

PRACTICE BRIEFS



Counseling People Experiencing Infertility

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ABSTRACT: Infertility has been often described as a biopsychosocial crisis for both men and women because it includes multiple physical, financial, social, and psychological stressors (Gibson & Myers, 2000, 2002). When exploring common lifestyle factors that can contribute to experiencing infertility, body weight (under and overweight), tobacco use, heavy alcohol use, physical activity (too little or too much), diet and nutrition, stress and other psychological issues, sleep patterns, exposure to environmental toxins, and other substance use should be considered (Dhage et al., 2024; Donato et al., 2025; Lee et al., 2024; Lim et al., 2024; Tesarik et al., 2025; Urata et al., 2024). However, sometimes the causes of infertility can be unexplained (Raperport et al., 2024). For counselors, individuals experiencing infertility could present with anxiety and mood disorders, adjustment issues, and relationship concerns.

Introduction

Infertility has been often described as a biopsychosocial crisis for both men and women because it includes multiple physical, financial, social, and psychological stressors (Gibson & Myers, 2000, 2002). When exploring common lifestyle factors that can contribute to experiencing infertility, body weight (under and overweight), tobacco use, heavy alcohol use, physical activity (too little or too much), diet and nutrition, stress and other psychological issues, sleep patterns, exposure to environmental toxins, and other substance use should be considered (Dhage et al., 2024; Donato et al., 2025; Lee et al., 2024; Lim et al., 2024; Tesarik et al., 2025; Urata et al., 2024). However, sometimes the causes of infertility can be unexplained (Raperport et al., 2024). Below is a brief description of how infertility is defined and the most current prevalence rates. For counselors, individuals experiencing infertility could present with anxiety and mood disorders, adjustment issues, and relationship concerns. Brief descriptions of theoretical approaches to counseling are also presented.

The Practice Committee of the American Society for Reproductive Medicine (2023) defines infertility as a disease, condition, or status characterized by (a) the inability to achieve a successful pregnancy based on a patient's medical, sexual, and reproductive history, age, physical findings, diagnostic testing, or any combination of those factors; and/or (b) the need for medical intervention, including, but not limited to, the use of donor gametes or donor embryos in order to achieve a successful pregnancy either as an individual or with a partner.

Secondary infertility is defined as "the inability to conceive or have a full-term pregnancy after having had children without difficulty before" (Resolve, n.d.). Although people experiencing secondary infertility have similar thoughts and experiences as those experiencing primary infertility, there may be also confusion and feelings of guilt since they already have a child/children and question why this could be happening (Shi et al., 2024). Additionally, there may be emotional tension between feelings of gratitude

and grief due to their previous child's or children's birth(s) while trying to manage possible medical treatments and childcare responsibilities.

Approximately 13.4% of women in the United States between 15–49 years of age have an impaired fecundity or the “physical ability to have children,” and 11.4% of men in the same age range reported some form of infertility (Nugent & Chandra, 2024, p.1). Similarly, 13% of all women ages 18 to 49 year of age reported needing infertility services, which can include: advice, testing, ovulation drugs, surgery, artificial insemination, assisted reproductive technologies, medical help to prevent miscarriages, etc. (Ranji et al., 2024). In approximately 50% of infertility cases, the male partner is either solely responsible or a contributing factor (Agarwal et al., 2021). According to Snow et al. (2022), the odds of infertility increase significantly with age or lower levels of education. Non-Hispanic Black women have significantly higher rates of infertility than non-Hispanic White women and Hispanic women. Infertility rates were highest in Hispanic men, compared with Asian, Black, or White men.

Assessment Strategies

Counselors should consider a comprehensive intake interview in formulating treatment goals that are co-constructed with the individual and/or couple. Due to the biopsychosocial nature of infertility, questions could focus on biological, social, economic, and psychological aspects of the experience. However, considering cultural diversity in assessment, some people may require more narrative methods of assessment. For example, counselors can help clients create a timeline of stressful events that includes a values exploration and genograms that explore family expectations and pressures. This will help reduce defensiveness and possible feelings of shame. More direct types of measures may be used, such as the State-Trait Anxiety Inventory, Brief Symptom Inventory, or Beck Depression Inventory-2 (links available in Resources section). More specific measures to infertility that may be appropriate include the ones discussed below.

Fertility Problem Inventory

The Fertility Problem Inventory (FPI; Newton et al., 1999) is a 46-item scale which involves individuals rating (on a 6-point likert scale) their level of agreement for items related to fertility concerns or beliefs. The results are organized into one global scale and five subscales, including social concern, sexual concern, relationship concern, need for parenthood, and rejection of child-free lifestyle. Items assess the individual's concerns about the impact of infertility on the relationship and difficulties in discussing infertility with the partner. Beliefs about future happiness and well-being, being dependent on having a child, and that being child-free is not an option are assessed in the rejection of child-free lifestyle subscale. For clinical purposes, the FPI is designed to be administered by helping professionals who hold a minimum of a master's degree and have been trained in assessment. The instrument is considered an adequate measure of infertility stress for both men and women in different stages of the infertility and assisted reproductive technology experience (Moura-Ramos et al., 2012). Administration time is approximately 15–20 minutes.

Fertility Quality of Life Tool

The Fertility Quality of Life Tool (FertiQoL; Boivin et al., 2011) is a 36-item scale that assesses core and treatment-related quality of life, overall life perceptions, and physical health on a 5-point likert response scale. The instrument was designed for international use, and is available in 46 languages. The FertiQoL provides six subscale and three total scores with a range of 0 to 100 (higher scores indicate higher quality of life). The Core FertiQoL is an indication of the average quality of life that is measured across all domains. The Treatment FertiQoL assesses the average quality of life across treatment domains that include Treatment Environment and Treatment Tolerability. Treatment Environment refers to how the accessibility and quality of treatment has impacted the quality of life. The impact on daily life of any mental and physical symptoms as a result of fertility treatment is measured by the Treatment

Tolerability subscale. Mental health and medical health professionals can use the free instrument, and a 10-item treatment mode scale is available for clients who are currently undergoing infertility medical treatments. Administration time is approximately 10–15 minutes for the full scale. It has also been validated in several non-U.S. populations (Woods et al., 2023).

Treatment Approaches

Relational-Cultural Theory

Relational-cultural theory (RCT) posits that people grow through and toward relationships throughout the lifespan, and that culture powerfully impacts relationship (Jean Baker Miller Training Institute, n.d.). RCT is a theory that emphasizes the human need for connection through “mutual” relationships within the context of cultural influences. In working with individuals and couples experiencing infertility, recognizing how the relationships (e.g., with partner and with others) are affected within the social construction of parenthood (Gibson & Myers, 2000) is important. This social construction feeds identity development and when there is ambiguity in identity, then uncertainty may occur in the relationship (Yoon & Theiss, 2022).

Not only can RCT be used to help the individual and/or couple to reconceptualize their infertility experience, but interventions focused on empathy and mutuality can be implemented. Specifically, empathy with self can be nurtured in individual and couples counseling with clients who are coping with infertility. Due to the social constructions around being parents, many individuals will blame themselves for not being able to “become” parents and have feelings of guilt or self-blame surrounding those beliefs. RCT emphasizes the skill of empathizing with self in order to empathize with others. For couples, learning mutual empathy or mutuality will energize them as couples and can provide a new or renewed direction in their lives. Mutuality can also be built into a support group setting for individuals and couples who are coping with infertility.

Grief Counseling

Because there is a cultural expectation that individuals should become parents, those who desire to have children may experience a sense of loss if and when they cannot conceive (McBain & Reeves, 2019). Clients struggling with infertility can experience a variety of emotions and grief reactions like shock, anger, disappointment, guilt, and others because being unable to conceive is a loss that can mirror death-related mourning (Assaysh-Öberg et al., 2023). These feelings can intensify if there are pregnancy losses, which adds to the experience of disenfranchised grief. Counselors should not only be attuned to the primary loss of infertility or miscarriage, but also secondary losses that are a result of the primary loss (Jarnagin et al., 2023).

Secondary losses can include loss of identity, future dreams, purpose, control, trust (e.g., in self, partner, or body), faith, financial support in cases of failed IVF treatment, and potentially health. Professional counselors should consider utilizing more contemporary and culturally inclusive models of loss and grief like the Adaptive Grieving Styles (Doka & Martin, 2025; Martin & Doka, 2000) or the Dual Process Model (Stroebe & Schut, 2010) over the commonly misconstrued Kübler-Ross (1969) model. Helping clients make meaning or sense of their loss is a critical part of healing.

Meaning-making is an active process that can involve finding a new purpose, revising beliefs, valuing relationships, or personal growth (Gillies et al., 2014). If clients interpret infertility from a philosophical point of view (i.e., infertility is part of divine intervention), then the counselors could provide interventions that help clients reconstruct the meaning of infertility (i.e., instead of a loss, this may be a different opportunity; Gibson, 2007). Hence, counselors help clients build a new “narrative” about the infertility experience through interventions which involve clients relearning about self, developing an existential grounding, rebuilding inter- and intrapersonal processes, and expanding verbal and nonverbal processing (Briggs & Pehrsson, 2008).

Grief processing can be accomplished using books, journaling, art, poetry, or movement. Multicultural considerations should guide counselors in specific interventions that are co-constructed with clients (Payne et al., 2002). For the couple considering the possibility of pursuing either fertility treatments or adoption, the counselor can ask the couple to create two different five-year plans (i.e., one with a child and the other without). This can facilitate the couple's communication and help the couple better understand their thoughts and feelings about life without children. This intervention will help the couple gain some sense of control over a situation that has felt very uncontrollable and discouraging (Daniluk, 2001).

Couples Counseling/Sexuality Counseling

Although couples may seek infertility treatment, it is wrong to assume that they are eager to seek *counseling* for this issue. Counselors need to be sensitive to specific cultural groups' reluctance to seek counseling and discuss issues related to sexuality (Burnett, 2009). If the couple presents for counseling, then a genogram may help the professional counselor understand the couple's thoughts, beliefs, feelings, and family-of-origin experiences with infertility.

Burnett (2009) proposes "externalizing the problem as a counseling technique that helps couples to think of the problem as separate from themselves" (p. 172). By separating the issue of infertility from the couple, it allows them to process those thoughts and feelings and form goals about the issue to accomplish together. Couples counseling can also help them construct an alternate narrative to examine how cultural assumptions related to infertility have impacted their decision-making about their infertility. Integrating mindfulness-based approaches with individuals or couples experiencing infertility have shown to decrease a number of psychological symptoms including stress, anxiety, and depression while increasing quality of life, marital support, self-efficacy, and social support (Patel et al., 2020).

Sexuality counseling can be beneficial for individuals and couples experiencing infertility as sexual arousal, interest, and function may be impacted. Counselors should not only become comfortable addressing these issues in session, but they should also be culturally competent, operative from a sex-positive lens, and avoid reinforcing heteronormative approaches to sex and sexuality. Specifically, the BETTER (Karakas & Aslan, 2019) and PLISSIT (Amini et al., 2025) models have demonstrated improvement with both the sexual function and sexual quality of life in women. Counselors may also find the Gottman Method effective in helping couples cope with infertility by improving in couple satisfaction and intimacy (Brigance et al., 2024; Hosseinpour et al., 2022). Additional evidence-based interventions to support individuals and couples experience infertility include cognitive behavioral therapy, acceptance and commitment therapy, and emotion-focused therapy (Golshani et al., 2021; Salarfard et al., 2025).

Cultural and Ethical Considerations

Though infertility can affect interpersonal relationships, cause psychological distress, and impact overall well-being of everyone involved, women may experience reproductive trauma from invasive procedures or encounter a lack of empathy and compassion from their health-care workers (Assaysh-Öberg et al., 2023). For Black women in particular, their experiences with infertility are further shaped by the "Strong Black Woman" schema, racial discrimination and poor cultural competence in health care, and stigma with seeking mental health support, leading to internalization of low self-worth (Harrison & Pinkney, 2024).

Men may be negatively affected by traditional views of masculinity and view infertility as a personal failure or an attack on their masculinity (Abdullahzadeh et al., 2024; Sahoo et al., 2025). They may also experience depression, anxiety, grief, hopelessness, and relationship difficulties that could be mitigated by attending counseling. These issues are compounded by stigma of both infertility and seeking mental health support as well as reproductive attention focusing primarily on women.

Moreover, members of the LGBTQIA+ community face systemic barriers to family planning including insurance coverage, sperm donation, and adoption (Richburg et al., 2022). The barriers and

marginalization experienced in this community are likely contributing factors to poorer pregnancy outcomes when compared to heterosexual women (Croll et al., 2022). For example, lesbian and bisexual women, who are much more likely to utilize fertility treatments, have more difficulty achieving pregnancy. Available research on transgender, nonbinary, and gender expansive individuals is primarily focused on barriers to achieving pregnancy as opposed to pregnancy outcomes, thus indicating a significant gap in understanding their needs. Though the Practice Committee (2024) and the Ethics Committee (2021) of the American Society for Reproductive Medicine both issued guidance about supporting access to fertility treatment regardless of gender identity or marital status and providing more inclusive care to LGBTQIA+ members, these recommendations often conflict with state laws. As of 2026, members of this community, particularly transgender people, are experiencing a rollback of their rights, which can further reduce access to services and support (Gash, 2026).

Conclusion

Infertility is a complex experience that intersects with identity, relationships, culture, and systemic inequities, making it a critical area of competence for professional counselors. Effective counseling requires an integrative, culturally responsive approach that attends to grief and loss, relational dynamics, sexuality, and ethical considerations while respecting the diverse meanings clients ascribe to parenthood and family. By grounding practice in evidence-based theories, inclusive assessment strategies, and a strong awareness of cultural and structural influences, counselors are well positioned to support individuals and couples in navigating infertility with compassion, clarity, and empowerment in a process that too often feels anything but controllable.

Resources

- [Infertility](#), National Center for Health Statistics
- [Fertility Problem Inventory](#)
- [Fertility Quality of Life Tool](#)
- [The Development of Relational-Cultural Theory](#), Jean Baker Miller Training Institute
- [American College of Obstetricians and Gynecologists](#)
- [American Society for Reproductive Medicine](#)
- [Assistive Reproductive Technology](#), U.S. Centers for Disease Control and Prevention
- [Family Equality](#)
- [Fertility Treatments](#), Planned Parenthood
- [Resolve: The National Infertility and Family Building Association](#)
- [The Oncofertility Consortium](#), Michigan State University
- [National Centers for Translational Research in Reproduction and Infertility](#), Eunice Kennedy Shriver National Institute of Child Health and Human Development
- [Office on Women's Health](#), U.S. Department of Health & Human Services
- [Beck Depression Inventory-2](#)
- [Brief Symptom Inventory](#)
- [State-Trait Anxiety Inventory](#)

References

Abdullahzadeh, M., Vanaki, Z., Mohammadi, E., & Mohtashami, J. (2024). Exploring men's struggles with infertility: A qualitative content analysis. *Journal of Advanced Nursing*, 80(5), 2018–2026. <https://doi.org/10.1111/jan.15958>

- Agarwal, A., Baskaran, S., Parekh, N., Chak-Lam, C., Henkel, R., Vij, S., Arafa, M., Manesh Kumar, P. S., & Shah, R. (2021). Male infertility. *The Lancet*, 397(10271), 319–333. [https://doi.org/10.1016/S0140-6736\(20\)32667-2](https://doi.org/10.1016/S0140-6736(20)32667-2)
- Amini, R., Taebi, M., & Tehrani, H. G. (2025). Effect of PLISSIT model counseling on the sexual quality of life of infertile women: A randomized controlled trial. *Scientific Reports*, 15, Article 18805. <https://doi.org/10.1038/s41598-025-03529-z>
- Assaysh-Öberg, S., Borneskog, C., & Ternström, E. (2023). Women's experience of infertility & treatment—A silent grief and failed care and support. *Sexual & Reproductive Healthcare*, 37, Article 100879. <https://www.doi.org/10.1016/j.srhc.2023.100879>
- Boivin, J., Takefman, J., & Braverman, A. (2011). The Fertility Quality of Life (FertiQoL) tool: Development and general psychometric properties. *Fertility and Sterility*, 96, 409–416. <https://www.doi.org/10.1016/j.fertnstert.2011.02.046>
- Brigance, C. A., Waalkes, P. L., Freedle, A., & Kim, S. R. (2024). Gottman's sound relationship house and relational resilience through infertility for couples. *Journal of Marital and Family Therapy*, 50(4), 933–952. <https://doi.org/10.1111/jmft.12736>
- Briggs, C. A., & Pehrsson, D.-E. (2008). Use of bibliotherapy in the treatment of grief and loss: A guide to current counseling practices. *Adultspan Journal*, 7(1), 32–42. <https://doi.org/10.1002/j.2161-0029.2008.tb00041.x>
- Burnett, J. A. (2009). Cultural considerations in counseling couples who experience infertility. *Journal of Multicultural Counseling and Development*, 37(3), 166–177. <https://www.doi.org/10.1002/j.2161-1912.2009.tb00100.x>
- Croll, J., Sanapo, L., & Bourjeily, G. (2022). LGBTQ+ individuals and pregnancy outcomes: A commentary. *BJOG: An International Journal of Obstetrics and Gynaecology*, 129(10), 1625–1629. <https://doi.org/10.1111/1471-0528.17131>
- Daniluk, J. C. (2001). Reconstructing their lives: A longitudinal, qualitative analysis of the transition to biological childlessness for infertile couples. *Journal of Counseling & Development*, 79(4), 439–449. <https://doi.org/10.1002/j.1556-6676.2001.tb01991.x>
- Dhage, V. D., Nagtode, N., Kumar, D., & Bhagat, A. K. (2024). A narrative review on the impact of smoking on female fertility. *Cureus*, 16(4), Article e58389. <https://www.doi.org/10.7759/cureus.58389>
- Doka, K. J., & Martin, T. L. (2025). *Grieving beyond gender: Understanding diverse grieving styles* (3rd ed.). Routledge.
- Donato, M., Capalbo, A., Morizio, E., Fratini, R. M., Pilenzi, L., D'Antonio, F., Stuppia, L., Vitacolonna, E., Gatta, V., & Konstantinidou, F. (2025). The role of lifestyle intervention in female fertility: A modifiable factor for preconception health. *Nutrients*, 17(13), Article 2101. <https://www.doi.org/10.3390/nu17132101>
- Ethics Committee of the American Society for Reproductive Medicine. (2021). Access to fertility treatment irrespective of marital status, sexual orientation, or gender identity: An Ethics Committee opinion. *Fertility and Sterility*, 116(2), 326–330. <https://doi.org/10.1016/j.fertnstert.2021.03.034>
- Gash, A. (2026). LGBTQ rights rollbacks and the death of dignity. *The Forum*, 23(1-2), 77–104. <https://doi.org/10.1515/for-2025-2028>
- Gibson, D. M. (2007). The relationship of infertility and death: Using the relational/cultural model of counseling in making meaning. *The Humanistic Psychologist*, 35(3), 275–289. <https://doi.org/10.1080/08873260701415348>

- Gibson, D. M., & Myers, J. E. (2000). Gender and infertility: A relational approach to counseling women. *Journal of Counseling & Development*, 78(4), 400–410. <https://doi.org/10.1002/j.1556-6676.2000.tb01923.x>
- Gibson, D. M., & Myers, J. E. (2002). The effect of social coping resources and growth-fostering relationships on infertility stress in women. *Journal of Mental Health Counseling*, 24(1), 68–80.
- Gillies, J., Neimeyer, R. A., & Milman, E. (2014). The meaning of loss codebook: Construction of a system for analyzing meanings made in bereavement. *Death Studies*, 38(4), 207–216. <https://www.doi.org/10.1080/07481187.2013.829367>
- Golshani, F., Hasanpour, S., Mirghafourvand, M., & Esmaeilpour, K. (2021). Effect of cognitive behavioral therapy-based counseling on perceived stress in pregnant women with history of primary infertility: A controlled randomized clinical trial. *BMC Psychiatry*, 21, Article 278. <https://doi.org/10.1186/s12888-021-03283-2>
- Harrison, A., & Pinkney, K. E. (2024). Understanding the experiences and counseling needs of Black women with infertility. *Journal of Feminist Family Therapy*, 36(1–2), 21–42. <https://doi.org/10.1080/08952833.2024.2345418>
- Hosseinpoor, M., Masoumi, S. Z., Kazemi, F., Soltani, F., & Ahmadpanah, M. (2022). Investigating the effect of couple-centered counseling by Gottman method on the intimacy of infertile couples referring to the infertility Ward of Fatemieh hospital, Hamadan, Iran in 2020: A quasi-experimental study. *BMC Psychiatry*, 22, Article 581. <https://doi.org/10.1186/s12888-022-04228-z>
- Karakas, S., & Aslan, E. (2019). Sexual counseling in women with primary infertility and sexual dysfunction: Use of the BETTER model. *Journal of Sex & Marital Therapy*, 45(1), 21–30. <https://doi.org/10.1080/0092623X.2018.1474407>
- Kübler-Ross, E. (1969). *On death and dying: What the dying have to teach doctors, nurses, clergy, and their own families*. Macmillan.
- Jarnagin, W. L., Thomas, D. A., & Herscher, M. C. (2023). *Working with infertility and grief: A practical guide for helping professionals*. Routledge. <https://doi.org/10.4324/9781003336402>
- Jean Baker Miller Training Institute. (n.d.). *The development of relational-cultural theory*. <https://www.wcwonline.org/IBMTI-Site/the-development-of-relational-cultural-theory>
- Lee, J., Choo, C.-W., Moon, K. Y., Lyu, S. W., Kim, H., Lee, J. Y., Lee, J. R., Jee, B. C., Hwang, K., Kim, S. K., & Park, S. K. (2024). Risk factors for infertility in Korean women. *Journal of Korean Medical Science*, 39(10), Article e85. <https://www.doi.org/10.3346/jkms.2024.39.e85>
- Lim, L., Hoppe, M., Kennedy, L., Gunderson, A., Wang, L., & Etezadi-Amoli, N. (2024). Young adults' understanding of modifiable risk factors of infertility. *Women's Health Reports*, 5(1), 815–824. <https://doi.org/10.1089/whr.2024.0058>
- Martin, T. L., & Doka, K. J. (2000). *Men don't cry, women do: Transcending gender stereotypes of grief*. Routledge. <https://doi.org/10.4324/9781315784472>
- McBain, T. D., & Reeves, P. (2019). Women's experience of infertility and disenfranchised grief. *The Family Journal*, 27(2), 156–166. <https://doi.org/10.1177/1066480719833418>
- Moura-Ramos, M., Gameiro, S., Canavarro, M. C., & Soares, I. (2012). Assessing infertility stress: Re-examining the factor structure of the Fertility Problem Inventory. *Human Reproduction*, 27(2), 496–505. <https://www.doi.org/10.1093/humrep/der388>

- Newton, C. R., Sherrard, W., & Glavac, I. (1999). The Fertility Problem Inventory: Measuring perceived infertility-related stress. *Fertility and Sterility*, 72(1), 54–62. [https://www.doi.org/10.1016/s0015-0282\(99\)00164-8](https://www.doi.org/10.1016/s0015-0282(99)00164-8)
- Nugent, C. N., & Chandra, A. (2024). Infertility and impaired fecundity in women and men in the United States, 2015–2019. *National Health Statistics Reports* (no. 202). <https://www.cdc.gov/nchs/data/nhsr/nhsr202.pdf>
- Payne, S., Jarrett, N., Wiles, R., & Field, D. (2002). Counselling strategies for bereaved people offered in primary care. *Counselling Psychology Quarterly*, 15(2), 161–177. <https://doi.org/10.1080/09515070110115680>
- Patel, A., Sharma, P. S. V. N., & Kumar, P. (2020). Application of mindfulness-based psychological interventions in infertility. *Journal of Human Reproductive Sciences*, 13(1), 3–21. https://doi.org/10.4103/jhrs.JHRS_51_19
- Practice Committee of the American Society for Reproductive Medicine. (2023). *Definition of infertility: A committee opinion*. American Society for Reproductive Medicine. https://www.asrm.org/globalassets/_asrm/practice-guidance/practice-guidelines/pdf/definition-of-infertility.pdf
- Practice Committee of the American Society for Reproductive Medicine. (2024). Inclusive language and environment to welcome lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual+ patients. *Fertility and Sterility*, 121(6), 954–960. <https://doi.org/10.1016/j.fertnstert.2024.01.031>
- Ranji, U., Diep, K., Frederiksen, B., Gomez, I., & Salganicoff, A. (October 21, 2024). Access to fertility care: Findings from the 2024 KFF women’s health survey. <https://www.kff.org/womens-health-policy/access-to-fertility-care-findings-from-the-2024-kff-womens-health-survey/>
- Raperport, C., Desai, J., Qureshi, D., Rustin, E., Balaji, A., Chronopoulou, E., Homburg, R., Khan, K. S., & Bhide, P. (2024). The definition of unexplained infertility: A systematic review. *BJOG: An International Journal of Obstetrics and Gynaecology*, 131(7), 880–897. <https://www.doi.org/10.1111/1471-0528.17697>
- Richburg, C. E., Levin, N. J., & Moravek, M. B. (2022). Laboring to conceive: Reducing barriers to fertility care for same-sex mothers pursuing parenthood. *Women*, 2(1), 44–55. <https://doi.org/10.3390/women2010005>
- Resolve. (n.d.). *Secondary infertility*. <https://resolve.org/learn/infertility-101/underlying-causes/secondary-infertility/>
- Sahoo, S., Das, A., Dash, R., Behera, A., Mishra, N., & Bal, K. (2025). The psychological impact of male infertility: A narrative review. *Cureus*, 17(8), Article e89453. <https://doi.org/10.7759/cureus.89453>
- Salarfard, M., Mahmoudinia, M., Rahimi, M., & Roudsari, R. L. (2025). A systematic review of counselling approaches and their impact on marital intimacy among women and couples experiencing infertility. *BMC Psychology*, 13(1), Article 1089. <https://www.doi.org/10.1186/s40359-025-03430-4>
- Shi, L.-P., Geng, Y.-G., Mao, Z.-W., Zhang, Y., Sun, S.-J., & Gu, J.-J. (2024). Infertility-related stress is associated with quality of life through negative emotions among infertile outpatients. *Scientific Reports*, 14, Article 19690. <https://www.doi.org/10.1038/s41598-024-70798-5>
- Stroebe, M., & Schut, H. (2010). The dual process model of coping with bereavement: A decade on. *Omega*, 61(4), 273–289. <https://www.doi.org/10.2190/OM.61.4.b>
- Snow, M., Vranich, T. M., Perin, J., & Trent, M. (2022). Estimates of infertility in the United States: 1995–2019. *Fertility and Sterility*, 118(3), 560–567. <https://doi.org/10.1016/j.fertnstert.2022.05.018>

- Tesarik, J. (2025). Lifestyle and environmental factors affecting male fertility, individual predisposition, prevention, and intervention. *International Journal of Molecular Sciences*, 26(6), Article 2797. <https://www.doi.org/10.3390/ijms26062797>
- Urata, Y., Harada, M., & Koga, K. (2024). Lifestyle and fertility-specific quality of life and reproductive outcomes in couples undergoing *in vitro* fertilization. *Frontiers in Endocrinology*, 15, Article 1346084. <https://doi.org/10.3389/fendo.2024.1346084>
- Woods, B. M., Bray, L. A., Campbell, S., Holland, A., Mrug, S., & Ladores, S. (2023). A review of the psychometric properties and implications for the use of the fertility quality of life tool. *Health and Quality of Life Outcomes*, 21, Article 45. <https://doi.org/10.1186/s12955-023-02125-x>
- Yoon, D. B., & Theiss, J. A. (2022). The role of identity uncertainty in predicting relational turbulence and perceived partner communication for women coping with infertility. *Journal of Social and Personal Relationships*, 39(3), 670–691. <https://doi.org/10.1177/02654075211044493>

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