

## **Reproductive Trauma: Psychotherapy with Infertility and Pregnancy Loss Clients**

Janet Jaffe and Martha O. Diamond

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An estimated 15-25% of recognized pregnancies end in miscarriage. One in six American couples is infertile. Given the prevalence of these problems, some clients are bound to present in psychotherapy with a history of reproductive loss, whether or not it is the reason they seek treatment. Janet Jaffe and Martha O. Diamond note that reproductive loss is often devastating – and invisible. Psychologists at the Center for Reproductive Psychology in San Diego and co-authors of *Unsung Lullabies, Understanding and Coping with Infertility*, they have written an introduction for clinicians to common psychosocial issues associated with miscarriage, still birth, and infertility. The authors compassionately discuss grief, couples issues, assessing and treating reproductive patients, and topics specific to gay and lesbian clients. *Reproductive Trauma* also includes a primer on advanced reproductive technology and common medical procedures, a guide to helping patients assess their reproductive options, and common ethical dilemmas.

To Jaffe and Diamond, reproductive losses are traumatic in that they represent a deviation from clients' "reproductive stories," their conscious and unconscious mental narratives about themselves as parents. The authors propose that people's identity as parents begins long before they actually have children and is influenced by early childhood experience, culture, and the developmental tasks of adulthood. Since the reproductive story is a crucial piece of a person's identity, "when it goes awry ... the loss is perceived as an enormous narcissistic blow, a trauma to the self that can affect adult development and all other areas of one's life" (p. 11). The reproductive story forms the basis of assessment and treatment. Jaffe and Diamond suggest that assessment begin by asking, "How was your life as a parent supposed to be?" Treatment then consists of helping clients rewrite their reproductive stories to acknowledge and incorporate the loss and then imagine a new ending – whether trying to conceive with or without medical assistance, adopting, or choosing life without children.

Besides presenting the framework of the reproductive story, Jaffe and Diamond's treatment recommendations are vague. They call for an eclectic approach incorporating psychoeducation, grief work, cognitive behavioral therapy, and insight-oriented interventions, yet provide little specific guidance on which techniques to use when with whom. The book has numerous case illustrations, but no outcome data on the authors' approach. More troubling, Jaffe and Diamond neglect to mention elements of empirically-supported treatments that are directly relevant to some of the functional difficulties of reproductive patients. For example, they observe that many clients isolate themselves from friends and family without suggesting interventions to improve interpersonal functioning. Likewise, they note that women who have difficulty conceiving or carrying pregnancies often avoid pregnant women and babies. They condone skipping baby showers and the like that might be upsetting for the client – and discuss neither the potential hazards of avoidance nor the multitude of evidence-based treatments.

Jaffe and Diamond imply that insight into the reproductive story is the mechanism of therapeutic action and the goal of treatment. This is one of many psychoanalytic assumptions in the text. That Jaffe and Diamond's worldview is shaped by psychodynamic theory is not in itself a problem. It is problematic that they often portray theory as fact without indication that it is only one way to approach psychotherapy. For example, they write that reproductive patients often

come to treatment for symptom relief rather than for personality restructuring. But personality restructuring is not necessarily the usual reason for seeking therapy or the desired outcome. Indeed, many theoretical orientations emphasize neither insight nor personality restructuring. This failure to recognize theory as theory undercuts the strength of their argument.

Jaffe and Diamond come across as caring clinicians who are sensitive to the particular suffering of reproductive patients. They provide useful information about the biopsychosocial consequences of reproductive loss, but the book falters when it goes beyond description due to narrow theoretical assumptions and imprecise treatment recommendations.

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