

My Hope for Having Children:

A True Story of Love, Sacrifice, Faith, Courage and Hope

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My essay is on hope with a focus on the most incredible, yet breath-taking part of my life story - "my hope for having children." What happened once my "hope" became a reality.... Not only did I have one, two, but three babies at the same time! Yes, I am blessed to be alive and tell you that I am a proud mommy to "girl-boy-boy" beautiful triplets!

"For me, grace is having my miracle triplets. I chose not to give up and continue to fight for my life and my children's life in spite of my high-risk pregnancy."

Before sharing my story, I would like to define hope, in the psychological form. There are many definitions of hope that are used in a certain context. C. R. Synder defines hope from a psychological viewpoint as: "the sum of mental willpower plus waypower towards one's goals. The meaning of goals is very similar to that of hope in that goals are any objects, experiences, or outcomes that we imagine and desire in our minds." (The Psychology of Hope: You can get there from here, p. 10)

There are also many different definitions of hope; depending on which theorist we follow. But there are several common themes in all the definitions of hope. That is, hope usually involves some uncertainty of an outcome, typically concerns matters of importance, and usually reflects a person's moral values. Hope is frequently considered a temporary condition that is specific to a given situation and contingent upon one's skills or abilities.

For example, is there a biological component associated with hope? I could not find any theorists who study hope who supported a biological model of hope. In fact, James Averill states "hope is not associated with any specific physiological responses or reflex-like actions" (Averill et al, 1990).

How about hope being a learned component? Actually hope appears to be a primarily learned concept. In a series of studies done by Averill, et al (1990), Averill and his colleagues came to the conclusion that hope includes learned behaviors and thought processes that are acquired through the socialization process. This was demonstrated in a study of the implicit theories of hope as reflected in 108 metaphors, maxims, and proverbs related to hope that are common in many cultures. These findings support the theory that hope is a culturally determined concept and is implicitly acquired by children during the language acquisition process. Additionally there is a strong religious component to hope. Many Christian religions are built on hope and models of hope are implicitly taught in religious teachings.

Lastly, is there a cognitive component to hope? Yes, there is, but only in the restoration and maintenance of hope - not in the actual acquisition of hope. Many studies have shown that cognitive

strategies such as positive self-talk, reading uplifting books, envisioning hopeful images, listening to uplifting music, and lightheartedness (humor and laughter) are used by hopeful persons when suffering some "crisis" or adverse life event (Farran, 1995).

But I could not find any evidence that people actively "think" about hope or about using any of these strategies. We do not seem to "think" about whether or not it would be helpful or wise to have "hope" in any given situation. We are either hopeful or we are not. And, if we are hopeful, it (the condition of hope) seems to "automatically kick in" based on a person's earlier learning.

Hope also seems to be a powerful motivator. C.R. Snyder, a University of Kansas psychologist, posed the following hypothetical situation to college students: "Although you set your goal of getting a B in a class, after your first exam, which accounts for 30% of your grade, you find you only scored a D. It is now one week later. What do you do?" Snyder found that hope made all the difference. Students with high levels of hope said they would work harder and thought of a wider range of things they could do to improve their final grade. Students with moderate levels of hope thought of several ways to improve their grade, but had far less determination to pursue them. Students with low levels of hope gave up attempting to improve their grade, completely demoralized (Goleman, 1995).

This study is not just a theoretical paradigm. When Snyder also compared the actual academic achievement of freshman students who scored high and low on hope, he found that hope was actually a better predictor of their first semester grades than were their SAT scores (which are highly correlated with IQ and therefore widely accepted as a predictor of how successful students will be in college) (Goleman, 1995).

I strongly agree with the researchers mentioned above that the definition of "hope" have learned, religious, and cognitive components because of my own life experiences ... when I had hope to have children, hope to keep my triplets growing inside me the longest time possible, and hope for my triplets to stay alive after they were born. For example, some of the cognitive strategies that I used were positive self-talk, healing thoughts, prayers, and reading uplifting books and envisioning hopeful images. These cognitive strategies helped me throughout my high-risk pregnancy and the months after my triplets were born.

Once "hope" became a reality for me, and I was told that I was pregnant with triplets, I was ecstatic and, at the same time, "welcomed" the trust and gift given to me to be a "mother" to three beautiful babies. I have felt immense inner strength to do my best to be their strongest advocate and protector. Yes, having "hope" was a very positive motivator.

Coming from a close-knit family of five - two parents and one sister and one brother, then my siblings getting married and having two children each, I realized the great joy, love, and happiness children brought to your heart.

But since I had "good" internal chains of not jumping into a serious relationship (as Fromm states we have even though we have freedom), I never really allowed myself to get serious with someone, get married and have a family of my own. Therefore, my hope to have children was only a "hope" until I met

my "other half," as some people call him...my dear husband Ruben of 3 ½ years. From our courtship conversations, we knew that we both wanted to have our own family someday. After getting married on October 14, 2001, we decided to wait 1 to 2 years to start a family to create memories together and "get to know each other on a more intimate level."

During December 2002, we decided it was time to start trying to have a family. Five months later, June 2003, I ended up in an emergency room in Turlock, California. This is when my hope to have children began to become a reality....

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Excerpt from Maria's Personal Journal (written to her children) June 21, 2003

Today your mommy had her last day of Research Data & Analysis III (PSY 786) class. (I am a doctorate student in Industrial/Organizational Psychology from the Professional School of Psychology.) It was long intensive day at school so I was relieved to finally go home. Your sweet daddy had dinner waiting for me.

I had been feeling a little bloated with a mild pain in my stomach for about two weeks but I thought it was just stress due to working 9 hours per day, taking classes on weekends, etc.

June 22, 2003

Today your daddy invited me to eat breakfast at IHOP. We like to go there for breakfast. I love their corncakes! I have promised my former undergraduate professor and longtime friend, Dr. Julia Cruz, to take her to San Francisco for her eye specialist appointment. I am going to stay the night at her place tonight to leave from her place to San Francisco tomorrow. She lives in Turlock, CA, which is 1 1/2 hour away from Elk Grove. Your daddy and I had a nice breakfast. I left to Dr. Cruz' place at 2pm. I spend quality time with Dr. Cruz talking and enjoying a glass of Merlot with fruit, crackers, nuts, and cheese. At 7pm, we were having dinner at a nearby Italian restaurant close to the local university. I decided to order a Greek Feta Salad, soup and warm bread since I was not that hungry. After taking my second bite of my salad, I started feeling really awful.

Suddenly, I had to quickly excuse myself to go to the restroom. I knew I needed to leave as soon as possible because I did not understand my terrible symptoms. Why was I feeling so awful? I had never experience this appalling feeling of coldness, nauseous, weakness, etc. I remember getting up from my dinner chair, taking three steps forward, and thinking, as I saw the waiter and waitress talking to each other across the restaurant, I will need to say out loud "where is the restroom located?" because I am not going to make it....

Suddenly, my sight began to see darkness as if my body was shutting down. Some time later, the paramedics told me that I had "blacked out." I was unconscious for a while because when I woke up, the paramedics, firefighters, chef, waiters and customers were around me! I had blacked out and was having trouble keeping my eyes open. It turned out that my blood pressure was dangerously low and when they attempted to get me up, I threw up everything I had drank and eaten that day. My blood

pressure was getting lower than 80/40 so the paramedics ended up taking me to the emergency room at Emmanuel Hospital in Turlock, CA.

I was released 3-4 hours later because the hospital doctors could not identify what had gone wrong with me. I thought I would feel better soon but it was the start of a challenging ordeal. The following days to come were spent going back and forth to the emergency room at our nearby hospitals due to other unexplained "black-outs." Little did I know that was the beginning of a highly complex pregnancy that few people survive. It was during my pregnancy that my "hope" was challenged beyond anything I had experienced up to that point in my life.

[End of Excerpt from Maria's Personal Journal]

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My story is a miracle filled with hope, everlasting love, and most importantly blessings. My high-risk perinatologist told me after I gave birth to my beautiful triplets, "You have experienced more dramatic health problems than most mothers expecting multiples. You were meant to be here for your triplets. Your triplets are special and miracles of life." The reason he said this is because my triplets and I have experience syndromes and defects that are rare to say the least. I was diagnosed with Severe Ovarian Hyperstimulation Syndrome (SOHS), which is when your ovaries overdevelop from a walnut size to a grapefruit size each, and your body starts to retain fluids. I gained 46 pounds of water in 10 days! I ended up in intensive care because I could not breathe. It was during my stay at the hospital that my husband and I were told that I was 3 ½ weeks pregnant! We were so happy. Then we were told that it seemed like they saw three sacs! Triplets!!! We could not be any happier.

My hope to have children had become a reality, but I had no idea that with this reality also came my biggest test of how much sacrifice, pain, and suffering my body could take. I remember asking my doctor, "Could I possibly die of pain?"

In fact, even though I was not feeling well at all and could not move or breathe without having oxygen, I was ecstatic. How could I be blessed to be pregnant with triplets?! My husband was so happy too. However, he seemed very worried.

It was not until the SOHS went away (12 weeks later) that my husband confessed that I had almost passed away when we were first told that we were pregnant. We thought that maybe the worst had been over, however, it was only the beginning

At 20 weeks, I began to have pre-labor contractions, which never did stop. I had to take magnesium and other medicines to control the contractions to my threshold of 6-7 contractions per hour. At 33 weeks and two days, our sweet Elizabeth, Reuben and Michael were born. It was an emergency C-section because I was dying but I did not know it at the time. I was diagnosed with HELLP syndrome, and I had to receive two blood transfusions after the birth of my triplets. I thought the worst was over. No, it was not. It was only the beginning. Hours after the birth of our triplets, we found out that one of our sons, Reuben Luis would have to be air transferred to UCSF Children's Hospital.

Reuben was born with Transpose Pulmonary Veinary Reverse (TAPVR). A heart defect that is rare in preemie. Our son would require open-heart surgery in order to live. We were informed that our son had a very low chance of survival especially in the recovery stage after his open-heart surgery. Reuben was not home with his brother Michael, his sister Elizabeth, and his parents until after four months.

Our son Michael and daughter Elizabeth were born with some problems but they are not life threatening as was Reuben's health conditions. Elizabeth was diagnosed with hemifacial microsomia, a facial symmetry syndrome that is rare; 1 in 500,000 babies are born with this syndrome. However, it is not life threatening because it is corrected with surgeries.

Michael came home after 18 days in the NICU on February 2, 2004. Elizabeth came home 26 days later on February 10, 2004. Our little fighter Reuben finally came home one day before my first Mother's Day, on May 15, 2004. He was 4 months old.

Thanks to my hope, faith, courage, and all the love and support I received throughout this journey, I was able to come out of this emotional roller coaster with even more hope, strength, courage, and faith than I thought I could ever have.

Although, financially it has been very hard since it is triple the formula, triple the diapers, and triple of food, we are truly blessed to have TRIPLE the love, hugs and kisses!

References

1. Averill, J.R., Catlin, G. & Chon, K.K. (1990). *Rules of Hope*. New York, NY: Springer-Verlag.
2. Calderon-Romero, Maria. *Maria's Personal Journal*. 2005, pgs 1-4.
3. Farran, C.J., Herth, K.A. & Popovich, J.M. (1995). *Hope and Hopelessness: Critical Clinical Constructs*. Thousand Oaks, CA: Sage Publications, Inc.
4. Goleman, D. (1995). *Emotional Intelligence - Why it Can Matter More Than IQ*. New York, NY: Bantam Books.
5. Snyder, C.R. (1994). *The Psychology of Hope: You Can Get There From Here*. New York, NY: The Free Press.