The Intersection of Reproductive Health and Mental Health: Where do Sexual Minorities fit?

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In the United States, the nuclear family has been idealized preserving and promoting heterosexual norms of procreation through a two-parent heterosexual marriage (Peterson, 2013). Supporting homonegative ideas, this prevailing paradigm is problematic for queer families (Peterson, 2013). Identifying as lesbian, gay, bisexual, and/or trans (LGBT) historically led to dismissing any notions of biological family creation. Although recent advancement in marriage equality showcases progress, sexual and gender minorities are still fighting equality battles regarding family creation. This assignment reviews the current literature regarding involuntary childlessness and identifies a lack of information regarding LGBT individuals.

**Defining Infertility**

Traditionally defined, infertility is the inability to conceive and bring pregnancy to full term after one year of unprotected sexual intercourse (Johnson, 2012; Letherby, 2002). However, the Centers for Disease Control and Prevention (CDC) defines infertility as a married woman ranging from age 15 to 44 and unable to conceive after 12 months without the use of a contraceptive with her husband (Infertility, 2015). Additionally, the CDC further distinguishes infertility removing impaired fecundity from the definition (Infertility, 2015). Between 2006 and 2010, over one million women reported experiencing infertility as defined by the CDC and National Survey of Family Growth (Infertility, 2015). Using these statistics, one and eight women will experience infertility in her lifetime.

These definitions overlook male infertility, single individuals seeking family creation, and queer family creation. This exclusion preserves misogyny and homonegativity while promoting heteronormativity. Unfortunately dismissing LGBT clients from the definition leaves clients with feeling of unworthiness and inferiority before assisted reproductive technology attempts even occur (Peterson, 2013).

**Infertility as a Crisis**

Infertility can present as a crisis (Jackson- Cherry & Erford, 2013; Van den Broeck et al., 2010) resulting in mental health consequences (Cousineau & Domar, 2007). The crisis becomes chronic as each attempt to conceive presents disequilibrium for both the individual and the couple (Jackson-Cherry & Erford, 2013). The efforts to conceive often becomes the individual’s and couple’s primary focus resulting in perceived loss of control over one’s life, delay in career goals, and questioning of values (Cousineau & Domar, 2007). Many couples experience envy of successful conception attempts in others and could view infertility as a penance of past transgressions (Cousineau & Domar, 2007) leading to feelings of powerlessness and perceptions of injustice or unfairness.

Clients experiencing infertility often grieve the loss of the imagined child, parental goals, and personal identity established within those goals (Gibson, 2007; Van den Broeck et al., 2010). In addition to grief, the individual and the couple may experience the stages of death and dying identified by Kubler-Ross (Gibson, 2007). The individual and couple endure many losses when faced with infertility, including a loss of identity (Gibson, 2007). The crisis of infertility is not limited within one culture (Cousineau & Domar, 2007). In fact, in many cultures, infertility can lead to the diminished sense of self-worth and isolation (Cousineau & Domar, 2007). Clients may experience, perceived or factual, limited to no social support of friends and family (Cousineau & Domar, 2007). When experiencing prolonged infertility, clients may retreat into isolation (Born, 1989; Ferber, 1995).

Furthermore, the relationships suffer as a result of infertility. Stressors such as lack of intimacy, rigorous fertility treatment schedules, and the cost of fertility treatments compound the existing crisis of infertility (Cousineau & Domar, 2007). *Psychological burden* is often the main reason why people discontinue infertility treatments (Olivius, Friden, Borg & Bergh, 2004). Infertility crisis may result in the separation or dissolution of the couple (Cousineau & Domar, 2007; Gibson 2007; Jackson-Cherry & Erford, 2013). A common reason for dissolution stems from the couple’s inability to reach similar family creation goals identified during early relationship construction (Ducheny & Ehrbar, 2016).

**Conclusion**

In conclusion, infertility infiltrates a person’s life financially, emotionally, and physically. Considering the research, promoting heteronormativity further marginalizes LGBT individuals seeking family creation and involuntary childlessness. The definition is inadequate. Recommendations for future research include understanding the unique experience of LGBT individuals suffering from involuntary childlessness and inclusion of LGBT in infertility data collection. Additionally, counseling implications and counselor education regarding LGBT reproductive health and family creation should be explored. Lastly, social and systemic discrimination of LGBT individuals needs to be addressed through empirical research studies.

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