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Fertility Counseling for Couples

Brennan Peterson
Chapman University, bpeterson@chapman.edu

Kristy Koser
Aporia Counseling & Psychotherapy, PLLC

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Chapter 4

Fertility Counseling for Couples

Brennan Peterson and Kristy Koser

Over the past several decades, the field of fertility counseling for couples has undergone a remarkable evolution. Advances in clinical training and empirically supported research have provided fertility counselors with improved tools and knowledge to effectively guide couples through this challenging experience. Couples experience psychological distress, confusion about the future, and a loss of control over their lives. In addition, they question their assumptions about masculinity and femininity, their identities, and the value they place on parenthood. While some couples grow closer because of the infertility experience [1], it can also erode the strength and stability of even the most satisfied relationships. However, even though the infertility journey can be full of adversity and struggle, it can also lead to unexpected discoveries of resilience, purpose and meaning.

Because biological parenthood is a central life goal for many couples, infertility can be conceptualized as a nonnormative lifecycle transition that represents a significant developmental interruption in a couple's expected life course [2]. This unexpected turn of events in a couple's life can often be destabilizing and emotionally unsettling. Fortunately, fertility counselors are familiar with the emotional terrain and are thus in a unique position to help couples navigate this journey.

This chapter will guide fertility counselors in the assessment and treatment of couples experiencing infertility. Fertility counselors will learn strategies to help couples strengthen their relationships, reduce psychological and infertility-related distress, and regain a sense of purpose and meaning in their lives. The chapter will review empirically supported research about the impact of infertility on couple relationships and provide an overview of best practices and clinical treatment interventions. Fertility counselors will learn techniques to help couples improve communication, coping, and joint decision-making that promote relational well-being. The chapter will also highlight the impact of infertility on a couple's sexual relationship, examine the connection between age and fertility, and help couples share infertility-related treatment information with others that effectively balances the need for privacy with the benefits of seeking and receiving social support. Finally, the chapter will discuss ways to help couples grieve the many losses they experience, while also helping them transform their adversity into meaning and resilience.

The addenda referred to in this chapter are available for download at www.cambridge.org/covington-clinical-guide

Fertility Counseling for Couples

The field of fertility counseling encompasses a wide variety of services, including therapeutic counseling aimed at helping couples cope with the psychosocial challenges of infertility, as well as implications counseling that assists couples in decision-making and considerations of third-party reproduction [3]. The form of counseling provided, whether it be therapeutic counseling or implications counseling, will be determined by the needs of the couple, the timing of treatment and the couple's level of distress.

Counseling services may be most beneficial at the beginning or end of treatments, when couples are considering varying options or coping with significant loss. Less distressed couples may require brief counseling approaches that emphasize education, while supportive counseling can be used when couples are moderately distressed. Longer-term therapeutic counseling can be used when psychological stressors and symptoms are more severe or after failed fertility treatments or pregnancy loss. Couples who are considering third-party reproduction (donor insemination, egg donation, embryo donation or gestational surrogacy) as well as issues unique to lesbian, gay, bisexual, transgender, and queer (LGBTQ) couples, are explored in-depth in several other chapters of this volume.

Dyadic Conceptualization and the Effectiveness of Couple Counseling

Because infertility is a shared stressor, it is important to conceptualize the couple as the unit of analysis in

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research, as well as the unit of treatment in clinical settings [4]. Recent systemic conceptualizations of the couple's journey highlight the need for conjoint assessment and provide fertility-focused recommendations for treating low-distress, moderately distressed, and highly distressed couples [5]. Other conceptualizations call for increased emphasis on using couple therapy models grounded in theoretical approaches such as emotion-focused couple therapy (EFT) and attachment theory [6].

The effectiveness of couple counseling for infertility has long been supported by clinical consensus. However, a lack of outcome research for conjoint treatment highlights a need for more studies in this area. In 2021, the first systematic review was published examining the effectiveness of therapy with couples and infertility. The findings provide fertility counselors with confidence that systemic interventions for couples lowers infertility stress, reduces depression, decreases anxiety, and improves marital and sexual satisfaction [7]. Emotion-focused therapy (EFT), cognitive–behavior therapy (CBT), and behavior couple therapy (BCT) produced superior results when compared with other models. In addition, couples with lengthier infertility histories benefited more from fertility counseling, and couples receiving six or more counseling sessions reported increased effectiveness compared to couples having fewer treatment sessions.

Cultural and Contextual Considerations

A couple's response to infertility is highly contextualized by dominant cultural, societal, and religious norms regarding childbearing, parenthood, and family. In pronatalist societies and religious communities where childbearing is highly encouraged, couples can feel marginalized as they are excluded from normative parenting and social experiences. Well-intentioned but unhelpful friends and family can offer unsolicited advice and make insensitive comments about a couple's plans for children.

The significance of broader cultural influences cannot be overstated. In African countries where childbearing is highly valued, infertility is highly stigmatized and carries intense pressure from family. A study of 12 married Nigerian women, 10 of which were in polygamous marriages, found that infertility was related to depression, isolation, social stigma, social pressure and marital problems [8]. Most of the women reported being treated poorly by their mother-in-law and husband's relatives, with many encouraging the man to divorce the woman or marry another spouse.

Broader cultural beliefs about childbearing also impact men's experience with infertility. A 2018 qualitative study of men in Ghana found that men's reactions to infertility were contextualized by traditional beliefs that women were responsible for infertility and that a man's masculinity was linked with his ability to father a child [9]. These cultural forces led men to report feeling intense guilt that their wives bared a heavier burden because of infertility, particularly when it was a male-factor diagnosis.

In traditional Chinese culture, having a biological child who can continue the family bloodline creates a powerful context for the infertility experience. Chinese women often feel intense pressure and familial obligations to have a child [10]. They also report being excluded from social situations, leading to feelings of marginalization. Chinese men report feelings of shame if they are unable to have a biological child.

Fortunately, new definitions of femininity and masculinity provide more favorable cultural contexts for those experiencing infertility. For example, research with men in the Middle East and Mexico, two regions with long-standing cultural traditions of male dominance and patriarchy, found that these traditions have led to widespread stereotyping of men's roles and reactions to stress. However, less constricting narratives of masculinity are providing men in these cultures with new ways to break old scripts that offer greater flexibility to historically rigid male behavior [11]. See Chapters 15 and 19 for further discussion.

For religious couples, beliefs and communities that once provided nurturance and support can become a source of stress and strain. Religious couples may question their faith and feel anger at the unfairness of infertility – especially if they believe that having a child is a religious expectation. Couples may also experience loneliness and marginalization as others in their faith community become parents (see also Chapter 8).

Assessment

Fertility counselors should use assessment interviews and measures to gain a more complete understanding of the broader forces and systemic nature of the couple's response to infertility which can help determine the type of counseling needed. The most vital assessment method is an in-person conjoint psychosocial interview that obtains the perspectives and experiences of both members of the couple. Table 4.1 provides an overview of the main areas of assessment to cover during an

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Table 4.1 Conjoint psychosocial fertility assessment

Relationship history
- Length of relationship
- Length of time trying to start a family
- Children from current or past relationships
  - If yes, conceived naturally or from fertility treatment

Fertility history and diagnosis
- Type of diagnosis
- Length of diagnosis

Treatment history
- Fertility treatments attempted
  - Medications/surgeries
  - IUI cycles (if yes, how many)
  - IVF treatments (if yes, how many)
- Medical stress (managing medications, doctor visits, 2-week waiting period)
- Treatment results
  - Failed treatment, miscarriage, stillbirth, live birth
- Consideration of third-party reproduction
  - Egg donation, sperm donation, surrogacy

Cultural/religious context
- Cultural or religious factors that add stress or strain
- Cultural or religious factors that provide support

Impact of infertility and treatment on:
- Communication (talked about too little, too much, agreement)
- Coping (impact of partner coping strategies)
- Decision-making about past and future treatments
- Partnership (has relationship been strengthened or weakened by infertility)
- Sexual relationship

Family history
- Family reaction to infertility
- Family network providing support or stress
- Impact of siblings having children
- Impact of family gatherings

Social support/social networks
- Friendship reactions to infertility – support or stress
- Friends having children? Impact of social gatherings
- Impact of sharing infertility-related information

Employment/financial factors
- Employer stressor or support – employer flexibility to accommodate fertility treatments
- Concerns about work disruption and loss of income

Goals and type of counseling needed
- Couple goals for treatment
- Implications/decision-making counseling
- Therapeutic counseling

interview. Fertility counselors should assess the couple's fertility history, including length of diagnosis, type of infertility, and attempted treatments and outcomes – as couples with longer infertility histories likely experience heightened emotional distress. The impact of infertility and treatment should be assessed by examining the couple's communication and coping patterns, treatment decision-making and how infertility influences the sexual relationship. The impact of contextual factors such as cultural/ethnic background, religious or spiritual factors, social class and financial position, as well as current levels of family and social support, should also be assessed. An often overlooked and critical area of assessment is the couple's relationship history prior to infertility, as the quality of their past relationship can be predictive of the couple's ability to manage the stress of infertility.

Fertility counselors can also use standardized assessment measures to determine the couple's levels of psychological distress. Assessing for infertility stress, depression, anxiety, relationship satisfaction and quality of life using standardized measures is important as couples consider treatment options. Knowing a couple's distress level is essential, as higher rates of psychological distress are related to increased risk of patient drop-out. In addition, men and women who experience severe depressive symptoms prior to undergoing fertility treatments are at risk of experiencing higher fertility stress levels.

Treatment

Historically, the main role of fertility counselors in reproductive clinics was to provide general support for patients in crisis and/or carry out psychological screening before treatment. Currently, fertility counselors are also called upon to provide counseling to decrease fertility and psychological distress, provide guidance in patient decision-making and improve relationship satisfaction. Fertility counselors use evidence-based, integrative approaches to provide comprehensive patient care using psychosocial interventions that effectively reduce depression, anxiety, and infertility stress [12].

Fertility counselors working with couples can integrate existing couples therapy models with fertility-focused interventions. Fertility counselors can help couples develop stress management techniques, provide educational support, challenge unhelpful thinking styles, promote relational support, facilitate emotional expression, and help couples create coherent, meaningful narratives to decrease infertility stress and increase relational satisfaction [5,7]. Emotion-focused approaches can strengthen a couple's connection through emotional awareness and expression, transforming problematic partner interactions

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into emotionally secure patterns of connection [6] (see also *Case Studies*, Chapter 4). Experiential behavior therapies that integrate mindfulness-based strategies can help couples confront previously avoided thoughts and feelings that result in decreased psychological distress and increased relational satisfaction [13].

Fertility counselors using empirically supported models of therapy can integrate fertility-specific treatment recommendations including:

- Helping couples improve communication
- Altering problematic dyadic coping patterns
- Facilitating joint decision-making
- Reducing sexual distress
- Helping couples create boundaries for sharing infertility-related information
- Increasing fertility awareness
- Assisting couples in grieving losses and creating new meaning.

Communication

Couples undergoing fertility treatment typically report high relationship satisfaction, most notably at the beginning of treatment. This can be due to selection bias – as more satisfied couples pursue treatment and participate in research studies. It can also be because infertility stress is more strongly related to emotional distress, and couples view infertility as a shared problem to be overcome. Regardless, prolonged infertility stress can take a toll on even the most satisfied relationships, as the rigors of treatment, emotional and physical exhaustion, and repetitive discussions about treatments and future decisions can deplete a couple's relational well-being.

Fertility counselors should routinely address a couple's communication style during the counseling process. Research has found that more empathic sharing was a key to improved communication and responsiveness towards one's partner in couples experiencing infertility [14]. Mutual decision-making and joint problem-solving are also key communication skills. To create positive cycles of communication that bond couples together, empathically attuned discussions – defined as communication that clearly sees and understands the needs of the other – are vital. On the other hand, misattuned infertility-related discussions over a significant period of time can create circular patterns of negative cycles of communication that push couples apart.

Fertility counselors can help couples create positive cycles of connection through in-session enactments, role-plays and at-home practice. Fertility counselors can promote empathically attuned communication patterns by helping both partners increase awareness of their own needs and emotions, and teaching couples to effectively communicate these needs to their partner when engaging in difficult infertility-related discussions. Since couple communication is always systemic, couples must manage and take responsibility for their contribution to the cycle, to create opportunities for new patterns of interaction to emerge. If one partner can communicate and express what they are needing from the other at the outset of fertility discussions, partners can increase the probability of mutual understanding and positive cycles that result in connection and support. Figure 4.1 provides an example of a couple doing their best to support each other, but are also inadvertently experiencing misattuned communication that results in a negative cycle.

In this example, Partner A is experiencing sadness and anger because of treatment failure and is seeking emotional support and validation from their partner, while Partner B is trying to help Partner A cope with the stress by looking to future treatments. However, because Partner B is misattuned to Partner A's needs, and because Partner A has not clarified these needs during the discussion, a negative communication cycle is likely to result.

Figure 4.2 provides an example of a couple who creates a positive interaction cycle where both partners feel connected, understood, and supported. In this example, Partner A brings awareness of their relational needs to an infertility discussion and couples this awareness with an expression of need, while Partner B uses attuned communication to meet the expressed need. An example of this type of interaction cycle using an EFT approach can be found in Koser's case study in Chapter 4 of the accompanying *Case Studies* volume.

For couples who need more concrete tools to manage communication differences, fertility counselors can use "The Twenty Minute Rule" [15] – an intervention aimed at helping couples set boundaries around fertility-related conversations. Before beginning a fertility-related discussion, couples agree on a time limit (many couples find 20 minutes works best) and start a timer when the conversation begins. When the timer is done, the couple stops the discussion.

This intervention has many potential benefits [15]. First, it provides partners who need to discuss fertility-related challenges the opportunity to do so, while also providing a time-limited structure for partners who feel overwhelmed by the frequency of these discussions. Second, because of the time-limit, the clarity of communication may improve for partners who share, while

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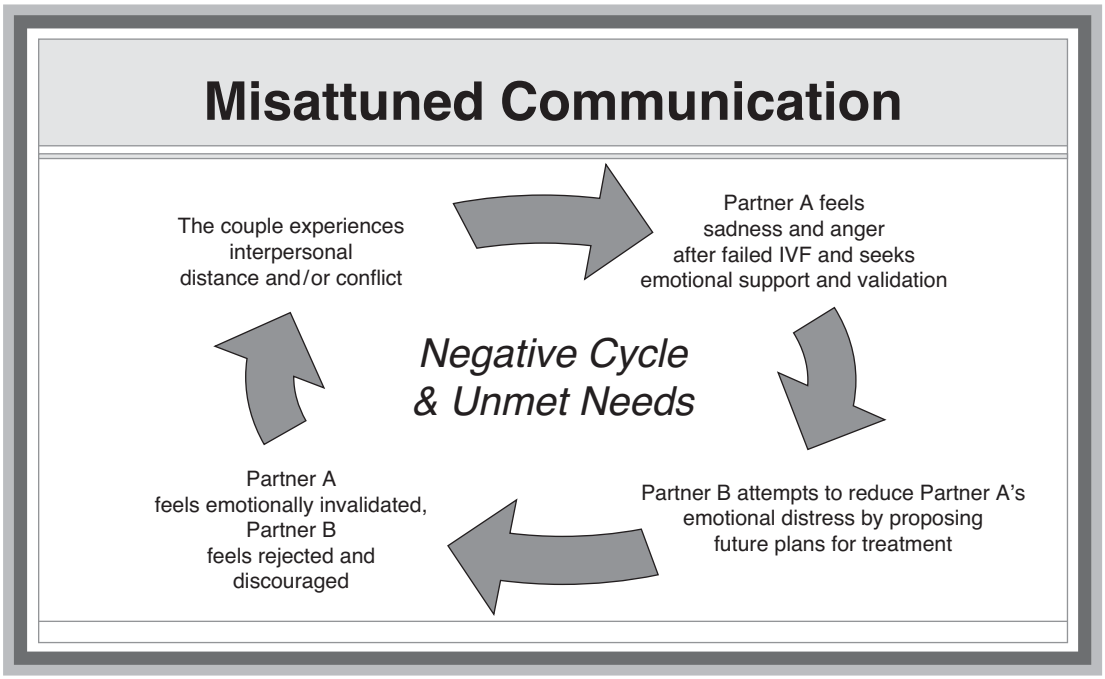

Figure 4.1 Misattuned communication.

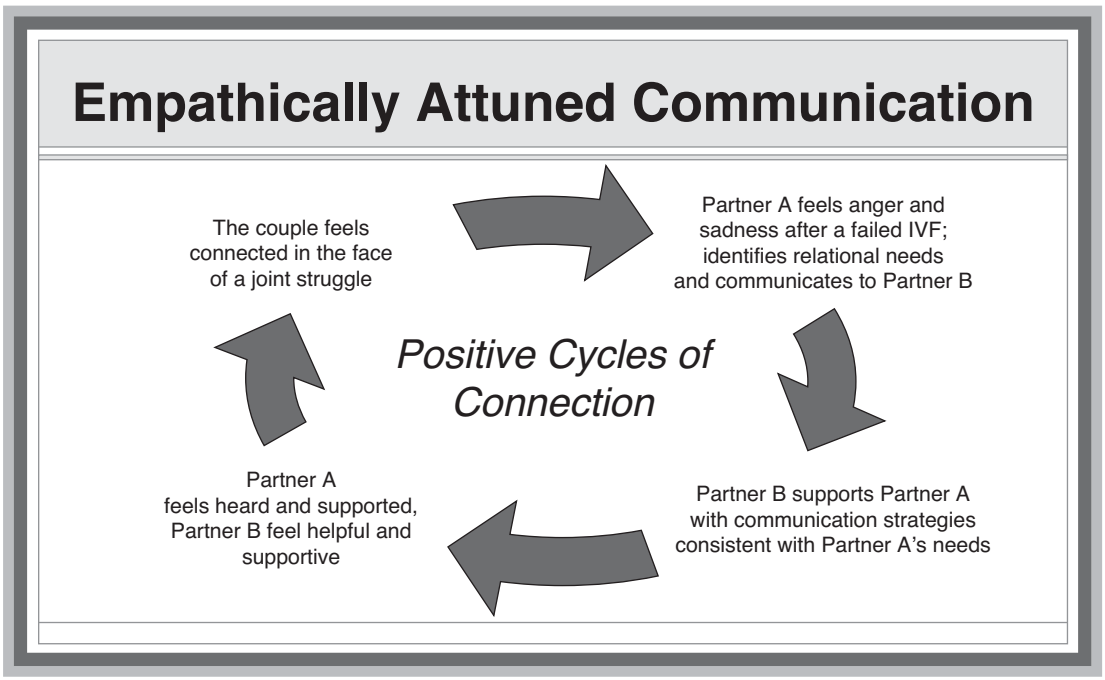

Figure 4.2 Empathically attuned communication.

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previously overwhelmed partners may be able to listen more intently. Third, more withdrawn partners may paradoxically increase their sharing due to the change in the communication and relational dynamic. And fourth, it frees up time for couples to engage in relationship-enhancing activities they may have otherwise put aside. Although many couples find success implementing this strategy, fertility counselors should be mindful that this intervention is not recommended for use on days when more lengthy infertility-related conversations are needed – such as when receiving difficult treatment results or when needing to make future treatment decisions.

Dyadic Coping

Fertility counselors can help couples examine the relational impact of their preferred coping strategies. Over the past two decades, studies using the couple as the unit of analysis have found that one partner's coping strategies influence the other partner's fertility-related stress [16]. Thus, coping is not only an individual process (i.e., how one partner copes with infertility affects how they feel) but also a relational process (i.e., one partner's coping affects how their partner feels). For example, active avoidance coping strategies, in which one partner changes their behavior to avoid reminders and stressors related to infertility, are related to increased psychological distress at the individual and partner level. In contrast, meaning-based coping, when one or both partners is able to see the fertility problem in a positive light, is related to decreased distress for individuals and partners [16].

Fertility counselors can help couples identify coping strategies that are individually adaptive, but relationally problematic. Fertility counselors can encourage both partners to share their preferred coping strategies, while giving the partner a chance to discuss the relational implications of these coping strategies. For example, one partner emotionally distancing may reduce their individual distress; however, it may also increase their partner's distress if they feel alone in the struggle (the corresponding *Case Studies*, Chapter 4 describes this dynamic). By framing coping as a dyadic process, fertility counselors can help couples produce more positive systemic interactions, leading to new coping patterns that can create increased understanding, relational safety, and increased support.

Fertility counselors should be aware that while some coping patterns may be amenable to change, others may not. Thus, a key to working with problematic coping patterns is effectively balancing acceptance and change [17]. While distressed couples likely want their partner to change coping strategies they perceive as ineffective, fertility counselors can help partners connect around the problem through understanding and acceptance of each partner's coping strategies. This intervention can help couples remain connected despite partner differences and is supported by research that found that couples who reported having mutual respect and support for a partner's coping patterns experienced less blame and stronger marital benefit [14].

Joint Decision-making

Throughout a couple's fertility journey, couples are required to make a considerable number of decisions, some even beginning before they enter a reproductive clinic. These decisions are often complex and demand intentional thought and united agreement to determine the best course of treatment. The added pressure of these decisions can be taxing on the couple's relationship, leading to miscommunication, confusion or resentment. This is particularly true for couples who have low relationship satisfaction and lack an emotional connection prior to treatment [6].

Fertility counselors can help couples learn how to engage in productive treatment-related decisions. Counselors should assess how the couple chose to engage in fertility treatment, who initiated treatment, and if they considered alternatives to treatment. Allowing each partner to share their experience of entering into treatment opens the door to further conversation if one partner felt obligated, rushed or unheard in the initial decision-making.

Joint treatment decision-making is also vital because couples are faced with a multitude of ethical and life-altering treatment decisions, including embryo disposition, the number of eggs to fertilize, genetic testing, and their ability to financially and emotionally continue or progress through the treatment process. These decisions are often required of couples early in the reproductive treatment process, possibly when couples are already overwhelmed with a new medical diagnosis or the sudden influx of new information regarding their reproductive health. Couples may become stuck in their decision-making or may disagree about how to proceed. Some partners may have a considerable amount of fear heading into another treatment cycle or pursuing another course of treatment that involves more invasive modalities. Fertility counselors can help facilitate emotional sharing

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and coach partners on how to be supportive in making decisions that feel fair and minimize risk to the couple relationship.

Fertility counselors can also help couples with decision-making when they are considering stopping treatment, regardless if they have had a child or not. Couples at this stage may be considering the advantages and disadvantages of additional attempts. They may also need assistance in decision-making regarding the disposition of frozen embryos. Couples who have been unsuccessful in treatment must confront the possibility that they may never have a biological child. In instances where couples experience regret about previous treatment decisions (i.e., we should have started treatment sooner; we should have stopped sooner), fertility counselors help cultivate compassionate responses, both to oneself and one's partner.

Decreasing Sexual Stress

The stress of infertility can impact a couple's sexual relationship. Both partners can experience decreased sexual desire, lower sexual satisfaction, lower sexual desirability, and feelings of marginalization when the sole purpose of sex is for conception. A 2020 study of 94 Croatian couples found that women and men who reported higher levels of infertility-stress, also reported lower levels of sexual satisfaction. In addition, lower sexual satisfaction was related to lower sexual self-esteem and challenges with scheduling infertility-related sex for both women and men [18].

Sexual difficulties related to infertility are much more likely to be a consequence rather than a cause of an infertility diagnosis. As with coping strategies, sexual stress in one partner can impact sexual stress in the other, supporting an emerging view that sexual stress is systemic instead of solely an individual problem [18]. Ironically for couples, increased sexual strain in the relationship can lead to reduced frequency of sexual relations, which lowers the chance of achieving a pregnancy.

If one or both members of the couple are experiencing heightened levels of sexual stress, fertility counselors should make this a focus of treatment. Fertility counselors can normalize sexual stress through education and help couples differentiate between 'procreational' and 'recreational' sex (e.g., sex for the sole purpose of pregnancy, compared to sex for pleasure, intimacy and connection). Couples whose sexual relationship is strained may also benefit from taking a break from sex during treatment, when sex is not necessary for conception.

Unfortunately, for many couples, there does not seem to be an optimal time to focus on improving a strained sexual relationship once the infertility journey has begun. During fertility treatments, couples are commonly too focused on achieving a pregnancy and have little interest in recreational sex because it is too closely linked with painful reminders of infertility. For couples who achieve pregnancy, they are often nervous that sex may cause pregnancy complications or miscarriage. For couples who give birth to a child, the demands and challenges of parenting take priority over renewing the sexual relationship. It is common for the stress on the sexual relationship to continue long after treatments end. Therefore, fertility counselors should help couples reclaim the intimacy and closeness they once achieved through sex prior to the infertility diagnosis. See Chapter 6 for more information on sex therapy in fertility counseling.

Sharing Infertility-related Information with Family and Friends

A frequent component of couple counseling involves discussing to what degree and with whom the couple shares information about their infertility-related struggles. While some couples may agree on how best to do this, others may disagree, which can lead to relational strain. Fertility counselors can help couples openly discuss these issues, promote acceptance of differences in partner disclosure patterns, and help couples find mutually agreeable strategies to disclose their infertility-related struggles to family and friends.

Helping couples balance their privacy needs with their needs for sharing their infertility journey is an important counseling goal. When a couple is first diagnosed with infertility, they may find they are more open to sharing treatment details with family and friends because they are optimistic about their chances of success. However, if treatments fail, the couple may take a more closed position regarding sharing, to avoid repeatedly sharing painful treatment details with those in their social network. On the other hand, a couple may initially decide to take a more closed position on sharing information with others in the hopes of rapid success. Later, they may recognize a need for extra support from friends and family if treatments continue unsuccessfully. This is particularly true with couples who experience added emotional pressure on their relationship because they are managing painful infertility-related emotions in isolation.

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Regardless of the disclosure strategies couples choose, couples will benefit most by remaining flexible as they balance disclosure with clearly articulating the support they hope to receive from those closest to them. Fertility counselors should also be aware that disclosure becomes a more complicated issue when third-party reproduction is involved, and this is discussed in more depth in Chapters 9 and 11 of this volume.

Fertility Awareness and Age-related Infertility

There is significant evidence that fertility awareness in men and women worldwide is low [19]. Combined with delayed childbearing, couples who lack fertility awareness are at greater risk for infertility due to age-related fertility decline. Fertility counselors should be aware that because of decreased egg quality and quantity, female fertility begins to decline between 28–32 years of age and markedly declines at approximately age 37. In addition, male infertility increases with age, but not at the same rate as women. Advanced maternal age at first birth is also associated with increased rates of miscarriage, stillbirth, and health risks for the mother and child, while advanced paternal age is associated with decreased fertility and increased incidence of miscarriage, birth defects, schizophrenia and autism in children [20].

It is important for fertility counselors to help couples understand the limitations of fertility treatments for those in their late thirties and early forties (or older) [21]. Fertility counselors should educate couples that even the most advanced medical treatments often cannot overcome age-related decline in fertility. Helping couples make informed decisions based on their age and treatment success rates is an important clinical responsibility for the fertility counselor. Couples dealing with age-related fertility decline may face unique challenges, including guilt, self-blame and marital conflict revolving around how postponement decisions were made or sadness that they did not find their partner earlier in life. Older couples who have high achieving, goal-oriented personalities may find infertility particularly challenging because it is a long-term, low-control stressor. For couples who equate hard work with success, infertility is a struggle because it cannot be solved with more effort, and they are likely to feel anger, frustration, guilt and helplessness during the treatment process.

Fertility counselors can assist couples in this situation by assessing the process and context of prior decision-making. Both partners need to feel heard and understood by the other partner, particularly regarding their motivations for delaying childbearing. If one partner encouraged a delay while the other strongly felt they should begin sooner, the couple might find themselves experiencing increased tension or conflict in the relationship until this issue is discussed and resolved.

Secondary infertility (when a couple can have one biological child but cannot have a second) may also be an issue in older couples. Because secondary infertility can be just as disruptive as primary infertility, fertility counselors can ask couples about their motivations to have a second child, how they view the role and importance of a sibling in their child's life, and what their lives might look like if their future family size consists of only one child.

Secondary infertility may also occur with remarried couples in their newly formed marital system [22]. For these couples, secondary infertility often results from one's spouse's decision to have a vasectomy or a tubal ligation after having children in a prior relationship. Remarried couples often begin trying to have a child within the first two years of the union, while the stabilization of the blended family unit can take several more years. Thus, the overlap of this timing can take a toll on the couple's relationship, stressing a family system that is not yet cohesive and is vulnerable to disruption. In addition to helping these couples with the stresses of infertility, fertility counselors should also be aware of the challenges that arise in a newly formed blended family. Even if the couple has been together several years, fertility counselors must help both partners explore the implications of prior reproductive decisions, and the status of their current family unit as they relate to the stress of infertility.

Processing Losses, Posttraumatic Growth and Meaning Creation

To experience infertility is to experience loss. Lifelong expectations of parenthood, relationships with family and friends, financial savings intended for other life goals and meaningful connections to cultural and religious groups are just a few of the losses couples experience. Losses can become most pronounced if couples experience failed treatment, miscarriage or stillbirth.

Fertility counselors can help couples grieve through the sharing of stories that allow couples to connect with the losses they have experienced. Experiential exercises such as expressive writing techniques can help couples process painful emotions of sadness and grief that are necessary for the healing process [23].

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Therapeutic rituals can also help couples grieve invisible losses, which are not often recognized by traditional social ceremonies. Therapeutic rituals are co-created with couples and use elements of existing cultural traditions such as funerals, weddings, and other ceremonies to express affect and create new meaning. A fertility counselor, for example, may help a couple create a ritual acknowledging the anniversary of a failed IVF attempt, miscarriage or stillbirth to provide a context for mourning and letting go, allowing new meaning to emerge.

Perhaps the most significant outcome of processing loss is an increased ability to accept one's emotional reactions and challenging life circumstances. This process can be conceptualized as posttraumatic growth (PTG) – a process where new perspectives, beliefs and strength stem from adverse life circumstances [24]. While changing long-held beliefs and expectations is a psychologically painful experience for most people, couples who are successful in doing so are in a stronger position to make new meaning of the infertility experience and move towards acceptance. This process is the foundation for creating resilience and can lead couples to discover a new sense of purpose in their life, even if treatments are unsuccessful.

Another potential benefit for couples emerging from the shared experience of infertility is the opportunity to address ruptures in the relationship that occurred during the fertility treatment process. Fertility counselors can help couples repair broken relational bonds by working to establish safe and secure connection even amid grief and fear, creating a firm foundation for safety throughout pregnancy and parenthood. For couples who end treatment without a child, these bonds can be essential in helping couples faced with future family building decisions such as adoption or childfree living.

Finally, although infertility is a stressful life experience, studies have found it can strengthen a couple's relationship, a phenomenon known as marital benefit [14]. In a five-year longitudinal study of 239 Danish couples who ended fertility treatment without having a child, one-third reported marital benefit [1], highlighting the possible positive effect of infertility on marital relationships. Qualitative studies have also found marital benefit in couples experiencing infertility through themes of being engaged in a shared hardship, feeling close to one another, developing satisfying communication and support, and having faith in their ability to face adversity [14].

Conclusion

Fertility counselors play a vital role in helping couples navigate the infertility journey. Helping couples understand the impact of cultural and social factors is critical in a couple's adjustment, as is helping couples improve communication patterns, coping strategies, joint decision-making and their sexual relationship. Interventions based on empirically supported couple therapies can help couples reduce distress, improve satisfaction and grieve the many losses they experience. Although the couple's infertility journey can be a long and arduous struggle, it can also lead to unanticipated discoveries and resilience born of adversity. Couples who find acceptance through the infertility journey can also discover a renewed sense of purpose and meaning in life, regardless of whether or not they have a child.

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