Complicated Grief Therapy Approach Applied to Couples Experiencing Infertility

Rachel Krock (2021)

Complicated Grief (CG) is a clinical condition, a subset of bereaved persons experience, characterized by difficulty in adapting, "intense, prolonged and disabling grief symptoms…[which]…require more formal interventions" (Iglewicz, Shear, Reynolds III, Simon, Lebowitz, & Zisook, 2020). Presence of specific risk factors increases difficulty in adapting and development of CG; to include multiple losses, close personal loss, history of mood, anxiety and related disorders, financial pressures related to grief, as well as, inadequate of underutilized support system (Guldin, Kjaersgaard, Fenger-Gran, Partner, Li, Prior, & Vestergaard, 2017; Shear, 2015).

Complicated Grief Defined: According to the International Classification of Diseases—11th Revision (WHO, 2019) CG, designated prolonged grief disorder in the recent update, has four diagnostic criteria: 1) history of death of a partner, parent, child, or other loved one; 2) persistent and pervasive yearning or preoccupation with the deceased accompanied by intense emotional pain; 3) lasting at least 6 months and clearly longer than expected social, cultural, or religious norms; and 4) clinically significant impairment in functioning (i.e. personal family, social, educational, occupational, etc.). Symptomology of CG consists of "maladaptive thoughts, dysfunctional behaviors, inability to manage painful emotions, and/or social impediments," (Igelwicz et al., 2020) which act as barriers or interference, complicating the natural process of grief.

Complicated Grief Therapy and Infertility: Infertility is considered a public health concern, defined as a "condition of couples who are unable to conceive naturally after 12 months of regular sexual intercourse without the use of contraceptives" (Luk & Loke, 2019). Feelings of distress, grief, anxiety, and depression are reported for those impacted by infertility (Swanson & Braverman, 2021). Both, infertility treatment and CGT operate through a dual-process model. Diagnosis and treatment of infertility asks individuals/couples to embrace the duality of the process, acknowledging loss/disappointment, in some instances recurring, while maintaining the hope/adaptation for the fulfillment of becoming a parent, at times through means not originally considered. Complicated grief therapy (CGT) operates on the principle that natural response to loss is grief, finding its place in a person's life as he/she adapts to the loss (Stroebe & Schut, 2010). In CGT, grief is not viewed as the treatment target, rather adaptation is the emphasis, removal of obstacles to the natural process of grief (Igelwicz et al., 2020). The dual process model employed in CGT, centers around adaptation which has both a loss focus and restoration focus (Igelwicz et al., 2020).

Infertility and Couple Complicated Grief Therapy: The impact of infertility is seen beyond the individual, extending to the couple. Infertility effects physical and emotional health, social and romantic relationships (Swanson & Braverman, 2021). Reports from couples indicate change in the marital relationship, some reporting improved relationship closeness, while other report relationship difficulties (Swanson & Braverman, 2021). Infertility, effects the couple as a unit taking the couple on an "emotional roller coaster" (Luk & Loke, 2019), resulting in increased stress/strain (physical, emotional, financial, relational, etc.) on the couple and requiring emotional intelligence and mature communication to navigate. An available instrument for assessing effects of infertility on couples is the Fertility Problem Inventory (FPI; Newton, Sherrard, & Glavac, 1999) and the Perceived Intimacy Questionnaire (PIQ; Laurenceau, Barrett, & Pietromonaco, 1998). For couples, with infertility diagnosis or in infertility treatment, reporting increased relationship difficulties, the CGT approach may be considered appropriate for

treatment. Research shows loved ones assist in regulating a wide array of psychological and physiological functions, with out personal and social identities being interwoven with them (Igelwicz, 2020).

Application of Complicated Grief Therapy to Couples

In working with couples experiencing CG symptomology associated with infertility, clinicians utilizing complicated grief therapy approach should remain open to modifications necessary for personalizing treatment for each couple. Couples may be entering mental health treatment at various stages in the couple's medical infertility journey, the stage should be considered when treatment planning and implementation.

Role of the Clinician

Encountering individuals experiencing grief is probable in working in the mental health field, therefore at minimum a basic understanding of grief is essential for clinicians. Clinicians are encouraged to take a compassionate support approach, through accepting and normalizing grief, while bearing witness to client's pain (Igelwicz et al., 2020). Researchers have proposed conceptualizing grief as a "form of love…unique to each relationship…[rendering]…it clear that none of us really understands the complexity of thoughts and feelings engendered in someone else by the loss" (Neimeyer, 2012). Treating clients with the lens that each relationship is unique, and therefore each person's grief is unique, allowing clinicians the opportunity to bear witness to each couple's journey.

Assessment and Diagnosis of CG

Differentiation is an essential step in assessing and diagnosing individuals/couples to ensure appropriate treatment and effective outcomes are identified and achievable. Grief is defined as a natural response to loss, further classified as acute and complicated. Acute grief is typified by intense emotions and preoccupation with thoughts associated with the loss, considered to be an adaptive and natural response to loss and clinicians are cautioned to not pathologize acute grief (Igelwicz et al., 2020). Complicated grief, as defined above, meets specific criteria, a self-report questionnaire has been developed entitled Brief Grief Questionnaire (BGQ; Ito, Nakajima, Fujisawa, Miyashita, Kim, Shear, & Wall, 2012). The BGQ is a five-question 3-point scale instrument, which can be utilized by the clinician through interviewing couple, to assess the level of distress related to the grief associated with the couple's infertility.

Modified BGQ (Ito et al., 2012)

Answer Scale 0 is not at all; 1 somewhat; 2 a lot.

Are you as a couple experiencing marital/individual distress related to infertility grief? If so,

1. How much are you having trouble adapting to the diagnosis/treatment of infertility_____?
2. How much does the grief, related to infertility interfere with your life_____?
3. How often are you having images or thoughts of infertility diagnosis/treatment/outcomes that really bother you?
4. Are there things that you used to do before infertility that you do not feel comfortable doing anymore, that you avoid? Or do you avoid reminders of the loss, disappointment that accompanies the infertility process? Like certain people, places, situations, or objects? How much are you avoiding these things?
5. How much are you feeling cut off or distant from other people since infertility diagnosis/treatment, even people you used to be close to like family or friends?

A score of 5 or more may be suggestive of the presence of the syndrome of Complicated Grief, but further evaluation by a clinician is warranted for proper diagnosis.

Principle and Goals: CGT

Research pertaining to available and applied mental health treatments for infertility is limited, further research and development is needed in the area to provide support to the effected population. The utilization of CGT in couples work seems a reasonable extension in developing and furthering the efficacy of CGT in treating Complicated Grief. CGT was developed as a treatment to remove obstacles to adaptation and assist the natural adaptive grief process (Igelwicz, 2020). A dual process model of grief, CGT, considers adaptation to have a loss focus and a restoration focus (Stroebe & Schut, 2010). Loss focus necessitates an acceptance of the reality of loss, grief, and stress, and an altered relationship to the loss, while restoration focus entails a "renewed sense of autonomy, competence and relatedness in a changed world" (Stroebe & Schut, 2010). CGT consists of seven sequential treatment themes, which have been adapted both to infertility grief and the dyadic processing in couple treatment.

Seven Core Themes (Adapted/Modified)

1. Understanding and accepting grief in relation to infertility
   Collaboratively achieved within the therapeutic relationship, psychoeducation is provided to teach the couple about the model of grief and adaptation. The education provides a framework for the couple to structure the disorganized experience that can come with grief, normalizing grief, presenting a counter experience to the notion of being alone, and offeing hope (Igelwicz et al., 2020). Psychoeducation includes the purpose and why of grief, symptomology and variability of "natural, adaptive grief," what adapting to loss commonly entails, factors that may "complicate" grief and interfere with its healing process, what CG is and how treatment can support the couple (Igelwicz et al., 2020). Unique to infertility, is the subset of grief, known as disenfranchised grief, which is defined as loss of a relationship that is not socially recognized, perceived as significant to others, and therefore not viewed as justified (Doka, 2002). Education for couples, specifically experiencing infertility, can center on the recurring loss that can occur with infertility, given the roller coaster of emotions, during which a couple begins each month hopeful at the beginning of each cycle month, that this will be the month they are able to conceive, followed by a two-week wait occupied by anxiety until a pregnancy test is viable (Swanson & Braverman, 2021). Subsequently, couples often experience disappointment, and repeated heartbreak, if the outcome is a negative pregnancy test, leading to a few days of sadness and grief, requiring a renewed hope for the next month's cycle (Swanson & Braverman, 2021). The pace of the emotion roller coaster, leaves couples constrained to the medical schedule necessary for increased possibility of conception, creating a cumulation of stress, anxiety and grief, which can go unattended. Providing a space for couples to discover, experience, and explore the journey of infertility, within the marital relationship can lead to the development of a more empathic and supportive space to move to managing emotional pain.
   Symptoms of infertility grief
   - Feelings of sadness, anger, jealousy, disbelief, and acceptance.
   - Grief about loss of health, self-esteem, self-confidence, and an imagined future child (Mahlstedt, 1985).

2. Managing emotional pain related to infertility (maladaptive thoughts, excessive avoidance, etc.)

   A diagnosis of infertility and the available treatment process comes with a myriad of emotions, couples have reported feelings of distress, grief, anxiety, and depression, which can be supported or exasperated by the couple relationship. Assisting the couple in creating an environment where the individuals can openly explore their thoughts and emotions related to the infertility process results in a stronger marital relationship (Repokari, Punamaki, Unkila-Kallio, Vilska, Poikkeus, Sinkkonen, & Tulppala, 2007). Accepting and embracing grief as a natural response leads into the acknowledgement, acceptance and management of painful grief-related emotions. The roller coaster of emotions, as defined above begins with hope, followed by anxiety, disappointment, grief and sadness, necessitating a renewed hope for the for the possibility of conception the following month, leaving couples with cumulative stress, anxiety, and grief the longer the couple remains in the pattern without conception (Swanson & Braverman, 2021). In addition, treatment protocols, financial costs, and legal, cultural, and religious principles can impact emotional distress, leading to challenges in adapting to the dual process.

   - Grief Log: Couples are asked to keep a log of grief related to infertility, allowing for a fuller understanding and acceptance of the grief, as well as the pain, which inevitability accompanies grief.

     At the end of each day, a check-in between the couple together at the end of each day, reflect on the day for 5 minutes, identifying a time in the day when the grief was at its highest, rating the intensity 1-10, and making note about what was happening at the time. Repeating for the time in the day when the grief was at its lowest, rating the intensity, and making note about what was happening at the time. Lastly, identifying an overall rating for the day.

   Follow-up session is used to discuss one day the grief was highest and one day when the grief was lowest.

   - Monitoring and processing allows for the identification of maladaptive thoughts, avoidance and triggering stimuli (persons, places, situations, and objects.)
   - Exploring narratives or scripts, which may be inhibiting grief process
   - Removing obstacles of the natural grief process towards adaptation through continued education, normalization and acceptance.
   - Establishing self-care routine, due to the possible longevity of infertility journey.

3. Thinking about the future (decision for/against treatment, alternative methods, marital relationship, etc.)

   Couples may be entering mental health treatment at various stages in the couple's medical infertility journey, it can not be assumed each couple will approach the process in the same manner, nor complete the process with the same outcome. Infertility diagnosis comes with many emotions, thoughts and subsequent decisions. Infertility decisions range from engagement in medical treatment for the purpose of conception, continuing or discontinuing treatment following a period without conception, alternative methods, which may include adoption, surrogacy, etc. These decisions include layers of consideration, which can create legal and financial pressure, therapists should consider the presence of additional stressors in mental health treatment. Often persons experiencing grief describe a "stuck" feeling

(Igelwicz et al., 2020), future planning, thinking, and adapting allows for the continued movement forward with, allowing for the development of hope and reengagement in life. Couple is asked to reflect on the impact infertility has had on their personal lives, lost interest, disengagement in life and plans are formulated to begin reengaging in activity, individually and as a couple, as fertility treatment and infertility can become all-consuming, leading to imbalance. The pursuit of conception can become engrossing pursuit in the couple's lives, impacting all areas of their lives the couple to "imagine that their grief is at a manageable level and consider what they would want for themselves" (Igelwicz et al., 2020), identifying steps towards meeting the named goals. Examples may be, reengaging in their marital relationship, reengaging in parenting relationships with present children, reengaging in social relationships, activities, interests.

4. Strengthening ongoing relationships (increasing effective communication, support within/outside couple)
   Psychoeducation and communication interventions can be utilized to strengthen the marital relationship. Marital relationship challenges that predate infertility can become overwhelming by the stress of infertility and treatment, resulting in significant marital relationship problems (Swanson & Braverman, 2021). The way the couple supports one another can affect the experience of infertility and navigating the adjustment and adaptation that accompanies infertility grief (Chaves, Canavarro, & Moura-Ramos, 2019). Research shows the impact of partner distress on their partner, and conversely the impact of support on decreasing distress in the other partner (Chiaffarino et al., 2011). Conception is perceived by many couples as a romantic and intimate process (Swanson & Braverman, 2021), infertility treatment is comprised of treatment procedures, which operate outside of the romantic and intimate process, necessitating an adaptive view of the process of conception for couples with infertility. Many persons experiencing infertility experience challenges in social relationships, caused by a multitude of factors, which include sensitivity to fertility issues and lack of or perceived lack of social support (Swanson & Braverman, 2021). Assessing the couple's current support system, is important, given the shame that can be present for those navigating infertility. Concerns among couples navigating infertility are associated with anxieties and/or experiences of not receiving support, leading one or more of the partners in the couple to withdraw socially, which can lead to isolation and increased distress (Swanson & Braverman, 2021). Having an expanded support system can provide the support and acknowledgement the couple's grief needs. The couple is challenged to identify at least one person outside of the marital relationship that he/she can share their infertility journey with, safely and openly, this may be found through a support group, friend or family member. In supporting the previous core theme, the therapist challenges the couple to reengage in social activities, as they feel prepared (Igelwicz et al., 2020).
5. Telling the story of diagnosis and treatment (hopes, joys, disappointments, and loss)
   As discussed, grief related to infertility has been categorized as disenfranchised grief, which has been described as particularly painful, due to the reduced normalization and recognition, resulting in shame, reduction in support and acknowledgment (Doka, 2002). The sense of isolation and shame can be addressed through verbalization and acknowledgement of the journey. Support systems play a role in witnessing the story, however, commonly support systems can become overwhelmed and desire for the topic of discussions to change, resulting in harsh comments, platitudes and insistence on moving on (Igelwicz et al., 2020). Often the couple remains on their infertility journey and the need for a safe supportive place to tell the story remains a need. People tend to avoid distress and pain, when the response of grief is

triggered people are faced with the pain and distress, we are hard-wired to avoid, restorative retelling, while building in emotional regulation, is an intervention supported by CGT (Igelwicz et al., 2020). By employing modified restorative retelling a couple with infertility learns how to approach and explore the pain.

6. Living with reminders of infertility, losses, and unfulfilled hopes/expectations
   Becoming a parent in many cultures is viewed as a milestone and developmental necessity in adulthood, while fertility is perceived as an indicator of health and fulfillment of gender roles, leaving those who experience infertility with the personal grief, as well as the perceived failure of meeting gender expectations in their identified community (Swanson & Braverman, 2021). Avoidance of events, thoughts, people, places, and activities that remind bereaved persons of the pain of grief, is a common coping mechanism, which interrupts the adaptive grief process (Igelwicz et al, 2020). The result is increased disengagement, impacting functioning in one or more areas of life. Through psychoeducation and completed mental health treatment, the couple comes to recognize that the avoided stimuli and reminders, while they hold pain, also hold benefit (Igelwicz et al., 2020), in acknowledging and acceptance of the grief. In the previous core theme of management of painful emotions, the couple monitored grief, a list of triggering stimuli and avoided reminders was crafted, by utilizing the list the couple can rank the distress they experience in considering reengaging in each reminder or stimuli, from 1-10, with 1 being a little distress to 10 being extreme distress. "Situational revisiting" is an intervention from CGT where the person/couple begins with the lowest ranked stimuli they have been avoiding and they revisit, along with their partner for support (Igelwicz et al., 2020). The couple repeats the monitoring previously completed, logging the grief levels, and prevalent information about the experience of revisiting. Expression of the loss and unfulfilled hopes/expectations allows for the couple to simultaneously acknowledge the loss/pain and while envisioning hope.
7. Connecting to memories/hope (honoring the infertility journey)
   CGT proposes bereaved persons distress is impacted by the depth of connecting to and meaning found in the grief (Igelwicz et al., 2020). Research indicates that coping by the couple, involves making meaning of the experience of infertility, which supports a partnership approach for couples to cope and often results in decreased distress for the couple as a unit (Swanson & Braverman, 2021). Ritualizing and celebrating the marital relationship, milestones in the journey allows for the couple to create meaning, while navigating a painful journey. Couples are given the opportunity to explore and establish rituals or other activities that recognize the significance of the journey and integrating the loss into their life (Swanson & Braverman, 2021). These are not limited to, but may include the "imagined future child," recurring grief of infertility, children lost through miscarriage, still birth, and/or the marital relationship.

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