

# The Impact of Infertility on Women's Mental Health

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Infertility is a disease that affects millions of Americans, and the numbers are rising each year. For women under the age of 35 years, infertility is defined as the inability to conceive a child after 1 year of unprotected sexual intercourse. For women aged 35–40 years, it is defined as inability to conceive after 6 months of unprotected intercourse. For women over the age of 40 years, it is the inability to conceive after 3 months of unprotected intercourse. Infertility is also the inability to carry a pregnancy to term, such as in cases of recurrent pregnancy loss.

The cause of infertility is shared equally by both sexes; 30% is male-factor infertility and 30% is female-factor infertility. The remaining 40% of cases are caused by a combination of male and female factors or are “unexplained” infertility, in which all tests fail to identify a cause [1]. The diagnosis of infertility can be attributed to many factors: anatomical abnormalities, hormonal and metabolic problems, age, infections, lifestyle (eg, smoking), tubal disease, cancer treatments, antiphospholipid syndrome, genetics, and environmental chemicals [2].

## Infertility and Mental Health

Infertility has a profound impact on women's mental health and on the person as a whole. Physical, emotional, sexual, spiritual, and financial aspects of one's life are all affected by this disease of the reproductive system. The most common mental health concerns reported by fertility

patients are symptoms of anxiety and depression [1]. The more physically and emotionally demanding and intrusive patients' medical treatments become, the higher the reported symptoms of anxiety and depression. Each passing monthly cycle brings a roller coaster ride of emotions such as anger, betrayal, guilt, sadness, and even hope. With each friend who announces her pregnancy and with every pregnant woman she passes in the grocery store, the patient's anxiety and stress can become overwhelming.

Infertility can also affect a person's sexual self-esteem, desire, and performance. Many couples have sex as a way to connect emotionally. When sex becomes associated with failure and frustration, couples may lose this emotional connection. The pressure to perform or to have (or abstain from) sex due to infertility treatments can isolate partners and divide couples. Fertility treatments also make sex less spontaneous, as it becomes focused on procreation rather than recreation. As fertility treatments continue, spontaneity and emotional connection can become greater challenges [3].

Spirituality and religious beliefs are often explored by patients as they grapple with feelings of abandonment by God, and some may question their faith. However, the same spiritual or religious ideologies can be utilized as a supportive tool to reduce symptoms of stress and anxiety.

Finances are another area of immense anxiety as couples struggle to pay for medical treatments and still have

money left to raise the child(ren). In addition, frequent medical appointments can cause worry about maintaining employment.

### How Mental Health Professionals Can Help

Fertility counseling has a specialized place in the broad framework of psychotherapy approaches. It requires mental health professionals to develop their knowledge of the vast range of medical components related to infertility treatment and to understand third-party reproduction. It also requires mental health professionals to develop their understanding of the types of fertility counseling (ie, supportive, implications, therapeutic, decision-making, and crisis) and to effectively implement those types of counseling [1].

Infertility may be the first medical crisis a couple faces together, and mental health professionals play an important role as part of the patient's multidisciplinary team. Mental health professionals are instrumental in guiding patients through grief and loss and helping them to confront numerous possible medical decisions. Mental health professionals provide patients with substantial tools to reduce the negative symptoms associated with stress, depression, and anxiety. These tools can include cognitive behavioral strategies, training in eliciting the relaxation response, positive coping skills training, and communication skills training. Communication skills training is especially helpful due to the stress that infertility inflicts on marital and nonmarital relationships. This training gives patients the framework to identify the negative cycles of distance and conflict, and it teaches them positive cycles

of communication and connection [1].

In conclusion, the psychological impact of infertility presents unique challenges and a broad range of clinical situations. The mental health professional's role within the multidisciplinary team of providers treating patients with infertility is ever growing and changing. I remain extremely hopeful as I continue to see patients successfully cope with and navigate infertility. NCMJ

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### Acknowledgments

Special thanks to Joe Kertesz, MA, LPC, for his assistance in editing this article.

Potential conflicts of interest. W.E. has no relevant conflicts of interest.

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Electronically published November 16, 2016.

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