you into thinking that nothing has changed.

If you haven’t already done so, it would be useful to accept your tears as a gift and a teacher. It might be interesting for you to put some effort into identifying what kind of tears you are shedding because conscious awareness is an important part of emotional health. And if subjective involvement makes it difficult for you to get clarity, I encourage you to seek professional guidance, for growth seeds the changes that can ease the infertility challenge. And as a safety valve, your tears are an important part of the process.

More than anything, from the bottom of my heart, I encourage you to not give up before your brand of miracle.

**Helen Adrienne, LCSW, BCD** has been in private practice since 1979 as a general practitioner, working with a multitude of issues, and as a specialist in Ob-Gyn mental health care.

Contact information  
 The Mind / Body Connection  
 420 E 64th Street 1D-East  
 New York, NY 10021  
 Phone: 212-758-0125  
 Fax: 845-357-2938  
 Email: [HAMSW@aol.com](mailto:HAMSW@aol.com)

Website: [www.helenadrienne.com](http://www.helenadrienne.com)

INCIID member profile: [http://www.inciid.org/members/member.php?cust\\_id=10057](http://www.inciid.org/members/member.php?cust_id=10057)