

Myths, hope and the need for control

On fertility, biology, and the limits of malleability

Anyone facing fertility problems rarely has to deal with medical facts alone. It also involves advice, well-intentioned tips, and sometimes downright hurtful remarks. From “go on vacation, then it will happen naturally” to aromatherapy and crystal therapy, putting your feet up after sex, or “you have to let it go.” As I sometimes say to patients: “if only you had a button on the back of your head to turn your thoughts on or off, we would use it!” For the fact is, people go to bed with it and wake up with it. The fact is also that a common thread can be recognized, yet everyone deals with it a little differently. And yes, there are also differences in how the brains of the different sexes handle this. Very legitimate, but not always easy when—in the case of a relationship, for example—many things are also **not** discussed. After all, much is lost between what is said and what is not meant, and between what is meant and what is not said.

Behind all that advice and behaviour lies something human: our deep need for control. We often view getting pregnant as something that can be engineered, provided you just do the right things. But precisely when it comes to fertility, that desire for control clashes with the reality of biology.

The core: fertility is fundamentally biology

Essentially, having a baby requires three things: an egg, a sperm, and a uterus. In this context, the egg is ultimately, as a rule, the crucial factor. It is a given fact that a healthy egg (and I will elaborate on what this is shortly) usually leads to a healthy embryo and, consequently, to a healthy pregnancy quite quickly (i.e.: “this can sometimes take up to 12 months, even in completely healthy people”). Contrary to what many believe, we medical professionals can only support processes; we cannot change the basic ingredients nor force anything. Not even with treatment. Many people think: “we can always go to an IVF centre where it will work,” but that is a misconception.

For women, age is the most important factor. That is not an opinion, but a biological fact to which there are no exceptions. Women are born with their

total supply of eggs (approx. 1 million). As they get older, not only does the number of eggs decrease, but so does their quality. The main cause of this is increasing damage to the genetic material in the eggs. Approx. 80% of 25-year-old eggs are healthy, and by the age of 40, that is about 20%. That, too, is not an opinion; this process is inherent to human biology and cannot be reversed with diet, supplements, yoga, or mindset. You cannot improve the quantity and quality of eggs; there are, of course, ways to make them worse. And naturally – analogous to the great-aunt who smoked like a chimney her entire life and still lived to be 85 before she passed away – you will also find a story somewhere of someone who became pregnant at an advanced age. But those are anecdotes. Much more often nowadays, however, it involves egg donation at an advanced age or women using eggs they had frozen years earlier. That is a confronting truth, certainly in a society where people start having children later for understandable reasons (education, career, housing market, choice of partner). But it remains a biological reality that is at odds with societal developments.

Stress, mindset and "letting go"

A persistent myth is that fertility problems are caused by stress, a wrong mindset, or "not really letting go." There is no empirical evidence whatsoever for a negative, direct, structural influence of stress on fertility. Yes, extreme stress can affect bodily processes. Yes, chronic tension can affect sexuality, relationships, well-being, and quality of life. However, not getting pregnant when you want it so badly is obviously a major stress factor in life that influences all kinds of things. As a result, people often experience less intimacy, sex, pleasure, etc. Anxiety and depression are more common among people with fertility problems. It is also possible that, as a result, people do not seek help for their fertility problems, do not undergo as many treatments as they would actually like, or perhaps adjust their view of family life. However, these are indirect effects of stress factors. Moreover, the suggestion that someone "wants too much" or "is blocking it" implicitly places blame on the person themselves. That is not only medically incorrect but also deeply hurtful and psychologically harmful. The paradox is that it is precisely the loss of control that is stressful. People seek explanations and coping mechanisms because

Kinderwunschzentrum
Heinsberger Höfe GbR
Medizinische Kooperationsgemeinschaft
Drs. Willem-Jan S.S. Cuypers
Drs. Nerissa B.E. Cuypers
Fachärzte für Frauenheilkunde
und Geburtshilfe
Schwerpunkt gynäkologische Endokrinologie
und Reproduktionsmedizin
Dr. Ralf Böhm
Diplom-Biologe
Hochstraße 154
52525 Heinsberg
Telefon: +49 (0)2452 9966-900
Telefax: +49 (0)2452 9966-910
info@cuypers-cuypers.com
www.cuypers-cuypers.com

Geschäftsführer:
Drs. Willem-Jan S.S. Cuypers
Drs. Nerissa B.E. Cuypers
Dr. Ralf Böhm

uncertainty is difficult to bear. The idea that you can get pregnant with enough relaxation or positive thinking offers hope and reassurance, but also a dangerous illusion of controllability. People feel like “playthings” of fate, and in essence, that is indeed the case. Through a series of “rituals,” they give themselves the sense that they have some control, and also some control, over time. However, the unpredictability of the outcome of the individual treatments makes this difficult, and this makes people—particularly as time and the number of treatments progress.

Alternative treatments and supplements: nuance is important

Treatments such as acupuncture, reiki, foot reflexology, or uterine massage are frequently mentioned. What does science say about this? There is no solid, convincing, and significant evidence that these treatments lead to a live-born, healthy baby more often. Some interventions can, of course, contribute to relaxation and perceived well-being. However, the preceding story must be told alongside them.

If something helps to cope better with stress, that can be valuable, but it does not change fundamental biological parameters. It becomes problematic when alternative explanations (such as “energetic blockages”) replace medical causes or when people develop feelings of guilt because they “haven’t let go enough.” So what is the story regarding supplements and specific diets? Well, a healthy lifestyle supports general health, but there is no diet that reverses the genetic aging of egg cells. Eating raw meat or using specific foods is not only unproven but can even pose risks. A healthy diet rich in vegetables and fruit, supplemented with other varied foods, sufficient exercise, and a healthy weight, are the most important basic conditions, just like not smoking and great restraint regarding alcohol and other recreational drugs. Some caution regarding the consumption of animal proteins is warranted – also according to the WHO – not least because of their potential role in “diseases of affluence.” Sufficient folic acid and iodine intake is, of course, important. There are indications that an adequate vitamin D level might be beneficial, but studies in humans are inconclusive in this regard. In cases of reduced sperm quality, there is much attention paid to the effects of folic acid, zinc, and selenium, yet one

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Drs. Willem-Jan S.S. Cuypers
Drs. Nerissa B.E. Cuypers
Fachärzte für Frauenheilkunde
und Geburtshilfe
Schwerpunkt gynäkologische Endokrinologie
und Reproduktionsmedizin

Dr. Ralf Böhm
Diplom-Biologe

Hochstraße 154
52525 Heinsberg

Telefon: +49 (0)2452 9966-900
Telefax: +49 (0)2452 9966-910

info@cuypers-cuypers.com
www.cuypers-cuypers.com

Geschäftsführer:
Drs. Willem-Jan S.S. Cuypers
Drs. Nerissa B.E. Cuypers
Dr. Ralf Böhm

should not expect miracles. It all remains “support,” but fundamental factors generally do not change.

Sexual myths

Advice such as “lying with your legs up,” “standing on your head after sex,” “using a cup to retain sperm,” or “using specific sex positions” must be relegated to the realm of myths. They have no scientific basis. Sperm cells are actively present in the cervical mucus within minutes. Gravity plays hardly any role in this.

“Just have sex more often” sounds logical, but it disregards the fact that timing, the cycle, and biological factors are the determining factors. Moreover, reducing sex to a technical act can put relational and sexual dynamics under pressure; something I have regularly seen as a physician and sexologist: sex was reduced to penetration and ejaculation around the supposed ovulation, and other forms of intimacy fade into the background. Intimate life becomes impoverished, and the pleasure of sex disappears very quickly in this way. Not infrequently, this happens as early as the first year when people are trying to conceive, and as a result, dissatisfaction with one's sex life increases rapidly.

The pain of simplification

Comments such as: “if it is meant to be, it will happen naturally” or insinuations regarding supposed sexual problems as the reason for the inability to conceive are not only medically incorrect but also disrespectful. They reduce a complex biopsychosocial process to something simple and imply failure or inadequacy. Infertility is not a moral issue. It is not a matter of merit. It is not a reward or a punishment. It is a medical reality stemming primarily from human biology. Why do people actually say this? Well, it often stems from a sense of powerlessness, a need for control, or personal discomfort with grief. People want to help and seek apparent “solutions.” It is often best to provide a factual response to this, to set your boundaries, and therefore also to indicate when a comment is hurtful. And why not indicate that you are not looking for solutions, but rather for a listening ear?

The philosophical layer: malleability versus reality

We live in an era where much is malleable. We can plan careers, travel, and develop (medical) technology. Understandably, this creates the expectation that fertility is also plannable. However, reproduction remains a domain in which chance, bad luck, good luck, biology, and statistics play a major role. Even under optimal conditions, the chance of pregnancy per cycle is quite limited. Humans reproduce rather inefficiently... This can feel like a loss of control. And a loss of control is psychologically harder to bear than cause or blame. After all, cause or blame suggests that you can change something. Yet, perhaps another form of peace lies here as well: acknowledging that not everything is malleable, and that some limits are biological... not personal.

To conclude

But what can people do? Well, they can get well-informed, optimize their lifestyle where possible, and above all, seek timely medical advice while remaining grounded. Seeking psychological support when the process becomes difficult and absolving oneself of wrongful blame should also not be forgotten. What people do not need to do? Think that they are "handling it the wrong way," believe that their deepest wish is the problem, or assume that relaxation or spirituality can influence biology. We can support, guide, and treat, but we must "cook" with the basic ingredients available. That is not a failure of modern medicine. It is a reflection of human nature. Precisely for this reason, this subject deserves nuance, respect, and compassion.

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Gynaecologist

Subspecialist in gynaecological endocrinology & reproductive medicine

Medical sexologist

Kinderwunschzentrum
Heinsberger Höfe GbR
Medizinische Kooperationsgemeinschaft

Drs. Willem-Jan S.S. Cuypers
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