



The Infertility Companion

Copyright © 2004 by Sandra L. Glahn and William R. Cutrer

Requests for information should be addressed to:

Zondervan, *Grand Rapids, Michigan 49530*

Library of Congress Cataloging-in-Publication Data

Glahn, Sandra, 1958–

The infertility companion : hope and help for couples facing infertility / Sandra L. Gahn and William R. Cutrer.

p. cm.

Includes bibliographical references and index.

ISBN 0-310-24961-9 (softcover)

1. Infertility—Religious aspects—Christianity. 2. Infertility—Psychological aspects.

I. Cutrer, William, 1951–. II. Title.

RC889.G536 2004

248.8'6196692—dc22

2004004099

All Scripture quotations, unless otherwise indicated, are taken from the *Holy Bible: New International Version*®. NIV®. Copyright © 1973, 1978, 1984 by International Bible Society. Used by permission of Zondervan. All rights reserved.

Scripture quotations marked KJV are taken from the King James version of the Bible.

Scripture quotations marked NASB are taken from the NEW AMERICAN STANDARD BIBLE ©, Copyright © The Lockman Foundation 1960, 1962, 1963, 1968, 1971, 1972, 1973, 1975, 1977, 1995. Used by permission.

Scripture quotations marked NKJV are taken from the New King James Version. Copyright © 1979, 1980, 1982 by Thomas Nelson, Inc. Used by permission. All rights reserved.

The website addresses recommended throughout this book are offered as a resource to you. These websites are not intended in any way to be or imply an endorsement on the part of Zondervan, nor do we vouch for their content for the life of this book.

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopy, recording, or any other—except for brief quotations in printed reviews, without the prior permission of the publisher.

Interior design by Michelle Espinoza

Printed in the United States of America

CONTENTS



<i>Acknowledgments</i>	9
1. Where We've Been: Your Companions in "the Ditch"	11
2. The Wedded Unmother: Myths and Facts	23
3. Marital Dynamics: She Wants a Baby; He Wants His Wife Back	35
4. Emotional Dynamics	47
5. Handling Well-Intentioned Advice	59
6. Where Is God When It Hurts? The Biblical Infertility Stories	73
7. The Spiritual Struggle: Is Infertility a Curse?	87
8. The Underlying Question: Why Did God Create Sex?	99
9. The Medical Workup: Collect the Clues	109
10. The Continuing Workup	121
11. The Doctor: The Third Party in a Couple's Love Life	133
12. State of the ARTs: High-Tech Treatment	145
13. A Moral Minefield: We Can Do It, but Should We?	161
14. Determining Right from Wrong: The Ethics Construct	171
15. Three's Company: Third-Party Reproduction	183

16. Aid in the Begetting: Donor Egg, Surrogacy, and Embryo Adoption	193
17. Using a Donor: What the Kids and the Research Tell Us	209
18. Loss upon Loss: Miscarriage, Failed IVF, and Failed Adoption	219
19. Infertility Patient as Parent: Secondary Infertility, Pregnancy, and Parenting after Infertility	231
20. Resolution: Adoption or Childfree Living	241
21. You Are Not Alone	253
<i>Appendix 1: Workbook: Exercises for Couples</i>	257
<i>Appendix 2: Christian Medical Association Statement on Reproductive Technology</i>	265
<i>Glossary</i>	269
<i>Resources</i>	283
<i>Notes</i>	289
<i>Index</i>	305

WHERE WE'VE BEEN

YOUR COMPANIONS IN “THE DITCH”



Sandi's Journey: Knots and Tangles

I am Sandra, daughter of Ann, daughter of Velma, daughter of Ella, all the way back to Eve. But the genes carried down through my ancestors will stop with me.

When I was a little girl, I never dreamed that I might be unable to have children. In my childhood home in Oregon's Willamette Valley, by mid-April the plum trees had sprouted purple blossoms and the whole world seemed to bloom with new life. Foals, calves, and lambs appeared in the fields. By Mother's Day, everything had either given birth or was celebrating hope, and I assumed that I would someday join in that process.

I was the fourth of five children. When I reached adolescence and started babysitting—which I loved—I became increasingly aware that many people have more children than they anticipate. I figured that, if anything, I'd fall into that group.

Fast-forward to age twenty-seven. My adoration of spring turned to dread as I felt out of sync with the rest of the world. While everything around me celebrated new life, I experienced spring more as an injury—almost as an indictment. With tear-stained cheeks, I watched birds build nests and lay eggs in our trees and thought of how children described me as “nobody's mommy.” Mother's Day—that dreaded “M-Day”—came as the crowning insult.

My husband, Gary, and I had been married seven years, and he was starting his last year of seminary training (master's degree) in Dallas, Texas. In addition to our jobs—he at a law firm, I as a writer at an insurance company—and his studies, we served as part-time staff at our church, ministering to college students. After working full-time to put my husband through graduate school, I dreamed of quitting my job and

staying home to take care of our children. Friends and family were asking when we'd start having babies, and it was finally time to get an "all clear" from my physician.

Dr. Bill Cutrer, my medical doctor, was also a seminary student, and he had a reputation for being a godly man with technical expertise. So I made the new-patient appointment, and after our consultation, he told me everything looked great. The next six months were wonderful. There's something magical about making love with the expectation that you'll produce something as marvelous as a child. The plans and dreams arrived in full force. I mentally picked out nursery colors. For graduation we got a car—a new station wagon big enough for the family we were going to have. I told a few close friends we were trying. We saved up all we could for the day when I could quit work.

Nine months passed with no success. I had expected to get pregnant the first month, but I told myself we'd been too busy. Then months turned into a year. But I wasn't too worried.

Another six months passed, though less quickly, and my sister confided to me that she was going through fertility testing. A pang of concern started gnawing inside me. Mary recommended a book about infertility, and I read it. Afterward I wrote in my journal, "The infertility fear is getting greater. There's a lot of denial on my part. I'm finally having to come to grips with the fact that there's a problem." I cried for the first time when someone asked when we were going to start a family. Three days later I wrote, "I'm facing that we may not have kids. It's tough. But his mercies *are* there, too." A church in British Columbia interviewed Gary by phone for a pastoral position. A week later I wrote in my journal, "My strong preference would be to stay in my current job until I know I can have kids. The Lord knows."

The job didn't pan out, and we both kept working. After eighteen months had passed, I returned to see Dr. Cutrer for what was supposed to be a belated annual checkup. All went fine until near the end, when he asked me a few questions.

"I think I just need to relax," I told him. "We've been trying to get pregnant, but we've probably been too busy to hit it right."

Looking up with gentle eyes, he rolled closer. "How long have you been trying?"

"About eighteen months." I had believed the myth so many people had told me: "Just relax and you'll get pregnant."

He spoke in a soothing tone. "No. Perhaps it's time to stop 'just relaxing.' There are a few simple things we can try. The pace is up to you." We could take it fast or slow, he told me, starting with the easiest, simplest test: a semenanalysis on my husband.

Not a chance. *We're not infertile!* I thanked him politely and left for another eighteen months.

Threads of Grief

The time passed with increasing emotional pain. It got harder to deny the reality. So I finally returned to the doctor. By that time, I had heard a lot more about “Dr. Bill,” as many of his patients called him:

“He stayed up with us all night rather than rush a C-section.”

“He came in on the weekend to do our insemination.”

“He prayed with us during our rough delivery.”

Dr. Bill had a reputation for being a kind and compassionate man of God. I wish I could say we hit it off from the start, but at the time, I resented what I perceived as “doctor worship” on the part of many of his patients, so I determined to be distant.

Gary and I decided to begin the testing process. Dr. Bill began by testing Gary, who appeared to have no problem. Then Dr. Bill ran a lot of blood tests and did some studies to make sure I was ovulating. After that, I had an endometrial biopsy. I began to read everything I could find on the subject of infertility because through knowledge I felt empowered.

My sister called to say she'd had a laparoscopy (the so-called Band-Aid surgery) and her doctor had found endometriosis. Because there is sometimes a familial connection, Dr. Bill recommended that I, too, have a laparoscopy. But he also thought I might have a congenital structural problem. The day he told me that, I drove back to my office, shut the door, and sobbed my heart out. The shock of the news hit like a tsunami. *I really might never have children.*

I experienced a spiritual crisis. I had to face the fact that I had a mistaken perception of God. My life had gone fairly well up to that point, and I thought it might have something to do with my obedience. I secretly believed that if I continued feeding my “quarters” of obedience into God's cosmic vending machine, I'd get what I wanted. When that didn't happen, I realized that either something was wrong with my behavior or, the more helpless option, that God doesn't necessarily stick to such clear cause-and-effect arrangements. If the latter was the case, as I began to suspect it was, no amount of obedience would solve my fertility problem.

I wrote in my journal, “Waiting. Waiting. More waiting. I can hardly think of anything else. It was easy not to think about it when I wasn't facing the doctor or my charts every day or week, but it's hard to get it off my mind now that I'm constantly confronted with it.”

When I stood around talking with other women, I felt somewhat like an imposter. I was incomplete, not quite a part of them, having failed what I perceived as the true test of womanhood: the rite of motherhood.

Monthly we would watch my ovaries on the ultrasound screen to help us “time it right.” And I began taking medication for a mild hormonal imbalance. We found ourselves paying for multiple medical bills, having quickly discovered that most insurance policies will cover the diagnosis of infertility but not its treatment.

Dr. Bill prescribed the low-tech ovulation inducer, clomiphene citrate (brand names: Clomid, Serophene, Milophene). Of all the medications I would take during treatment, Clomid made me the craziest. One afternoon when I went in for a sonogram, I sarcastically asked Dr. Bill, “Could you give me more Clomid? I’m only crying at mall openings.”

He responded in the schooled “doctor voice” that he has since labeled “vocal anesthesia,” “Being the rather sentimental soul that I am, I’d probably cry at mall openings, too.”

“I don’t mean grand openings,” I snapped. “I mean every day at ten when they open the doors.”

Gary and I dreamed up a board game called “InFutility,” which we patterned after Monopoly, except that instead of buying up real estate, the object was to get a child. We replaced the four railroads with roller coasters. Free parking was reserved for teens who got pregnant the easy way. “Community Test” cards were responses to people who made tacky comments, like the man who asked, “How can you miss something you never had?” We got to move ten spaces for quelling the urge to answer with, “You mean like your brain?” A little lame humor helped.

Then finally it happened. After three years of trying, I had a positive pregnancy test. But then I lost the pregnancy several days later. Soon after that, I had a difficult conversation with Dr. Bill. He told me he wanted to refer me to an endocrinologist. While I appreciated his desire that we find answers to my infertility, I had developed friendships with him and his staff, and I was actually starting to be nice to him. I had grown comfortable. Now I had to start over.

Threads of Patience

We called the endocrinologist and had to wait three months to get in. I became even more aware of how much of life is spent waiting.

I crossed off each calendar day leading up to my appointment. I wrote in my journal, “More opportunities for hope and despair ahead.” When my brother-in-law told me I’d make a great mom, I wept. I realized then

that I'd been wondering if the Lord was keeping me from being a mother because I'd be a failure at it.

During that time, our church asked us to start a support group for infertility patients, so Gary and I organized one. At the same time, I also served on the national board of a secular support organization for patients and providers. Their local chapter, on whose board I'd served, had been a lifeline. The group asked me to chair a medical symposium for patients, bringing together the state's top doctors and therapists. I said I would.

I had been told that infertility patients are second only to cancer patients in terms of what they will endure for a cure, and I found them to have a pretty high level of sophistication. I asked Dr. Bill to lecture on infertility and spirituality. He wondered if anyone would attend his workshop, but it ended up having the highest attendance of anything we offered.

Then I got pregnant again. Then lost the baby. Then again. Another loss. Pregnant. Loss. Pregnant. Loss. We experienced seven early pregnancy losses. Tests told us nothing. It was a mystery.

After seven years of trying to conceive, we watched as the odometer on our station wagon turned 100,000 miles. We'd stayed in Dallas to continue treatment. But we were getting to the point where it hurt more to go on than to quit. We were tired of it all. Then new tests suggested I had a rare immunological problem for which little could be done. So we took a year off to explore the possibility of never having children and devoting ourselves full time to ministry. Among other pursuits, we went with Dr. Bill and his wife, Jane, to Russia on a medical mission trip.

When we returned, I asked Dr. Bill to prescribe birth control pills. I wanted to stop mentally keeping track of my "cycle days," and I'd had enough pregnancy losses to know that my womb was not a safe place for a developing embryo. I needed to avoid conceiving.

At the end of that year, Gary and I learned that my immunological problem might be corrected with blood thinner and baby aspirin. So we pursued treatment again. It required giving myself daily shots in my thighs or stomach, and soon I was covered with bruises. Then I developed bleeding complications.

I finally reached my limit.

The next few weeks were filled with both mourning and resolution. I wrote: "Part of me wants to party and celebrate that we're through. But I will also grieve as the realization hits me. I feel unmotivated to work and tired from it all. But grief is a friend. I've learned to trust it to take me to the other side of emotional health."

I enrolled in some seminary classes to further my writing ministry. And we checked out U.S. adoption agencies. After the miscarriages, our infertility was pretty much public knowledge. We worked that to our advantage and recruited people to help us find a birth mother.

During the three years that followed, three birth mothers agreed to place their children with us and then changed their minds—either right before or on the day of birth.

How long, O LORD, how long? (Ps. 6:3).

Threads of Hope

“Don’t send us any more birth mothers,” we told our friends. “We don’t think we could handle it.” I wondered if I’d ever stop being suspicious that every piece of good news would turn into a disaster. I questioned whether my heart could ever freely love a child now.

Not long after that, I met with a book publisher about a fiction project. In the course of the conversation, I expressed my disappointment in how little helpful information I’d found in the Christian market about infertility—especially on the ethics of high-tech treatment—and he told me to send him a book proposal. I was stunned. I was a magazine writer; it had never crossed my mind to write a *book*.

After giving it some thought, I contacted Dr. Bill. It seemed that a book about infertility and pregnancy loss would have more credibility with a combination of perspectives. He agreed to work on the project with me. As he put it, a team of the two of us could be “doctor-patient, male-female, sane-insane.” So we began to write.

The book gave me a constructive channel for my grief. When the odometer turned to 200,000 miles, Gary and I traded in the first station wagon for another. I pursued finishing my master’s degree in theology, choosing to focus much of my research on infertility as a spiritual crisis. And finally, more than a year after we’d started, Dr. Bill and I finished the manuscript.

These activities opened doors to a writing and speaking ministry for me and for us as a team.

I know now that I will never give birth. You’ll read snippets of Gary’s and my story and our path to resolution throughout the book, though the whole picture of what was medically wrong and all of God’s reasons for allowing it will remain mysteries to us.

Yet when I look back on where I have been and what the Lord has done, I can’t help but think of a tapestry. For so long, the individual painful situations made no sense. I shook my head as I tried to figure out what God was doing with my life and wondered why he had allowed so much death—whether of embryos or dreams. But now that I reflect

on the eighteen years since we started down the infertility path, I can see that each grief was like a colorful thread—gold for grace to endure marital stress, green for growth as we lamented through emotional upheaval, crimson for his arms beneath us when each period started. The Tapestry Maker was weaving a landscape. By itself, each thread meant nothing. Yet taken as a whole, it is plain to see that he was weaving a picture that tells a story—the story of his faithfulness in our lives.

The Weaver is making something beautiful of your life, too. It doesn't seem to make sense now, and parts of it will never make sense this side of eternity. You're in the midst of knots and tangles, looking at the incomplete picture from the back side. And there are no magic words to make the pain go away. But while you're there, being stretched on the Weaver's loom, know that *you are not alone*.

Dr. Bill's Journey

I (Dr. Bill) experienced my first deep personal connection with infertility when a patient arrived in the emergency room with a ruptured ectopic pregnancy. As the chief ob-gyn resident at Baylor Medical Center in Dallas, Texas, I worked with her infertility doctor to perform the needed surgery. In the follow-up days of her recovery, I observed this couple's pain. They were Christians who desperately wanted a baby. Sitting on the hospital bed with her husband holding her, the patient wept so hard that she could barely catch her breath and choke out "Why?" over the loss of their child.

Up to that point, I had given little thought to ectopic pregnancies as "children," because I was still thinking of pregnancy loss mostly as a medical condition, ignoring the emotional and spiritual ramifications of such a loss. I was trained in an atmosphere in which it was considered fine to have faith but unprofessional to bring it into the health-care arena. So my patients taught me a lot about spirituality and incorporating faith into medical care. These precious insights from those in the midst of their pain changed me and changed the way I would practice medicine.

A lot has happened since my early days as an ob-gyn in the 1970s. For more than three decades now, the treatment of infertility has been a passion of mine. In the beginning of my career, infertility was almost as prevalent as it is now, but our understanding of the causes was in its infancy, and few effective therapeutic regimens existed. Surgical techniques were just being developed, as was our understanding of endometriosis and pelvic inflammatory disease and their effects on pelvic architecture and fertility potential.

Doctors watched with anticipation the emergence of proper operative technique, microsurgical skills, various anti-inflammatory medications to prevent postoperative adhesions, the development of laparoscopy, and tools designed to do complex procedures through the scope as outpatient procedures. Those were exciting times, though we learned through bad experiences that some operative techniques actually impaired future fertility by causing more damage to the anatomy than they fixed. We worked to convince colleagues in various other surgical specialties that with any abdominal or pelvic surgery on a female patient, they should take future fertility into consideration.

Meanwhile the pharmaceutical armamentarium was expanding beyond “Clomid or more Clomid.” Laboratory hormone evaluations became available. Doctors could test for and correct prolactin excess, androgen excess, abnormal estrogen-progesterone ratios, and low thyroid levels. Anatomic evaluation went well beyond the hysterosalpingogram and the “dinosaur” Rubins test to new scopes through which surgeons could evaluate not only pelvic structures such as the uterus, tubes, and ovaries but the inside of the uterus as well.

When we started working with laparoscopes and lasers, we realized we could do a lot to treat anatomical problems without the big operation and microscopes. Hysteroscopes went from the prototype “contact scopes” to useful operative scopes that could see inside the uterus and thus add to our understanding of anatomical issues stemming from congenital abnormalities or uterine fibroids. Now new, tiny scopes exist for seeing into the fallopian tubes themselves.

The momentum in the field of infertility increased with the Steptoe-Edwards announcement in 1978 of the first so-called test-tube baby. Fertility as a specialty began to take shape as a hybrid of gynecology and endocrinology. With the advent of more high-tech procedures and micromanipulation, clinics began to spring up, and competition for patients and dollars grew fiercer.

Immunological studies began to push their way onto the playing field, and the number of “undiagnosed infertility” cases began to shrink. Therapeutic approaches to each of the diagnoses uncovered by testing became better substantiated by case trials, enabling us to assist many couples in their quest for offspring.

From the doctor’s side of the desk, I found the workup of the infertile couple to be both fascinating and exasperating. Even the most conscientious evaluation might yield no significant findings. Worse still was making an accurate diagnosis but having the therapeutic measures fail to bring about a live birth.

Millions of couples experience infertility, more than half of whom can expect successful outcomes with currently available treatment options. Some of the technologies used, however, push the ethical envelope. In fact, some of the procedures burst through the envelope. That we *can* do something medically does not necessarily mean we *should* do it.

Due to the many ethical considerations associated with treatment, infertility made its way into the bioethical arena. How far is too far? Should every couple use every available technology? What about the expense? Must a couple have children to be a family? These questions demanded answers.

From Health Care to Soul Care

I practiced medicine in Dallas from 1980 to 1994, and I enrolled in Dallas Theological Seminary (DTS) in 1985, anticipating a second career as a medical missionary. I wanted a better theological understanding of bioethical issues. My training at DTS was instrumental in helping me to see a pregnancy loss as the loss of a child, and I grew to better understand the profound spiritual implications of infertility. My training also helped me to clarify certain positions on medical intervention and approaches to fertility problems, and I became personally interested in bioethics—the morality of health-care issues.

But there remained much mystery. Why do some couples who appear perfectly suited for parenthood suffer with reproductive failure? Why do so many early pregnancies, precious tiny human lives, end in miscarriage? How do we meaningfully comfort and love those whose dream of bringing a child into the world—a good and godly dream—never comes to pass?

Motivated by the desire to understand and encourage couples in their longing to reproduce, I loved medical practice and still love the art of medicine. But as I concluded my seminary degree, health issues necessitated open-heart surgery for me and forced a shift in careers. While recuperating, I found myself transitioning into both a church ministry and a position with the Christian Medical and Dental Associations. This rewarding time allowed me to study further the ethical issues of medical care, even as the skills relating to infertility treatment were accelerating.

When I was in medical school, our professors taught us to “stay objective”—to remain distant so that the burdens of caring for people would not overwhelm us. I have never heeded this advice. I believe instead that infertile couples need caregivers who will enter into their lives and help them bear their pain.

Several years ago I was invited to join the faculty at the Southern Baptist Theological Seminary in Louisville, Kentucky. I accepted the position and teach classes in medical bioethics, pastoral care in human crises, spiritual formation, and marriage enrichment. Although Sandi and I now live nearly a thousand miles apart, we continue to write together and lead conferences to encourage infertile couples. I also devote specific time in my human crises class to training future ministers to care for those who struggle with infertility.

Today I have the privilege of serving as the medical director at A Woman's Choice Resource Center and as the director of the Gheens Center for Family Ministry. In that capacity, I sponsor Habakkuk's Hope, a support group on the seminary campus for infertile couples. The prophet Habakkuk foretold the invasion and desolation of his country, but he still rejoiced in God's sovereign purposes. Thus, the name of the support group is based on Habakkuk 3:17–19: "Though the fig tree does not bud and there are no grapes on the vines, though the olive crop fails and the fields produce no food, though there are no sheep in the pen and no cattle in the stalls, yet I will rejoice in the LORD, I will be joyful in God my Savior. The Sovereign LORD is my strength; he makes my feet like the feet of a deer, he enables me to go on the heights." Habakkuk's Hope was founded by a seminary student's wife whose own circumstances showed her the need for such a ministry. She and her husband sought to start a family but soon discovered that she had breast cancer. After completing cancer treatments, doctors told her, a woman of thirty-six at the time, that she would have to wait two years before attempting to have children. She quickly recognized how much a support group could help those suffering the pain of infertility and pregnancy loss. She and many like her have taken their pain and used it as a means to bless others.

Your Companions

One of my favorite "stories to live by" is about a farmer who is driving along and sees that his neighbor has accidentally driven a tractor into a ditch. The neighbor is hopelessly stuck. The farmer does not have a tow chain or a rope, so he does all that he can do—he gets out of his car, climbs into the cab of the tractor, and sits with his friend in the ditch.

Our desire and prayer is that through this *Infertility Companion*, we can provide some company and comfort in the ditch that is infertility.

As you can see, we have experienced the infertility struggle from a variety of angles. Sandi's perspective comes from having endured medical treatment, miscarriages, and failed adoptions and from leading

support groups, serving on boards, teaching seminars, and concentrating her theological education on fertility-related issues.

I have sat on the other side of the desk (and the operating table) for infertility workups, surgeries, miscarriages, ectopic pregnancies, and crisis pregnancies leading to adoptions. I've led workshops, sponsored support groups, and taught pastoral counselors. One pastoral student of mine who has been through infertility aptly describes the trauma of being unable to have a child:

We have not steadily been faith-filled or optimistic either toward God or life throughout this struggle. There have been wrenching pains, tear-filled nights, lost friends, confusion, frustration, awkward moments, expensive medical procedures, and tons of different emotions—guilt, doubt, anxiety and depression. We have wondered at God's sovereignty. We have felt guilt that perhaps we were facing God's judgment for past sins. We have expressed anger toward God. There have even been nights when we have contemplated leaving the faith and not looking back. The wounds we have felt at times have pierced so deeply that we wondered if we would survive at all. Certainly, if we were given a choice, we never would have chosen to walk down this road of infertility. Yet today we find ourselves with a deepened faith, a deepened love for one another, and a deepened belief that God works all things, even infertility, together "for good for those who love God and are called according to His purpose." We have experienced intense pain, and are now experiencing intense joy that God is sovereign and that He cares deeply for us. We are certain that His purposes for our sufferings are very good. We have not always been in this place and it has been a hard, pain-filled, grueling journey to arrive here.¹

In the pages ahead, our desire is to walk with you, the reader, on the path through this treacherous journey called infertility. Our goal in writing *The Infertility Companion* is to point to the God of all comfort, who alone can minister to the needs of infertility patients and those seeking to assist them. We cannot take away the pain, but perhaps through sharing our own journeys and the knowledge we've gained, we can minister God's grace in "the ditch" and thus equip readers to face their heartbreak with renewed hope—an eternal hope that never disappoints (Rom. 5:5).



Note: Many infertile couples and individuals have shared their stories with us, hoping they might encourage our readers. We have included their quotes throughout the book, setting them in italics. At times we have combined or slightly altered their situations to protect identities or to fit in the allotted space. In addition, a few of the stories in the text and a small number of the italicized items come from our personal experiences, yet we may not always identify them as ours.