

# Psychological Aspects of Infertility

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Infertility may be one of the most difficult experiences a woman can have in her lifetime. The emotional consequences of an infertility diagnosis can be devastating, which may be little known to patients and medical personnel. As a psychotherapist, I have seen very few life problems more emotionally painful and challenging than infertility.

Understanding and treating infertile women and couples has been an ongoing area of interest for mental health professionals in the field of reproductive medicine. From a psychological standpoint, infertility has similarities to other chronic illnesses. For many patients, a diagnosis of infertility is shocking. Healthy women in their 30s and 40s are frequently unaware that they are at high risk for infertility. As with other medical illnesses, the treatment and prognosis for infertility is often unknown to them. This leaves women and couples in a constant state of ambiguity until they achieve a successful pregnancy. Learning to live with uncertainty about something as important as having a child is a challenge even for the most well-adjusted person.

## Emotional Distress

Women (rather than men) almost always experience a greater degree of emotional distress with infertility. This is not to minimize the anguish a man may feel in response to an infertility diagnosis, because naturally men can long for parenthood as well. A man's distress, however, tends to be more focused on how to support his distraught female partner and infuse her with his optimism for a successful outcome.

Emotional reactions to infertility are often independent of a patient's medical diagnosis or likelihood of pregnancy. The intensity of emotional distress a woman may experience is often surprising, even to her. She may feel distraught each month that she has a failed attempt at pregnancy. Once a woman has made the emotional shift to motherhood, each month without a child may feel empty. Women describe it as "an aching in my heart." For many women, each month without a baby is a painful loss, similar to grieving a deceased loved one.

Feelings of sadness, depression, anxiety, and preoccupation with infertility are common. In the literature this is referred to, in part, as "anticipatory grief." I often tell patients, "We are mothers in our hearts before our babies



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find us." This phenomenon occurs even with otherwise happy, well-adjusted women.

## Feeling of Inadequacy

Women may also experience shame, guilt, or a feeling of inadequacy. Pregnancy has long been associated with womanhood, and failing at something so fundamental to a woman's identity can be a terrible blow. A woman may search her mind for what she "did" to cause the infertility and unfairly blame herself.

Often, women and couples "hide" their infertility struggles as they continue to fulfill daily obligations, carrying the secret burden of a life crisis. This brave front exacerbates the stress women and couples are already enduring as they struggle to feel "normal." In keeping the secret, they inadvertently maintain a false belief that they are alone in their struggle. They are often unaware of how many other people are coping with infertility and/or pregnancy loss. They also may not hear of the many successful outcomes that infertility treatments afford.

## The Roller Coaster of Fertility Treatment

Infertility treatment can place a heavy burden on couples who at times must adhere to timed lovemaking to fulfill medical protocol requirements. This can leave men feeling like "sperm donors," in part because women often lose their libido during treatment and are therefore often not interested in sexual intimacy at spontaneous times. Diagnostic and treatment procedures will often require more effort on the part of the woman who may be experiencing physical discomforts, as well as hormonal changes. Couples must be supported in knowing that these changes in their sexual intimacy are only temporary and will return to nor-

mal after infertility treatment ends.

The treatment for infertility is often referred to as an "emotional roller coaster," because of the inherent ups and downs associated with the process. Couples must be at once optimistic about the outcome and also realistic about the possibility of not having the desired outcome. For every month that does not result in a pregnancy there will have been many hours of hopefulness, followed by, at best, disappointment or, at worst, despair.

## The Signs of Distress

Usual coping strategies, such as hard work and perseverance, are inadequate to manage the crisis of infertility, which leaves many women and couples unsure of how to cope and feeling a loss of control. This loss of control is what many women find most difficult to handle. It is also the reason why patients can be irritable or angry at treatment staff.

Frequent calls or badgering of the front desk or nursing staff are indications that the patient is exhibiting more anxiety than she can tolerate. Tearfulness and reports that a patient is having trouble thinking of anything besides pregnancy are other signs that her level of distress may warrant the support of a mental health professional/infertility counselor.

## Intervention

Much can be done to support women and couples who are experiencing infertility or pregnancy loss. Early referral to an infertility mental health professional provides an opportunity for assessment and intervention, which can help the woman or the couple be more prepared for the journey they are about to embark on.

Mental health professionals are able to assess the person's or the couple's strengths and vulnerabilities, and

explore coping styles and belief systems. They can identify expectations about treatment and discuss moral and ethical issues that may arise during the treatment process. Couples can learn ways to understand each other better and communicate more effectively. They have a forum in which to process grief and integrate the infertility experience. Ultimately, the goal of infertility counseling is to increase resiliency, which will support patients and couples throughout their infertility journey, regardless of where it takes them.

In addition to psychotherapy, patients can learn stress management techniques, such as progressive relaxation, deep breathing, and meditation, which are especially useful during medical procedures and anytime a patient is experiencing stress.

Infertility organizations such as Resolve, the American Society of Reproductive Medicine (ASRM), and the American Fertility Association (AFA) help to educate patients and medical professionals about all aspects of infertility, including mental health. Members of these organizations who are mental health professionals are committed to providing the highest quality psychological support to women and men as they strive to become parents. ■

## Coming in February

- Continuing Education Credit
- Ectopic Pregnancy
- Female Sexual Dysfunction Diagnosis
- Gonadotoxins that Affect Male Fertility
- Ovarian Hyperstimulation Syndrome: A Nurse's Perspective
- Endometriosis Management
- Alternative Therapies in Infertility Treatment
- Lifestyle Choices that Influence Fertility
- Controversies in Mammography
- The Pap Smear Debate