

In the second edition of *Reproductive Trauma, Psychotherapy With Clients Experiencing Infertility and Pregnancy Loss*, Jaffe expertly applies theory to the clinical practice of clients coping with infertility and pregnancy loss. Novice and experienced clinicians alike can use this easy-to-read yet in-depth book to enhance their practice working with diverse clients, particularly clients in the LGBTQ+ community, whose reproductive traumas are too often overlooked. This edition includes the most recent transformations in the field of genetics and cryopreservation, and truly prepares clinicians to help clients process and grow from their reproductive trauma in the ever-changing and always evolving complex world of fertility.

—**Rayna D. Markin, Associate Professor in Counseling**, Villanova University, Villanova, PA; Licensed Psychologist, Author of *Psychotherapy for Pregnancy Loss: Applying Relationship Science to Clinical Practice*

This compassionate guide offers a wealth of helpful information for anyone struggling with infertility or pregnancy loss, as well as to clinicians treating patients navigating these issues. Dr. Jaffe distills the latest cutting-edge research in a clear direct style, offers many helpful clinical examples, and includes several chapters about the clinician's perspective and the patient-therapist dynamic. I highly recommend this book to everyone struggling to make sense of infertility or pregnancy loss, as well as to their friends, families, and therapists.

—**Shira Keri, MD**, psychiatrist in private practice, La Jolla, California

This book provides a powerful and unparalleled exploration of the depths of loss that accompany the journey to parenthood. Dr. Jaffe provides foundational knowledge for any health care provider supporting individuals who have experienced reproductive trauma.

—**Kendra Schaa, ScM**, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Certified Genetic Counselor, Founder of Allay Life

Dr. Jaffe has written a must-read book for all professionals-psychologists, counselors, social workers, physicians, and nurses who work with fertility patients. It provides a comprehensive understanding of the psychological and emotional challenges faced by those experiencing infertility, as well as clear well-researched approaches to help these patients move forward. Dr. Jaffe's depth of knowledge about fertility and her compassionate presentation make this an informative, readable, and important book. Bravo!

—**Lauren Magalnick Berman, PhD**, Emory University, Atlanta, GA; Fertility Psychology Center of Atlanta, GA

Contents

Introduction: The Past, Present, and Future of Reproductive Challenges and Opportunities xi

Acknowledgments xix

I. THE PATIENT'S VIEWPOINT 3

1. The Reproductive Story: Parents' Possible Selves and How Things Should Have Been 5

2. Developments in Reproductive Technology: Ethical Concerns and Emotional Constants 19

3. Patients' Reproductive Trauma Experiences: "Our World Is Falling Apart" 41

4. Grieving an Unborn Child: Pain and Hope 55

5. Helping Patients Cope With Reproductive Loss: Treatment Options 77

6. Who Is the Patient? Third-Party Reproduction and Adoption 95

7. Adjuncts to Reproductive Psychotherapy 123

8. From Reproductive Trauma to Growth: Healing and Change 131

II. THE PROVIDER'S VIEWPOINT 143

9. What Patients Want to Know About Reproductive Mental Health Providers 145

10. The Therapist's Reproductive Story 163

11. The Pregnant Therapist and the Reproductive Patient	175
12. Reproductive Therapist Self-Care: Taking Care of Ourselves While Taking Care of Others	189
<i>Epilogue: Giving Voice to Patients' and Therapists' Reproductive Stories</i>	<i>201</i>
<i>References</i>	<i>203</i>
<i>Index</i>	<i>239</i>
<i>About the Author</i>	<i>249</i>

Copyright American Psychological Association

Introduction

The Past, Present, and Future of Reproductive Challenges and Opportunities

As I reflect on how much has changed since the first edition of *Reproductive Trauma* was published in 2011, I am also struck by how much has stayed the same. To begin with, what has changed? Advances in new technology in reproductive medicine have continued to develop at lightning speed. Early on, when Louise Brown was born in 1978, assisted reproductive technology was considered miraculous; since that time, millions of children who would otherwise not exist have been born using this technology. As discussed in Chapter 2, genetic testing of embryos can provide more information than ever before, an exciting development that can also lead to complicated and risky decisions. The preponderance of companies like 23andMe doing DNA testing has also proved overwhelming; people are learning of biological ties that were previously unknown and secret. This newly gained knowledge can be both shocking and distressing; more and more mental health practitioners will be called on to help sort out complex feelings about family and identity.

In addition, there have been advances in cryopreservation, allowing people of all genders to save their gametes for use at a later time. This allows patients with life-threatening medical illnesses, such as cancer, the opportunity to have biological children. It also provides the possibility for women to lessen the pressure of their biological clock and delay childbearing; advances in the technology of freezing and thawing oocytes make this a viable option. Likewise, transgender men and women have the ability to freeze their gametes before transitioning. Throughout this edition, these developments will be highlighted and discussed.

The world has also changed in significant ways. Not only has a pandemic of life-changing proportions altered our world but concerns about climate change have escalated also. The fears are existential, leading some to question whether future generations will survive. Social and cultural constructs continue to evolve that also have a direct impact on reproductive choices. At the time of this writing, the United States Supreme Court has overturned the landmark *Roe v. Wade* (1973) decision, casting a pall over a woman's reproductive right to choose. Although recognition of some of the reproductive rights of the LGBTQ+ community has expanded, it is also in peril, given the current political climate in the United States. As is discussed in this volume, it is imperative for clinicians to understand the impact this will have not just on abortion but also on the potential disruption to fertility care in general. Likewise, we need to recognize the economic and social disparities in access to reproductive care throughout the United States and around the world. Choices about family building, mental health care, and women's health care are greatly affected by where one lives, racial inequities, and economic and social constraints.

Last, since the first edition of this book, I have changed as well. From my clinical work, as well as my more in-depth investigations into trauma and how to heal from it, my interest and belief in the importance of the therapeutic dynamic has grown. I view it as more critical to the healing process than any particular theoretical orientation. As therapists, we bring so much of ourselves into the clinical room that we might not pay attention to how our personalities and life experiences shape the dynamic between our patients and ourselves, but this is of primary importance. This therapeutic dynamic is present not just with mental health practitioners but also with physicians, nurses, medical staff, embryologists, geneticists, sonographers, attorneys, donor and surrogacy agencies, and adoption agencies—basically anyone who works with and counsels reproductive patients.

In the first writing of *Reproductive Trauma*, focus on providers occupied a single chapter. It has now been expanded to encompass Part II of this edition, with Part I focusing, as before, on the needs of the patient. More emphasis on self-awareness—where we are in our own reproductive journey, for example—is thoroughly discussed. How clinicians present difficult information (perhaps announcing their own pregnancy or loss), discuss heart-breaking news about a patient's pregnancy (if tasked with addressing a fetal anomaly, for instance), and cope with patients' feelings about us are subjects that have exponentially grown on my radar screen. How much we tell, how we tell it, what we have to tell, and what is okay to withhold while continuing to provide empathy can be challenging. Through case examples, we,

as clinicians, will gain skills to help cope with our anxieties in doing this work. This edition will also explore the need for self-care, how to avoid burnout, and what to do if we feel traumatized by our work.

While so much continues to change, many things have remained the same. Our thoughts about what it means to have a family and raise children remain fundamental to our core sense of self. As discussed in the first edition, a unifying theme for all patients dealing with reproductive issues is the notion of the *reproductive story*: the conscious and unconscious hopes, dreams, and assumptions about becoming a parent (see Chapter 1). Even if we conclude that having children is not for us, contemplating the story of our lives follows a similar path: “What will it be like?” For those experiencing a reproductive trauma along the way, this inner narrative has gone completely awry, leaving individuals and couples—heterosexual, same sex, or otherwise—feeling that the world is no longer safe and predictable. As discussed, reproductive trauma can be defined as any event that disrupts the hoped-for pathway to pregnancy, childbirth, and parenting. It includes a wide swath of negative reproductive occurrences, including infertility, miscarriage, ectopic pregnancy, stillbirth, traumatic birth, premature birth, neonatal loss, and postpartum reactions. With updates in research and new case examples¹ throughout, this new edition expands on ideas about trauma, emphasizing the difference between what happens when core beliefs are shattered—an internal experience—and the experience created by an externalized trauma resulting in posttraumatic stress disorder (PTSD).

What is of primary importance is the understanding that having fertility struggles, pregnancy losses, or other challenges on the road to parenthood trigger the same emotions as they always have. No matter what the circumstances, reproductive trauma elicits emotional pain, depressed mood, anxiety, insecurity, and despair. As explored in Chapter 4, grief does not change, but our interpretation of it does. While there have been so many advances in reproductive technology, with more avenues to parenthood than ever, they also bring more decision making, difficult choices, and sometimes unrelenting heartache. Educating patients about grief is often the first step in healing; letting them know that “No, you are not going crazy” helps to normalize the process.

This revised edition examines the psychological upheaval of people struggling to become parents but also considers the emotions of the donors and surrogates who offer their gametes and/or their wombs to carry a child.

¹ The case examples throughout this book have been modified to disguise the identities of the patients and protect their confidentiality.

They, too, have feelings, not only about their reproductive story but also about the outcome of the people they are hoping to help. Likewise, the stories of birth parents who relinquish their child for adoption are often overlooked in the discussion of reproductive trauma. Their struggle is included in this new edition as well.

Like a stone thrown into a pond, the ripple effect of a reproductive story gone awry touches so many; understanding the impact of this trauma on patients, their extended family, friends, and those of us who work with them is the goal of this edition. Helping patients—and ourselves—cope, heal, and recognize the potential growth that a crisis can foster is the ultimate objective.

WHO WILL BENEFIT FROM READING THIS BOOK?

This book is intended for any and all mental health professionals—budding or seasoned—who want to expand their knowledge of the crises that can affect clients of reproductive age. This includes psychologists, psychiatrists, psychiatric nurse practitioners, social workers, marriage and family therapists, professional counselors, and pastoral counselors. Although the focus of the book is on psychotherapy, other medical practitioners and students, such as reproductive endocrinologists, obstetricians and gynecologists, perinatologists, nurse practitioners, family medicine doctors, emergency room doctors, and pediatricians, would benefit from reading this volume to understand the psychological distress of these patients fully. Nurses—especially those working in hospital emergency rooms or labor and delivery, those on the front lines of treating reproductive trauma—will find useful tools to apply in support of patients. Genetic counselors and sonographers may also find themselves on the front lines, needing to deliver bad news about an impending miscarriage or other genetic anomaly. In addition, this book is aimed at anyone who works with, counsels, and advises reproductive patients, including attorneys, donor and surrogacy agencies, or adoption agencies. Gaining knowledge, sensitivity, and insight into the many losses reproductive clients experience will undoubtedly enhance their work.

A NOTE ABOUT TERMINOLOGY AND DIVERSITY

Throughout this edition, masculine and feminine terms may be used for simplicity. This by no means discounts the recognition that gender is a continuum; not all individuals capable of bearing children identify as female.

It should be noted that much of the literature and research on reproduction has studied cisgender women and men, again influencing the use of gender binary terms throughout the book.

While I believe that the reproductive desires of the LGBTQ+ community, as well as single parents by choice, should be integrated into reproductive medicine and psychology and not be thought of as separate entities, there are unique issues they face that are addressed as such in this volume. Likewise, people of color often contend with unequal access to services and increased risk of maternal mortality, adding to the trauma they experience. Although many of the concepts addressed in the book are universal to all people, awareness of the reproductive issues that non-White and marginalized people contend with is essential for clinicians of all backgrounds to take into account.

OVERVIEW OF THE BOOK'S CONTENTS

The following are brief summaries of each chapter. It should be noted that it is beyond the scope of this book to address all the medical reasons for infertility and pregnancy loss. Rather, the focus is on the psychological and emotional consequences when traumatic events occur on the journey to parenthood.

The chapters in Part I collectively examine patients' experiences of reproductive trauma. Feelings about parenthood are a universal and core component of one's identity, regardless of gender, sexual orientation, or whether one wants children or not. Chapter 1 introduces the theoretical construct of the reproductive story: the contemplation of possibly becoming a parent someday, the origins and influences on that story, and what happens when the story of our dreams veers off course.

Advances in reproductive medicine have occurred rapidly over the past several decades, offering ever-new possibilities in ways to create families. While the technology has changed, the emotional and psychological tolls on people remains the same. Chapter 2 not only explores medical advances, including cryopreservation but also addresses the emotional and ethical concerns that clients are confronted with.

Chapter 3 addresses the empirical literature regarding PTSD and reproductive losses and expands the definition of trauma to include the disruption of basic core beliefs. It delves into assumptions about pregnancy and parenting that crumble when reproductive trauma occurs.

When a baby dies, or a wished-for baby fails to occur, the loss is unlike any other. There are few, if any, rituals to facilitate grief, and many reproductive

patients are in the throes of mourning while at the same time actively pursuing attempts at pregnancy and holding on to hope. Chapter 4 explores grief in general but also focuses on the distinct challenges of mourning infertility and pregnancy loss.

Multiple case studies are presented in Chapter 5 from various theoretical perspectives, including narrative, psychodynamic, and cognitive therapies. In addition, controversies over the causal relationship between stress and reproduction are discussed. Regardless of the therapist's theoretical orientation, listening to a patient's reproductive story and guiding them in writing different endings to their story—whether that ultimately includes children or not—is the goal.

As clinicians, we not only counsel the recipients or intended parents of third-party arrangements, but we also assess the donors (of gametes or embryos), surrogates, and birth parents who relinquish children for adoption. Chapter 6 focuses on the assessment of third-party participants and their psychological needs. It also addresses the unique challenges of the recipients, especially in disclosure to their offspring.

Chapter 7 focuses on additional treatment options that patients may pursue other than traditional psychotherapy. These can include online or in-person support groups, eye-movement desensitization and reprocessing, Traditional Chinese Medicine, acupuncture, yoga, and/or changes to diet and lifestyle.

The phenomenon of posttraumatic growth (PTG), which refers to the potential for positive change following a major catastrophic life event, is addressed here. Chapter 8 focuses on PTG in general and how it can develop in reproductive trauma patients.

The book then turns to Part II, where the emphasis shifts from clients' needs to those of the clinician. Chapter 9 explores an overall discussion of therapist self-disclosure, including its risks and benefits. A deeper dive into the complexities of therapist self-disclosure with reproductive patients is presented, focusing on the ever-present question that patients pose: "Do you have any children?"

When a therapist becomes pregnant, it can unleash myriad emotions—not just for clients but for the therapist as well. Chapter 10 reviews the literature on pregnancy and psychotherapy in general. It describes how therapists can use their personal reproductive stories in the service of clients.

Chapter 11 builds on the last by addressing the even more intense emotions that can emerge when the therapist is pregnant and working with reproductive clients. The therapeutic alliance, the bedrock of the relationship, can vanish in an instant. Again, a multitude of feelings can erupt; how to manage the ensuing therapeutic ruptures is explored.

Therapists and other professionals working in the field of reproductive psychology are caregivers, and as so often happens, caregivers put their own needs at the end of the to-do list. While there is much satisfaction in this work, Chapter 12 describes the emotional pitfalls that can occur when working in the field of reproductive trauma, including burnout, compassion fatigue, and vicarious trauma. It also lists self-care strategies to avoid these risks, such as mindfulness, balance, and finding meaning in one's practice and life.

The book concludes with an epilogue that emphasizes how important it is for us as therapists to help patients give voice to their reproductive stories while maintaining awareness of our reproductive stories.

Copyright American Psychological Association