

When to Seek Professional Help for the Emotional Aspects of the Infertility Experience

Fact Sheet 18

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When to Seek Professional Help

How do you know when it is time to get professional help with feelings, marital problems or family difficulties that may arise during infertility? How do you choose a therapist or mental health professional and how do you evaluate their qualifications? How do you evaluate your own treatment progress?

Infertility is a complicated medical problem that can trigger many different emotions. The experience can cause sudden acute psychological pain and grief, following, for example, an unexpected diagnosis or difficult treatment decision. Infertility can also be an open-ended situation where mourning and grief are prolonged because a glimmer of hope may linger.

Unfortunately, the infertility experience can trigger unresolved emotional issues from the past and may also launch a major assault on one's self esteem and personal identity. Infertility can feel like a death, like a prolonged mourning process as dreams die and hopes are dashed. It can also be a time filled with feelings of jealousy, rage, envy and longing. Individuals and couples may isolate themselves or feel isolated from family and friends. Many people get worn down physically and emotionally by the experience and not surprisingly, marital, family and social relationships can suffer as well. It may be hard to know when emotional responses to the pain and frustration of infertility are within a normal, expected range or are excessive and problematic.

Infertility isn't experienced in a vacuum; it is a couple's experience. Each partner may respond to infertility differently; women may respond with more emotion-focused coping while men may use more problem-focused coping. Infertility can bring some couples closer

together while it can cause damaging stress and strain for other couples. In addition, infertility happens within the context of families. Parents may feel the loss of grandchildren or grandparent roles; siblings the loss of cousins for their own children or relationships with potential nieces and nephews. Generational ties may be strained or lost by infertility. Family stresses and strains may resurface as a result of infertility. Family members may not provide the right type of support.

There are several ways to get support or counseling and these will be outlined in this fact sheet. It is important that you make a distinction between counseling that is recommended or required as preparation for a particular medical treatment (e.g., in vitro fertilization) and counseling for a relationship or emotional problems. Sometimes a friend, colleague or doctor may suggest that you see a counselor. This may be difficult to hear but it is important feedback to seriously consider. If you appear to others as overly anxious and worried, depressed and discouraged and/or irritable and angry, counseling should be considered. Additionally, if relationships with family members, co-workers, and especially your partner seem less rewarding or increasingly strained, counseling may be a useful experience. However, to be really beneficial, counseling has to be a decision *you* make for yourself.

The term "counseling" usually refers to supportive work including advice or guidance while "psychotherapy" is a form of treatment aimed at psychiatric or emotional problems using a wide variety of techniques. Psychotherapy can be provided by a variety of mental health professionals while medication therapy is typically provided by psychiatrists. Furthermore, psychotherapy may be provided in different settings—from Employee Assis-

tance Programs to crisis intervention centers to mental health centers. Some infertility clinics even have infertility counselors on staff to provide both supportive and psychotherapeutic counseling.

Treatment of individual mental health problems may be with psychotherapy alone or with a combination of psychiatric medications such as antidepressants. An interesting note is that in recent research, infertility counseling has pointed to the possibility of unexplained infertility in women; it has been linked to hormonal factors related to untreated depression.

If you are experiencing any of the following feelings, you may want to see an infertility counselor or therapist:

- You have felt sad, depressed, or hopeless for longer than two weeks.
- You have noticed changes in your appetite, either eating more or less than usual.
- You are having trouble sleeping or are sleeping more than usual. You awaken not feeling rested.
- You feel anxious, agitated and worried much of the time.
- You have panic attacks—particularly related to infertility situations or issues.
- You feel lethargic or have lost interest in usually enjoyable activities.
- You have trouble concentrating, are easily distracted and/or have difficulty making decisions.
- You have persistent feelings of worthlessness or guilt.
- You feel easily irritated, angry and frustrated.
- You have thoughts of death or dying.
- You have lost interest in sex and/or fail to have orgasms.
- Relationships with friends and family are no longer rewarding and enjoyable and you prefer being alone.
- You have considered or are taking over-the-counter remedies (e.g., St. John's Wort) for your nerves or depression.
- You find yourself brooding and/or repeatedly feeling overwrought after failed treatment cycles.
- You have been using drugs or alcohol to relieve your emotional pain, help you sleep or help you relax.

If these symptoms have persisted for longer than two weeks or if they have been interfering with your ability to function, you should seek help.

An infertility counselor can also help if you feel any of

the following:

- You seem “stuck” in one feeling, such as rage, envy, guilt or feeling out of control.
- You want to sort out your medical treatment options.
- You are starting to consider ending treatment.
- You are starting to explore the options of donor egg, donor sperm, donor embryo, surrogacy or adoption.
- Infertility has become an all-consuming aspect of your life causing disruption in your relationships, work or social activities.
- Old issues that you thought were finished start to bother you again, such as your parents' divorce, the death of a loved one or previous sexual assault.
- You experience a new mental health problem or the re-emergence of a previous mental health problem such as eating disorders, depression, anxiety and/or panic attacks.

Infertility Counselors

Infertility counselors or reproductive health counselors specialize in the emotional, relationship and medical aspects of infertility. Infertility counselors are mental health professionals who have special training in the medical and psychological aspects of infertility. They can be psychiatrists (physicians with a medical degree), psychologists, clinical social workers, marriage and family therapists, pastoral counselors or psychiatric nurses. It is recommended that you choose an infertility counselor who has:

- A graduate degree in a mental health profession,
- A license to practice, and
- Clinical training in infertility treatment and experience in the medical and emotional aspects of infertility.

Infertility counselors can provide assistance with:

- Gathering information to make informed decisions regarding infertility treatment,
- Making a treatment decision,
- Preparing for and coping with medical and surgical treatments,
- Understanding and coping with the emotional reactions to infertility and/or pre-existing mental health problems,
- Reducing the strain of infertility on relationships with your partner, family, colleagues and friends,
- Exploring all family building alternatives,
- Learning to reduce stress, anxiety and depression,

- Communicating more effectively with family, friends, partners and medical care givers,
- Grieving the myriad losses infertility typically involves, and
- Treating other mental health problems such as eating disorders, depression, anxiety and panic attacks

Infertility counselors can provide psychotherapeutic services in a variety of settings including:

- Independent clinical (private) practice,
- Independent consultant to an infertility clinic, and
- Employee of an infertility clinic.

Some infertility counselors are employees or staff members at infertility clinics providing educational counseling, supportive care, and psychotherapeutic care as a part of the clinic's services. Charges may be on a fee for service or may be included in a treatment package (e.g., educational counseling for assisted reproductive technologies). Some clinics require educational counseling or evaluation for specific treatments (e.g., gestational carrier) while others simply recommend counseling or refer for counseling on an "as need" basis. If the infertility counselor is on staff at an infertility clinic, it may be helpful to clarify how mental health records are maintained (e.g., kept separate or as a part of the medical chart). Some infertility counselors act as consultants to an infertility clinic accepting referrals at a separate office or clinic not at the infertility clinic. In such instances the mental health professional must obtain a release of information from the patient to communicate with or provide information to the infertility physician or clinic. Other infertility counselors are not affiliated with a particular infertility clinic but are, instead, at a mental health clinic, social service agency, mental health center, outpatient program at a hospital or Health Maintenance Organization (HMO). Still, others may provide counseling or provide pastoral infertility counseling at a church or synagogue.

Selecting a Therapist or Counselor

It may be helpful to obtain a referral or recommendation from your physician, infertility clinic or local RESOLVE chapter or affiliate (www.resolve.org) in order to ensure that the therapist is qualified as an infertility counselor. Or you may want to contact: your HMO, local hospital, the National Association of Social Workers (www.socialworkers.org), the American Psychological Association (www.apa.org), the American Psychiatric Association (www.psych.org), The American Association of Sex Educators, Counselors, and Therapists (www.aasect.org), American Association for Marriage

and Family Therapy (www.aamft.org), local medical or psychiatric associations, local nursing associations, or state licensing associations. These organizations, and particularly licensing boards, can inform you about the therapist's qualifications, education and specialties. The American Society of Reproductive Medicine (www.asrm.org) can also provide information on qualified infertility counselors in your area.

Depending on the individual's or couple's unique situation or problems, infertility counseling may be short or long term and can vary in cost. Insurance coverage for mental health counseling is usually different from medical coverage. For this reason, you should check with your health plan regarding your mental health benefits as well as receiving referrals for an infertility counselor in your health plan. If your insurance plan does not offer infertility counseling or have a qualified infertility counselor, you may have to advocate for yourself by demanding a referral to a qualified infertility counselor outside your plan.

Before starting counseling, interview by phone or in person at least two therapists and consider the following:

- What is the professional's degree, training and licensure status?
- Did the professional earn a graduate degree from an accredited graduate school?
- What is the professional's clinical specialty and training?
- What professional organizations does the professional belong to, such as the American Society of Reproductive Medicine Mental Health Professional Group, American Psychological Association, National Association of Perinatal Social Workers and American Association of Marriage & Family Therapy)?
- Has the professional ever been censured by a state licensing organization or been expelled from a professional organization?
- Does the professional have a specific counseling approach (e.g., Jungian) or theoretical training or framework (e.g., family systems)?
- Does the professional seem comfortable to talk with, available and approachable as well as knowledgeable and experienced?
- If medication is needed, how does the professional handle this?
- What is the clinic's or professional's policy regarding session phone calls and/or emergencies?
- Does the professional have experience in infertility counseling including assisted reproductive technologies, pregnancy loss, adoption, third-

party reproduction, donor gametes, gestational carrier and childfree issues?

- Does the professional have any special training or credentials such as sex therapy, hypnotherapy, pastoral counseling and genetic counseling?
- What is the professional's fee scale? What insurance is accepted? Does the professional belong to any HMOs? Does the professional have a sliding fee scale or a payment plan?
- Are hourly rates different for individual therapy versus couple's counseling?
- What is the policy regarding canceled or missed appointments?

If you are already in therapy and any of the following are happening, consider changing your therapist:

- You feel uncomfortable emotionally or physically in the presence of the therapist,
- You dread your appointments and consistently feel worse afterwards,
- You feel you are getting nowhere or that you are able to manipulate the sessions by avoiding difficult issues, and
- You sense that your infertility experience is being minimized and/or the majority of the session is spent educating the therapist about your infertility diagnosis or treatment.

Marriage or Couple's Counseling

Marriage or couple's counseling is useful for addressing relationship or marital problems, particularly those involving communication, decision-making and conflict resolution. It is particularly appropriate for couples experiencing infertility, since infertility involves the grieving of shared losses for both partners, and considerable couple stressors (e.g., financial strain, extended medical treatment.) Sexual counseling may be necessary and beneficial for infertile couples who encounter problems related to sexual intimacy either as a result of medical treatment or in response to the infertility diagnosis, or if the sexual problem predates the infertility or is causing it. Infertility counselors can address sexual issues as part of marital counseling; couples may wish to see a specialist in sexual therapy if necessary.

You may wish to seek marriage or couples counseling if you or your spouse are experiencing any of the following difficulties in your relationship:

- Communication between you and your spouse has deteriorated.
- You and your spouse are arguing more than usual.
- You cannot agree on medical treatment or

adoption.

- You are feeling isolated and distant from one another.
- Marital infidelity or deception has occurred.
- Physical abuse or family violence has occurred.
- One or both partners have lost interest in sex and/or fails to have orgasms.
- You are having difficulty making joint decisions and managing conflict.

Support Groups

RESOLVE support groups have been established to fill a specific need. (For information on support groups in your area, visit www.resolve.org and click on "Events.") Support groups help reduce feelings of isolation, increase coping skills and serve as a valuable tool for getting support through contact with people who are also experiencing infertility. It is not psychotherapy, per se, although issues relating to grief, depression and anger are addressed. The groups are completely confidential and usually consist of couples or women. There are often specialized groups for pre-adoption or pregnancy loss. RESOLVE support groups are a good arena in which to explore your feelings, listen and learn from others and to explore your thoughts about future options, such as the new technologies, adoption or childfree living. RESOLVE support groups are not appropriate if you are dealing with other major crises like severe marital problems or overwhelming emotional distress. In these cases, individual or couple therapy is more appropriate.

Groups may be also offered by infertility clinics, hospitals, social service agencies, churches or synagogues. These groups may be led by an infertility counselor, religious leader, medical caregiver or a lay volunteer. The focus of these groups may be infertility in general or a specific medical condition (e.g., endometriosis) or special issues (e.g., adoption or pregnancy loss). Such groups are typically "open" and participants are not expected or required to make a commitment to attend all sessions. These groups are typically free and run by volunteers.

Group counseling can provide opportunity to exchange experiences, feelings and information with others undergoing a similar experience and to normalize the infertility experience and reduce feelings of isolation. Group counseling may be helpful in addition to individual counseling. Research on professionally-led support groups for infertile women using the RESOLVE model and the mind-body group model have shown encouraging and dramatic improvements in coping and an increased pregnancy rate compared to women who did not attend either type of group.

Acknowledging that you need help with your feelings is often as hard as admitting that you are having trouble having a baby. You may have been through months of hope and disappointments. Your life may feel like it is in a holding pattern and your confidence may be shaken. The “old” confident, happy you may seem far away and the future may seem uncertain, at best. You are experiencing a life crisis—one that is considered a crisis in all cultures and religions. Most people experiencing a life crisis seek support and guidance from others. You deserve that too. Try not to thinking of joining a support group or seeing a therapist as a negative, but rather as a positive step. By seeking counseling when you need it, you are acknowledging your desire to improve your present situation, to explore your feelings and to feel better about yourself.

Resources

Professional Organizations

American Association of Marriage & Family Therapy, www.aamft.org, 703.838.9808

American Association of Pastoral Counselors, www.aapc.org, 703.385.6967

American Association of Sex Educators, Counselors, and Therapists, www.aasect.org, 804.752.0026

American Psychiatric Association, www.psych.org, 703.907.7300

American Psychological Association, www.apa.org, 800.374.2721

American Society of Reproductive Medicine, www.asrm.org, 205.978.5000

National Association of Social Workers, www.socialworkers.org

Consumer Organizations

National Mental Health Association, www.nmha.org, 800.969.6642

RESOLVE: The National Infertility Association,

www.resolve.org

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The mission of RESOLVE is to provide timely, compassionate support and information to people who are experiencing infertility and to increase awareness of infertility issues through public education and advocacy.

Visit www.resolve.org today to find information and resources on all aspects of infertility and family building as well as:

- Your local RESOLVE
- Support groups
- Educational events
- RESOLVE publications
- Member-to-Member Contact System (where available)
- Telephone HelpLines
- Online communities
- Advocacy
- Insurance coverage for infertility treatment
- Questions to ask your doctor
- Volunteer opportunities and more!

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