

Anything You Lose Director FAQ's

1. How did you choose the title of the film?

It is a quote from the Persian poet, Rumi, who said, "Don't grieve. Anything you lose comes around in another form."

2. Why did you make this film?

In William Faulkner's words, "If a story is in you, it has to come out." I really didn't have much of a choice. My whole being demanded that I step forward and speak openly about my experience of reproductive treatments, and honor the emotions that came up. I first searched for answers in the media, and encountered two points of view: important publications coolly debated the ethics of reproductive science, and online chatrooms focused on sustaining hope against all odds. My interest laid in the transformation of identity and affiliations. I wanted to create a work that would reflect the dilemmas and uncertainty of the experience for those who are prone to pondering a deeper meaning.

3. What were some of the challenges in making this film?

The biggest challenge has been to speak about alternative outcomes when all the conversations in the media focus on the successful ones, which are statistical minority. It is a standard practice to omit the details of emotional duress that patients go through to make the contents more accessible. My biggest challenge was to keep the truth of what I've learned and build dramatic impact of the story.

4. Why do you speak of grief when no life was lost?

In this 3D world, we know how to recognize the loss of tangible, material bodies, but we do not place the same value on the intangible world of thought, that is the source of everything that is. Grief is the temporary loss of the power of thought. So often do we hear that a failed cycle doesn't warrant grief because there wasn't anything to lose. I beg to differ. It is the expectation that is real, the tests are real, doctors are real, and bills are real. A loss of that kind of possibility is a real loss. And it is repeated. Many patients undergoing extended treatments experience the symptoms of PTSD (post-traumatic stress disorder) that echo for years to come, regardless of the outcomes. It makes no difference to the psyche if you held that child in your arms, as long as you held it in your heart. To process this experience, the most healthy option is to face the feelings, face the loss.

5. Why is the main character so determined to get what she wants?

We live in a culture geared towards success stories. A successful film must have a happy ending. A successful person must get what he/she wants. We have an innate human drive to reproduce that is a natural instinct hardwired into emotions. The task is paramount, and for that reason all documentary films done on the subject up to date feature a baby in the arms for a closure. Winston Churchill said "Never, never, never give up." It was a battle cry during the World War II, but in the times of infertility treatments, one must discover their own limits, and weigh in the consequences of doing one more round. It is OK to let

go, but I had to arrive at that realization. Detachment is the spiritual practice taught by Christ and Buddha. In letting go we find access to inner healing and rebalancing. We find ourselves back in the flow of life. It's not a sign of weakness, it is a sign of wisdom and managing expectations based on knowledge. Normalizing grief and understanding that it is a natural part of the process will speed up recovery time and help rebalance for new priorities.

This film is giving permission slips to discuss the disease and the repercussions of treatment openly, in a safe and respectful environment, without the fear of being ostracized. Bear in mind, fear of being ostracized or abandoned is the most primal human fear.

6. Why didn't you explore the subject of adoption further in the film?

It is by conscious choice, and not by oversight. In modern day society adoption is advocated as a solution for infertility. While raising a young life is a joy and a generativity practice that brings a higher meaning into our lives, it is unjust to the infertility patients to deny importance of a biological link with children. Adopted children need access to information about their biological parents to have closure. That very same desire lives in the adults. In fact, studies have shown that infertility patients who have not been able to fully process grief and loss of their biological continuity, and rush into adoption, will often find some bonding issues with the child. Both adoptive parents and their adopted children deserve a strong loving bond.

7. Why Infertility is coined a silent disease?

I know from personal experience that it is of paramount importance to the patients to feel connected to the world in time of trials. Infertility strikes at the core of fabric of society, disconnecting people and their life paths. It is the shame of silence that does this job, and it is this silence that should be overcome, if we are to improve conditions. Like any other challenge, the lessons learned from going through the treatments should not be silenced, but instead passed down. Technology changes, but psychology does not. Alleviating suffering by making infertility treatments a more accessible topic of discussion is a mission I felt I had to carry on despite the difficulties of disclosure.