HOW CAN THIS BE HAPPENING TO ME

THE STRESS OF INFERTILITY AND HOW TO HELP ALLEVIATE THE SUFFERING

BY ELANA SURES, RCC

"Being pregnant is something that happens to other people."

"I never thought this would happen to me."

"It's a nightmare."

"I had two abortions by the time I was 25 — how could this be?"

If you work, as I do, with a population who is predominantly of childbearing age, you might have heard some version of "I can't believe this is happening to me." With one out of six couples experiencing infertility and one out of four pregnancies ending in miscarriage, the odds are that you, too, are supporting clients through infertility and other reproductive calamities.

Infertility is not just a reproductive crisis — it's an existential crisis. After a prolonged period of trying to conceive, many women wonder if they will ever become a mother. That glaring biological timeline adds a degree of urgency and panic we don't tend to feel with other life goals. Believe me, I know of what I speak in this domain. I spent several years trying to get pregnant with both my children, a phase I am sorry to say I did not greet with equanimity. They were tough years, and I suffered greatly: worried (a lot), loathed social media, and teared up when passing happy mothers in the street. I sought counselling during this difficult period.

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Some of it was helpful (the therapist who told me I was catastrophising actually did me a huge favour). Another therapist was less helpful ("Have you tried meditating yet?").

There are many dimensions to the struggle of infertility: loss, acceptance, hope, meaning-making. One common denominator in individuals and couples seeking psychological help while experiencing infertility is that they arrive reporting that they are "stressed." In this piece, I will explore the primary ways in which the stress of infertility shows up and how to help alleviate the suffering caused by this stress.

While infertility is stressful for everyone, I reference women more here; this is simply because, in my experience, the vast majority of people presenting for support with this issue are women.

THE RELATIONSHIP BETWEEN INFERTILITY AND STRESS

Women with infertility report higher levels of anxiety and depression, so there's little doubt that infertility causes stress. What is less clear, however, is whether or not stress causes infertility.[1] Predictably, women struggling to conceive will be advised to "just relax!" — followed by an anecdote about someone who got pregnant once she gave up on trying, adopted, etc. (public service announcement: just don't).

That said, research has documented the efficacy of psychological

All client names and circumstances have been changed to protect privacy.

interventions in lowering psychological distress associated with infertility,[2] and some research has even demonstrated increases in pregnancy rates in patients participating in psychotherapy.[3] While this is encouraging, stress is a generic term that needs unpacking. In order to effectively help clients alleviate the suffering caused by stress, we need to step inside each client's world.

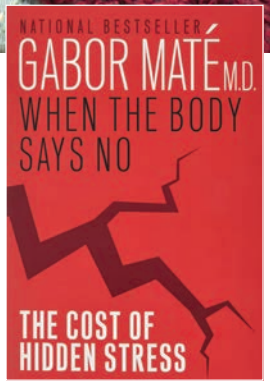
Anecdotally, I find the stress my clients experience while trying to conceive falls generally into the following categories:

1) Overthinking and excessive worrying as a reaction to the inherent uncertainty of their situation.

2) Difficulties dealing with other people in their lives (partners, families, and fertile friends/colleagues).

3) Intense feelings of emptiness, anger, and longing when the trying phase is protracted and unsuccessful.

My own impressions have been corroborated by the work of Dr. Gabor Maté, author of *When the Body Says No: The Cost of Hidden Stress* (2003).[4] According to Maté, the major causes of stress are lack of control, uncertainty, emotional isolation, and the inability to express emotions. I don't endorse a reductionist cause-and-effect relationship between stress and infertility, but I find Dr. Maté's classifications helpful to use as a compass. While it's not necessary to take a top-down approach and impose these categories on clients, having these areas in mind when meeting with clients helps us organize our work together. Rather than being too general, we can then drill down into the crux of the stress and suffering.



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LOCUS OF CONTROL

One of my favourite concepts in modern psychology is that of the locus of control. A person with an internal locus of control believes he or she can influence events and their outcomes, while someone with an external locus of control blames outside forces for everything. Research has suggested infertile patients with a high degree

of internal locus of control experience less anxiety and depression than those with a higher external locus of control.[5] Mahajan et al. found that perceived internal control was correlated with better adjustment to infertility.[6]

Given that infertility is a situation in which sometimes not much can be done to influence the outcome, helping clients experience control over some aspect of their process is essential. When people seek out counselling, they often don't know exactly what they want out of therapy, especially if their locus of control is more external. We can set the tone for locus of control right away by asking a simple question: "What aspect of this problem would you like my help with?" or "What part of this situation is the most upsetting to you?"

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Casey, like many people experiencing infertility, comes in for her initial appointment with a story to tell. Medical details, marital strife, and misfire after misfire come out in a torrent of words. At the end of it, I say: "Oh, Casey. You have had such a long haul! There is so much grabbing my attention here, I can see why you might be feeling overwhelmed. Can you tell me what part of your current situation you'd like help with right now?"

I can tell Casey hasn't narrowed this down for herself yet, as she takes that question in. She pauses and tears up. "I'm not sure I want to do another IVF procedure. I don't know why, and I don't know if it's just fear or what, but something just isn't sitting right with me." By exploring Casey's conflict about her treatment, we tap into her difficulty trusting her own judgment. We also discussed how she can process some of her doubts with her partner and medical team.

Asking clients to identify which area they would like to explore has two beneficial effects: first, it gives the session focus and relevance. Secondly, it reminds clients that in the midst of so many things they have no control over, there are pockets of agency.

EMOTIONAL RESPONSE TO INFERTILITY

Irvin Yalom (2001) urges therapists to develop "here-and-now rabbit ears" in sessions with our clients.[7] In other words, when a client tells their story, rather than focusing primarily on the content, pay attention to how they tell it and how they relate to you as you engage with them.

Do we hear them resist their pain? ("I'm just trying to be positive!")? Are they amplifying their anxiety ("I'm never going to have children!"), or denying having feelings at all ("I'm fine. This is a first-world problem")? Do you pick up on hints of guilt, grief, or anger? When clients get close to themes that sound important or evoke signs of affect such as tears or anger, I'll ask to slow down and explore their experience in that moment.

When Jenny relayed to me an important consultation she had with a physician at the fertility clinic, I noticed her expression was flat and somewhat matter-of-fact.

JENNY: *"...so, we've got one more round of frozen embryos, and if that doesn't work, we'll then need to decide what to do for the next step. The doctor wants to try a different tactic with us next time."*

ME: *"So you're in a waiting phase right now. What's that like for you?"* [note: I do not ask about the next steps or new strategy. That would bring us out of her present experience and allow both of us to get distracted by speculation and medical details.]

JENNY: (sighs) *"It's okay. I'm used to it by now."* [note: her sigh tells me there may be some feelings beneath her minimizing.]

ME: *"You're saying you're okay, but your sighs hint there may be more..."*

JENNY: (sighs again) *"It's fine. I'm just trying to distract myself. But my husband has been frustrating me."* (clenches jaw, sighs) *"He's so annoying. But it's fine. He's trying. I need to be more patient."*

ME: *"I can see the frustration in your face. I also am noticing that while part of you is having this emotion, the other part of you is trying to dismiss it. If we don't let you brush your feelings away, perhaps we could look at them. What do you think?"*

After a huge sigh, Jenny then proceeds to provide specific examples of feeling disrespected

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and unappreciated. Words such as "frustrated" eventually turn into "hurt" and then, over time, Jenny explores anger, fear, and sadness. Rather than experiencing an "emotional soup," Jenny is able to identify and feel each emotion and gain some clarity on the needs and actions associated with each feeling.

As we wrap up, I check in with how she's doing. She says, "I feel sad, but lighter somehow." I believe her. Emotions that are put in the vault are very heavy to drag around.

INTOLERANCE OF UNCERTAINTY

Vancouver-based psychologist Melisa Robichaud coined the term "intolerance of uncertainty" as a primary cue for anxiety and precipitators of chronic worry.[8] When I heard Dr. Robichaud speak several years ago, I immediately thought of infertility. My own tolerance for uncertainty hovered around nil during the years in which I was trying to get pregnant. This became a moving target: once I was pregnant, I worried about miscarrying. I assumed all women trying to get pregnant must all be overthinkers like me. As it turns out, not everyone is so allergic to uncertainty. In fact, some are naturally more able to hold a space for not knowing.

Kate Sweeney et al. found that people with a dispositionally high tolerance for uncertainty recalled less anxiety, less rumination, and less use of many uncertainty navigation strategies (such as worrying, reassurance seeking, and — I assume — googling their condition). While not all of us won the genetic lottery for that particular trait, some research suggests that this quality can be developed, particularly through targeted interventions.[9]

In other words, we can enlarge our tolerance for uncertainty. Phew! When it comes to strategies for working on this thorny issue, we are spoiled for choice. Interventions can include (but aren't limited to) Melisa Robichaud's evidence-based Cognitive Behavioural Therapy strategies for intolerance of uncertainty,[10] EMDR protocols that target the negative cognitions and early experiences at the root of the current uncertainties, or the Acceptance and Commitment Therapy strategy of cognitive defusion.

Our (mostly wonderful) neurobiology actually primes us for overthinking and worrying about the future. Intolerance of uncertainty is part of the human condition, but it needn't hijack us.

EMOTIONAL ISOLATION

"Because true belonging only happens when we present our authentic, imperfect selves to the world, our sense of belonging can never be greater than our level of self-acceptance," Brené Brown explains in her work on vulnerability.[11]

It's not unusual for people who have an array of friends and acquaintances to have difficulty feeling emotionally connected to those in their lives. Such vulnerability can feel exposing and anxiety-provoking, despite the now-viral messages about vulnerability and

authenticity. Here's what thickens the sauce: women have come to internalize the notion that not only can we have it all, but also that our worthiness is made up of our achievements and impressiveness. From nursing a baby one-handed while voting in parliament with the other (true story) to rocking a perfectly compact pregnancy bump in those ubiquitous mirror selfies, pregnancy and motherhood has become another hook on which to hang the hashtag #superwoman meme (also see: #supermom). And yet, even Superwoman can be (often is) that one in six. When pregnancy eludes the perfectionists among us, it feels like a personal failure. This impacts self-worth and self-acceptance and can make us long to retreat.

Those who have learned to keep their distance and avoid vulnerability tend to fare the worst when coping with infertility. Mahajan et al. found that women with an "avoidant type of adult attachment style" have poorer adjustment to infertility.[12] As one of my clients once told me when explaining her guardedness: "The last thing I need is for people to feel sorry for me." Sometimes it is good self-care to keep a bit of distance (go ahead and blow off that baby shower if you're feeling too fragile). But those who disconnect from others or pretend that everything is "fine" are likely adding to their stress load. Oversharing isn't the answer either, of course — its indiscriminate nature doesn't help people feel closer to one another.

Even the relationship that is ground zero of fertility experiences — the couple trying to become parents — can become disconnected. An unfortunate byproduct of going through fertility challenges as well as recurrent miscarriage is that this can impact the relationship between the two partners trying to procreate. Research is mixed, however, as to whether marital and sexual satisfaction suffer in couples experiencing infertility as compared to fertile couples.[13] What is clear is that couples with different coping styles can feel frustrated and unsupported by one another, and this can lead to tension and conflict within the relationship and, thereby, increase stress.

It is critical for therapists to identify such struggles with vulnerability and emotional isolation early on and work with clients to develop the self-worth, courage, and trust to be more open and accepting.

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PULLING IT ALL TOGETHER

When it comes to psychotherapy, there are many roads to Rome; working through the struggles experienced in one realm will often tap into overriding patterns affecting many areas in life. As therapists, we get to tap into the most relevant point of pain in our client's experience. This can provide counsellors with a way of organizing our work with clients who are overwhelmed with their current circumstances, yet unsure of how they can be helped. ■

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